THE LIVED EXPERIENCE OF EXPERIENTIAL LEARNING OF PHARMACY PRECEPTORS IN SASKATCHEWAN: A PHENOMENOLOGICAL STUDY

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By

SHAUNA LEIGH GERWING

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Head of Department of Medicine
Health Sciences Graduate Program
Health Sciences Building
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University of Saskatchewan
Saskatoon, Saskatchewan, S7N 535 Canada

Dean,
College of Graduate and Postdoctoral Studies
University of Saskatchewan
116 Thorvaldson Building, 110 Science Place
Saskatoon, Saskatchewan, S7N 5C9 Canada

ABSTRACT

Experiential learning is an integral component of the pharmacy curriculum at the University of Saskatchewan. Preceptors are essential to experiential learning as they provide experiences for students and assess students' knowledge and skills in real-world contexts. It is imperative that educational institution personnel in pharmacy schools collaborate effectively with preceptors to ensure that quality experiential learning occurs within pharmacy programs. To establish meaningful relationships with preceptors, it is important that educational instructional personnel understand the lived experience of the preceptor.

The purpose of this study is to examine the lived experience of experiential learning of pharmacy preceptors. Questions that guided the research were: 1) What is the lived experience of experiential learning of pharmacy preceptors in Saskatchewan? 2) What is it like to be a pharmacy preceptor to a student participating in experiential learning? 3) What enhancements or constraints do pharmacy preceptors experience while participating in experiential learning that may impact their understanding, desire, or ability to engage in experiential learning in the pharmacy program?

Qualitative methodology, in particular, phenomenology of practice as guided by van Manen (1990), was used in the study. Semi-structured, one-on-one interviews with nine preceptors from hospital and community pharmacy practices in Saskatchewan were conducted. Themes, anecdotes, and detailed descriptions to gain understanding and insight into the lived experience of experiential learning of preceptors are used in this hermeneutic, interpretive, descriptive, phenomenological analysis.

Themes identified include learning and teaching, building a relationship, finding a balance, time for everything, feeling responsible, and managing difficult situations. Together, these themes describe the lived experience of experiential learning for the pharmacy preceptor in Saskatchewan. These themes are not exhaustive of experiential learning, but they do allow a thorough investigation of and insight into experiential learning.

The results indicate that, while preceptors valued experiential learning in theory, active participation in experiential learning involves balancing competing priorities of the workload of pharmacy practice with a shortage of resources and time. Good relationships enhanced experiential learning, particularly in environments that were conducive to learning and teaching for both the preceptor and the student. In contrast, difficult situations, time constraints, and increased workloads constrained the preceptor's desire to participate in experiential learning.

This phenomenological study may allow others, including administrative personnel in educational institutions, to appreciate the lived experience of pharmacy preceptors, and ultimately may encourage others to act in a tactful, empathetic manner when modifying and implementing experiential learning curricula. The information provided in this research may enhance the quality and quantity of experiential placements to benefit both students and preceptors.

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CHAPTER 1: INTRODUCTION

Experiential learning administrators within schools of pharmacy strive to meet quality assurance standards and preceptor development needs. Many challenges exist to ensure an adequate number of appropriate sites and preceptors while still offering a variety of experiential learning opportunities to students (Skrabal et al., 2008). Difficulties include identifying, developing, retaining, and sustaining quality practice sites and preceptors that meet the educational objectives for experiential learning.

This study explores and analyses the nature and substance of pharmacy preceptors' experiential learning experiences in Saskatchewan. Given the importance that preceptors play in pharmacy curricula, particularly at the University of Saskatchewan (U of S), this research will help educational institution administrators when modifying curricula and collaborating with preceptors in pharmacy programs.

Little research exists that investigates the lived experience of experiential learning of pharmacy preceptors. This study attempts to address this gap in the research.

Background

There are currently ten pharmacy schools in Canada, with the College of Pharmacy and Nutrition at the U of S being one of these schools (The Canadian Council for Accreditation of Pharmacy Programs, 2020). Pharmacy education in Saskatchewan has been in existence since 1913 when the School of Pharmacy was first established. In 1921, a four-year program leading to the degree of Bachelor of Science in Pharmacy (BSP) was first offered (Schnell, 1967). Two years later, the School of Pharmacy officially became the College of Pharmacy (University of Saskatchewan, 2013). In 1994, the College added the

Nutrition degree program and began offering the two separate programs, Pharmacy and Nutrition, and later changed its name to College of Pharmacy and Nutrition (CoPN) (Pharmacy Association of Saskatchewan, 2019; University of Saskatchewan, 2013). In September 2017, after curriculum revision, the CoPN offered the Doctor of Pharmacy, or PharmD program as the first professional degree in Pharmacy at the U of S. Prior to the PharmD, students accepted into the program received the credential of Bachelor of Science in Pharmacy (BSP). As a result of the PharmD program's introduction, the BSP program will cease to exist after 2020 once the last cohort of students graduate with that credential. The CoPN currently admits 90 students per year into the pharmacy program, with 360 students in the program at any given time.

From its creation to 2013, the College has graduated 4,763 pharmacists (Schnell, 2014). The Saskatchewan College of Pharmacy Professionals (SCPP) (2018) lists 1713 practicing pharmacists in Saskatchewan in 2018, many of whom are alumni of the CoPN or are graduates from another accredited institution and meet practice requirements in Saskatchewan. Some of these pharmacists are preceptors for the pharmacy program at the U of S.

Experiential Learning in Pharmacy

Experiential learning is a significant component of both the BSP and PharmD curricula at the U of S. In the context of pharmacy education, experiential learning refers to placements which are real-life experience courses within the curriculum, with specified learning outcomes and assigned tasks, during which the student practices skills and applies knowledge. The knowledge and skills previously learned in a classroom, simulated learning environment, or skills laboratory are applied in a real-world pharmacy practice setting,

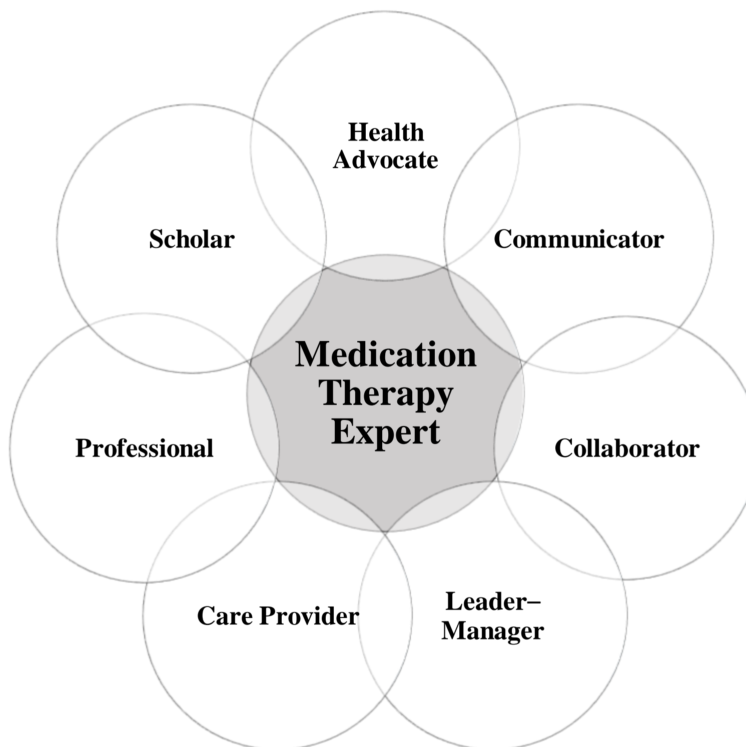
supervised by a practicing, licensed pharmacist or professional, for a defined period of time. Experiential learning students are assessed for credit by preceptors in the pharmacy program. Quality practice experiences for students have been defined as "well-planned, outcomes-focused training experiences with adequate supervision and assessment by a qualified preceptor within a learning-rich practice environment" (Harris et al., 2012, p. 1549; Haase, Smythe, Orlando, Resman-Targoff, & Smith, 2008).

The goal of including experiential learning in pharmacy is the development of professional competence. This competence includes the skills, professional socialization, attitudes, values, confidence, personal responsivity, and judgment needed by each student to begin both an independent and collaborative pharmacy practice for the provision of patient-focused and population-based care (Scheckelhoff et al., 2008; Sylvia & Barr, 2011).

Pharmacy programs in Canada must meet standards as outlined by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) to maintain accreditation to continue to graduate students who are eligible to be licensed as pharmacists. The CCAPP (2018) requires experiential learning as a mandatory component in the curriculum of pharmacy programs. Experiential learning comprises approximately 30 percent of the entire pharmacy curriculum in Saskatchewan.

The curriculum in the U of S pharmacy program is based on the Association of Faculties of Pharmacy of Canada's (AFPC) educational outcomes for first professional degree programs in pharmacy. To become medication therapy experts, students work to achieve competencies as care provider, communicator, collaborator, leader–manager, health advocate, scholar, and professional (AFPC, 2017). See Figure 1.1 for an illustration of AFPC outcomes.

Figure 1.1 Association of Faculties of Pharmacy of Canada educational outcomes for first professional degree programs in pharmacy



Introductory placements generally permit students to participate in direct patient care under appropriate pharmacist–preceptor supervision as per the province's practice regulations (CCAPP, 2018). Experiential learning occurs in a progressive manner, leading to the final year of experiences or advanced practice experience.

As CCAPP (2018) asserts, practice experiences must be "of adequate intensity, breadth, structure, duration, and variety to achieve educational outcomes" (p. 11). Experiences should progressively "integrate, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the professional program including collaboration and teamwork" (CCAPP, 2018, p. 11). Practice skills and activities, such as

- collaborative care,
- diagnostic and point-of-care testing,
- disease state management,
- dispensing and prescription processing,
- drug information,
- literature evaluation,
- evidence-based decision-making,
- collaboration and shared decision-making,
- patient assessment,
- outcomes monitoring,
- patient and professional communications,
- accessing patient health information,
- documentation of care,
- physical assessment,
- [observation of] administration of drugs by injection,
- prescriptive decision-making,
- and medication therapy management (CCAPP, 2018, p. 11)

are practiced during experiential learning experiences by students and supervised and assessed by preceptors.

The National Association of Pharmacy Regulatory Authorities (NAPRA) is an association of regulatory bodies from across Canada that regulates pharmacy practice and operation of pharmacies with a mandate to protect the public. The NAPRA defines competencies around ethical, legal, and professional responsibilities, patient care, product

distribution, practice setting, health promotion, knowledge and research application, communication and education, intra- and interprofessional collaboration, and quality and safety that pharmacists should achieve at entry to practice (NAPRA, 2014). Practice experiences during experiential learning are instrumental in introducing and allowing students to practice these skills and competencies in real-world settings with preceptor support and guidance to ensure that students attain these competencies prior to entering practice as pharmacists.

For experiential learning courses, (i.e., the placements that students complete in real-life settings) a unique standardized evaluation form is used in each course for preceptors to assess student achievement of the AFPC outcomes. Students are responsible for demonstrating achievement of the competencies and skills during the experience, and preceptors assess students' achievement of these competencies. In the CoPN at the U of S these courses are graded as a pass or fail with no numerical grade attached to the course.

Experiential learning: Bachelor of Science in Pharmacy program at the U of S. For the BSP degree, experiential learning courses must include 16 weeks (640 hours) of experiential learning in authentic settings. According to CCAPP (2018), early and mid-program practice experiences must involve at least four weeks (160 hours) of student placement in direct patient care practice, and a minimum of 12 weeks (480 hours) of full-time direct patient care practice is required to be completed near the end of the program.

In the CoPN in the BSP program, students complete a four-week placement in a community pharmacy setting following the second year in the program and a four-week placement in a hospital setting following the third year of the program. In the fourth and final year of the program, students must complete five-week placements in each of three

professional settings: a community pharmacy setting, a hospital setting, and a specialty setting (which may involve direct or non-direct patient care), for a total of 15 weeks of experiential learning placements.

Experiential learning: PharmD program at the U of S. For the Doctor of Pharmacy (PharmD) program, the experiential learning time requirement increases to a minimum of 40 weeks (1600 hours) (CCAPP, 2018). Early and mid-program practice experiences must involve at least eight weeks (320 hours) of student placement in direct patient care practice. At least 32 weeks (1280 hours), most of which (at least 24 weeks or 960 hours) involves full-time direct patient care practice, must be completed near the end of the program (CCAPP, 2018).

In the PharmD program at the U of S, students complete four weeks (160 hours) of community practice after year one, four weeks (160 hours) of hospital practice following year two, and must complete various three-hour immersion experiences in the course of years one, two, and three. Year four of the program is entirely devoted to experiential learning courses, with students completing four eight-week placements, including hospital practice, community practice, a direct patient care course (may be community or hospital-based practice), and another course that may be either direct or non-direct patient care based. For all students in the program, these placement experiences account for approximately 540 experiential learning placements in settings in which a preceptor has a significant impact on student learning and development. This number increases substantially to approximately 1980 placements per year for the program, when the immersion experiences are taken into consideration. Given the increased requirements for experiential learning from the BSP to

the PharmD program, it is of utmost importance to ensure that collegial relationships are developed and maintained between preceptors and the educational institution.

A comparison of experiential learning in the BSP program and the PharmD program at the U of S is provided in Table 1.1. The chart illustrates the significant increase in experiential learning hours from 920 hours in the BSP to 1600 hours in the PharmD curriculum.

Table 1.1

Comparison of BSP vs. Pharm D Experiential Learning at the U of S

Year In Program	BSP	Hours	PharmD	Hours
Year 1	None		3-hr immersions in Medication Assessment Centre (MAC), medSask & community sites	
Summer Between Y1 & Y2	None		4 wks in community pharmacy (160 hrs)	160 hrs
Year 2	None		3-hr immersions in medSask & hospital sites	
Summer Between Y2 & Y3	4 wks in community pharmacy	160 hrs	4 wks in hospital pharmacy (160 hrs)	160 hrs
Year 3	None		3-hr immersions in MAC & community sites	
Summer Between Y3 & Y4	4 wks in hospital pharmacy	160 hrs	Begin Year 4 placements in May	
Year 4	3 Placements x 5 wks=15 wks • 5-wk hospital (200 hrs) • 5-wk community (200 hrs) • 5-wk specialty (200 hrs)	600 hrs	4 Placements x 8 weeks= 32 wks (1280 hrs) • 8-wk hospital (320 hrs) • 8-wk community (320 hrs) • 8-wk direct patient care (320 hrs) • 8-wk elective (direct or non-direct patient care) (320 hrs)	1280 hrs
Total Experiential Learning	23 wks	920 hrs	40 wks (plus immersions)	1600 hrs

Preceptors

To provide the depth and breadth required for experiential placements, the CoPN relies heavily on pharmacist preceptors in the province of Saskatchewan and beyond to accept students and facilitate their learning. A preceptor is defined as a teacher, instructor, or coach who moves students from knowledge to application to integration in a real-life practical training environment (Doty, 2011). Preceptors are typically pharmacists who supervise the pharmacy student and provide formative and summative assessments of student learning activities, all in addition to performing their regular workday tasks and duties. Preceptors socialize students to the profession and take final responsibility for safe patient care (Yardley, Teunissen, & Dornan, 2012a). Student tasks at all stages of experiential learning should "contribute meaningfully, productively, and safely to direct patient care and other professional activities of the practice site at a level appropriate to the student's level of preparedness and year of study" (CCAPP, 2018, p. 12).

Currently, pharmacy preceptors at approved sites are recruited to participate in the program through the Experiential Learning Office, which is staffed with personnel in the CoPN who collaborate with students and preceptors. The Experiential Learning Office personnel are responsible for recruiting, organizing, supporting, and monitoring experiential learning courses, which include the immersions, community, hospital, and specialty placements in the CoPN.

The Experiential Learning Office staff use established criteria for selection of preceptors and processes for orientation and training for preceptors (CCAPP, 2018). At the CoPN, eligible preceptors must meet criteria that include active practice for at least one year, a license in good standing with the SCPP as the provincial regulatory authority,

demonstration of a commitment to practice and teaching, willingness to assume ethical, legal, and professional responsibilities and to provide student feedback and assessment, and participation in preceptor training and development (College of Pharmacy and Nutrition, 2016). In addition to these criteria, traits commonly used to describe the characteristics students value in preceptors include having genuine interest in student learning, excellent teaching skills, patience and allowing time for the student, being knowledgeable and descriptive of their approach to thinking, accommodating and flexible with respect to student learning, showing they are organized, and willing and able to provide helpful feedback, direction, and a thorough assessment at the middle and at the end of the placement (O'Sullivan et al., 2015; Young, Vos, Cantrell & Shaw, 2014).

The CoPN works collaboratively with a variety of preceptors who participate in experiential learning at various times in the program to provide preceptor training, quality control, and to ensure that "suitable model(s) of supervision are in place at each stage of the practice experience curriculum so that students have adequate oversight, coordination, guidance, instruction, assessment, and feedback" from the qualified preceptors who oversee practice experiences (CCAPP, 2018, p. 27). Once selected, preceptors may participate in in-person workshops or online training for preceptor development and are encouraged to complete an interprofessional, online, eight-module, teaching and training program called "E-tips for Practice Education" (Kassam et al., 2012).

Most of the preceptors in Saskatchewan with whom the CoPN collaborate practice community pharmacy in independently owned pharmacies and chain drug stores across the province. In 2018, there were 1174 practicing community pharmacists in Saskatchewan

(SCPP, 2018). Out of these pharmacists, the CoPN has a pool of approximately 250 community pharmacist preceptors that they may utilize for student placements.

Hospital preceptors are hospital practitioners who take on a preceptor role or precept students. In 2018, there were 312 practicing hospital pharmacists registered in Saskatchewan (SCPP, 2018). Approximately 150 of these hospital pharmacists work with U of S students, with the majority of these preceptors working in the larger urban centres of Saskatchewan. The ratio of community pharmacists to hospital pharmacists in Saskatchewan is approximately 4 to 1. Not all pharmacists in Saskatchewan precept pharmacy students as it is not a mandatory licensure requirement.

Experiential Learning Practice Sites

The pharmacy program curriculum must include experiential learning opportunities, through which students "develop clinical skills necessary to assist a variety of patients with acute illnesses and/or chronic conditions in primary (community, ambulatory, home care), acute, and long-term care/personal care home settings in urban, rural/remote, and marginalized communities," (CCAPP, 2018, p. 11) and patients in transition between care sectors or service locations over the course of their program. The CoPN must provide evidence of working collaboratively with practice sites and preceptors to ensure that students are "provided access to patients and facilities, support, and practice tools at the level necessary to achieve intended educational outcomes and expected patient care service deliverables" (CCAPP, 2018, p. 26).

According to CCAPP (2018), practice experiences must occur in a variety of settings with a variety of patients which includes various ages and medical conditions. Practice sites are selected where student learning and skills development are adequately managed,

supported, and supervised (CCAPP, 2018). In the CoPN, approved sites must meet site eligibility criteria such as having a formal contract in place between the University and the practice site (CCAPP, 2018). Sites that participate in intra- or inter-professional care and collaborative practice environments are encouraged and welcomed. The site should exhibit a culture of student engagement, as indicated by the preceptor, and an adequate number of support staff demonstrating a commitment to education and provision of a positive working environment.

There are multiple pharmacy sites in Saskatchewan that the COPN could potentially engage in experiential learning opportunities. There were 270 community pharmacies in Saskatchewan in 2018 (SCPP, 2018). Approximately 18 hospital sites in Saskatchewan collaborate with the CoPN to provide experiential learning placements. In the pharmacy curriculum, nearly half of all experiential learning experiences in the CoPN in Saskatchewan could occur in hospital settings, a potential source of considerable strain on hospital preceptors in Saskatchewan, whose work context is operating with reduced resources.

The Problem

Understanding the experiences of pharmacy preceptors and engaging them in experiential learning is essential in the Pharmacy program at the U of S. As the CoPN transitioned curriculum to a PharmD program, and with the significant increase in experiential learning hours required, the CoPN needs additional qualified, prepared, and trained preceptors. In addition, the CoPN must retain the preceptors they currently work with to provide experiential learning placements that have the depth and breadth that is required for quality student learning. Further, the CoPN depends on BSP degree-qualified preceptors to offer placements and precept students who will receive the credential of PharmD. There

may be a possible personal and political complexity associated with the credential differential for those preceptors who engage in experiential learning. The CoPN must ensure that the BSP preceptors continue to precept students for experiential learning placements in the PharmD program and that the CoPN recruits enough qualified preceptors and sites to deliver the program as is mandated by CCAPP for accreditation requirements.

The CoPN is concerned with securing the requisite number of sites that actively provide quality placements for students in Saskatchewan. This concern exists in the context of fiscal challenges in Saskatchewan that, among other things, constrain resources in the health region hospitals, resulting in minimal pharmacist staffing, and place competing priorities (e.g., increased patient loads and responsibilities) upon practicing pharmacists. These constraints and competing priorities make it difficult to provide the required quantity of quality experiential learning opportunities to pharmacy students. In community pharmacy practice, challenges include working with fewer pharmacists, often with minimal overlap of shifts, and some with sales quotas to meet that compete for the pharmacist's time. The identified constrained resources and challenges pose a threat to experiential learning in Saskatchewan at the present time: pharmacists committed to their professional obligations and to ensuring patient safety simply have less time to participate in the altruistic activity of providing experiential learning as preceptors.

These problems must be addressed for the advancement of the profession and the protection of the public in Saskatchewan. Concerns exist for pharmacy stakeholders external to the CoPN (including hospitals and health regions), for community pharmacies in which pharmacists provide front-line care to patients, for the public in general, and for the SCPP. Without an adequate number of quality placements, the current model of pharmacy

experiences is at risk. If the CoPN cannot place all 90 students with qualified preceptors in each year of the program, the U of S is at risk for graduating a reduced number of pharmacists, and this may impact the ability to meet practice needs in Saskatchewan. These risks present a related threat for the CoPN to meet and maintain accreditation requirements and to remain a CCAPP accredited pharmacy school.

Purpose

The purpose of this study was to examine the lived experiences of experiential learning of pharmacist preceptors in the CoPN at the U of S.

Research Questions

This study was guided by the following research questions:

1) What is the lived experience of experiential learning of the pharmacy preceptor in Saskatchewan?
2) What is it like to be a pharmacy preceptor to a student participating in experiential learning?
3) What enhancements or constraints do pharmacy preceptors experience in experiential learning that may impact their understanding, desire, or ability to engage in experiential learning in the pharmacy program?

Overview of Methodology

Methodology choice encompasses decisions about the selection of paradigms and traditions, the research questions, and data collection methods (Hays & Singh, 2012). This study was situated within qualitative research. Qualitative research is a form of social inquiry that explores and focuses on the way people make sense of their experiences, the meaning, and the world in which they live (Holloway & Galvin, 2017). The research

process may involve emerging questions and procedures, data collection in the participant's setting, data analysis, generation of themes from the data, and interpretation of the meaning of the data (Creswell, 2013).

There are multiple methodologies within qualitative research, including, but not limited to, grounded theory, ethnography, case studies, and phenomenology. For this study, each of these methodologies was considered, and phenomenology was chosen to answer the research questions.

Grounded theory is a systemic research approach to collecting and analyzing data and generating a theory grounded in the data (Holloway & Galvin, 2017). The researcher intends to create a theory that explains a process, an action, or an interaction (Creswell, 2016). In grounded theory, one may be interested in developing a theory about how preceptors learned to precept. However, considering the research questions for this study, the development of a theory would not be appropriate.

Ethnography focuses on culture and customs. In an ethnographic study, the researcher may describe how a cultural group develops patterns of action, talking, and behaviour from interacting together over time (Creswell, 2016). In ethnography, one may describe, analyze, and interpret the view of preceptors as a culture-sharing group, and would observe them throughout a placement and conduct an interview with a few of them. For example, the researcher may focus on gaining an insider understanding of being a new preceptor during experiential learning. Ethnography would not have adequately answered the questions about the lived experience of experiential learning and, therefore, would not have been a good fit for the study.

In case study research, a specific case (or several cases, for a multiple case study project) is selected to describe how the case illustrates a problem or issue, which leads to an in-depth analysis of the case under examination (Creswell, 1998; 2016). However, the goal was not to learn something specific about a particular preceptor, so the case study approach would not have been suitable for this research.

The method of phenomenology, however, resonated with the research questions and purpose. Phenomenology is the study of lived experience. Phenomenology asks, "What is this or that experience like?" It attempts to gain insightful, detailed descriptions of the way we experience the world, a human experience, or a phenomenon as it is lived through (van Manen, 1984). This methodology remains grounded in our immediate lived experience, not as we conceptualize, theorize, or reflect on it (Adams & van Manen, 2017; van Manen, 1990; 2014).

It has been articulated that "the phenomenological perspective creates controversy among quantitative researchers, analytical philosophers, and cognitive rationalists who seek precision, control, and fully articulated theories that can be supported or refuted definitively" (Gobet & Chassy, 2008 as cited in Chan et al., 2010, p. 118). In addition, the lived experience of a phenomenon cannot be fully described by objective empirical science because of the complexities of human life (Chan et al., 2010). Further, "rational-empirical methods remove human emotions, senses, and nuances from research as they are determined to be irrelevant and possibly overshadowing important underlying objective structures or the outside, context free reality" (Packer & Addison, 1989 as cited in Chan, 2010, p. xx). For this study, human lived experience is of importance. Therefore, qualitative research—phenomenology in particular—is an appropriate method.

The focus of this study is the direct and immediate lived experience of experiential learning as experienced by the pharmacy preceptor in Saskatchewan, rather than on a specific theoretical framework such as experiential learning theory could provide. As the researcher, I wanted to understand the phenomenon of experiential learning as it is lived, before it is explained by theories, generalizations, perceptions, or philosophy. Therefore, the phenomenology of practice (van Manen, 2014) was an appropriate research strategy to achieve this. It follows, then, that this study relied on identifying and reflecting upon material from interviews, personal anecdotes about experiential learning encounters, studies, and descriptions from literature.

To answer my research questions using the phenomenology of practice, I recognized that I made assumptions as the researcher. First, I assumed that there exists a phenomenon of experiential learning. Second, instead of treating experiential learning as a purely theoretical construct, I approached experiential learning as a potential human phenomenon. I assumed that the phenomenon of experiential learning has a concrete, experiential nature that can be evoked by the experience of experiential learning and can be described before reflection (Goble, 2015). Finally, I regarded this phenomenon as both identifiable (we can point to a moment when one has experienced experiential learning and say "that was experiential learning") and understandable (recognizable as experiential learning and able to be described verbally or in written description). Given these assumptions, it was necessary that the study be limited to pharmacy preceptors; a study of experiential learning for all health science professions would have been beyond the scope of this one study.

In summary, the aim of this study was to explore the phenomenon of experiential learning as it is experienced by the pharmacy preceptor in Saskatchewan. This study was

grounded in human science research, in particular, the phenomenology of practice as described by Max van Manen. The aim of a phenomenology of practice is to encourage thoughtfulness and tact in the practice of our professions and everyday life (van Manen, 2014). After reading, engaging in, and reflecting on a phenomenological text, the reader may be open to new ways of thinking and feeling about the particular phenomenon (Errasti-Ibarrondo, Jordán, Díez-Del-Corral, & Arantzamendi, 2019). After reading this text, it is envisioned that experiential learning will be seen in a new light with respect to the pharmacy preceptors' experience.

Definition of Key Terms

Experience refers to "living through an event, situation, or circumstance" (Munhall, 1995, p. 282). The experience under examination in this study is experiential learning for the pharmacy preceptor.

Lived experience is our "immediate, pre-reflective consciousness of life" (van Manen, 1990, p. 35) and "the term 'lived experience' is derived from the German *Erlebnis*—experience as we live through it and recognize it as a particular type of experience" (van Manen & Adams, 2010, p. 449). The lived experience examined in this study is the experience of experiential learning for the pharmacy preceptor.

Learning is the process where "knowledge is created through the transformation of experience" (Kolb, 1984, p. 38). Learning occurs within both the preceptors and the students during experiential learning.

Experiential learning in pharmacy is described as the experiential portion of pharmacy training, or practical training, and has been referred to as many things: an internship, externship, clerkship, practicum, course, rotation, placement, etc. (Doty, 2011).

In this study, it is the practical experiences or placements pharmacy students complete in a variety of real-world, relevant practice settings with preceptor oversight. For the purpose of this study, experiential learning may refer to a course or placement.

Perception is the original awareness of what one lives through in experience, according to Munhall (1994). Since the reality of an experience cannot be known or understood apart from one's own experience and interpretation of it, reality or the truth may be quite different from what is subjectively perceived by the individual; therefore, perception and interpretation of an experience is what will define reality for a person (Munhall, 1994). Perception is not necessarily the truth. Different people will have diverse perceptions of experiences and events that will lead to various actions and thoughts. People assign meaning to different situations based on their own experience, history, and social custom, and this meaning will vary among individuals (Munhall, 1994). Munhall (1994) states, "without context, data merely exists. For the situation to have meaning, the participants must perceive it in a certain way" (p. 6). It should be noted that this phenomenological study does not study perception, but rather experiences as lived through.

A **phenomenon** may be "objects, events, situations, and circumstances as they appear to a participant in original perception, before any interpretation" (Munhall, 1994, p. 282). The phenomenon investigated in this study is experiential learning.

Precepting is defined as teaching students to practice in a healthcare setting with the goal of developing competent practitioners (Cuellar & Ginsburg, 2009). "Precepting involves a partnership for education, investment of time and energy, negotiation and individualization of learning activities, teamwork, coaching, evaluation of performance, and professionalism role modeling and guidance" (Cuellar & Ginsburg, 2009, p. 3).

Tact is a particular sensitivity to, and behaviour in situations, for which we have no general guidance. It is a certain kind of acting with thoughtful human interaction (van Manen, 2019a). This study will, it is anticipated, promote thoughtful and tactful communication with preceptors.

Summary

In this chapter, I provided an overview of the study, a brief history of pharmacy education in Saskatchewan, and the background, description, and organization of the experiential learning curriculum in the CoPN at the U of S. I outlined the purpose of the study, the problem, the research questions and the methodology used in the study. Finally, key terms used within the study were defined.

In Chapter 2, I present a review of literature for an understanding of the past writing on experiential learning and provide a landscape for the area in which I have conducted this study. A brief overview of theories surrounding experiential learning, competency development, and teaching strategies is provided.

CHAPTER 2: EXPERIENTIAL LEARNING: LITERATURE REVIEW

This chapter provides a background to experiential learning theories and a review of the literature regarding experiential learning. First, theories related to experiential learning are explored. Second, the relevant literature regarding preceptor experiences, perceptions, perspectives, and opinions of experiential learning in pharmacy, nursing, nutrition, and other professional settings are summarized (see Appendix A).

Experiential Learning Theories

As this study aimed to examine the lived experience of experiential learning of the pharmacy preceptor, it was important to examine current and foundational theories of experiential learning. This section provides a brief description of experiential learning theories, beginning with cognitive (individual) learning theories and moving onto socio-cultural (collective) perspectives of experiential learning.

According to Benner (1984), "theory offers what can be made explicit and formalized, but the clinical practice is always more complex and presents many more realities than can be captured by theory alone" (p. 36). Experiential learning theories explain how individuals or people learn individual things in unique ways as they react to their perceptions of experiences (Yardley, Teunissen, & Dornan, 2012b). Many experiential learning theories are underpinned by the principle of constructivism, where individuals understand their world and develop meanings through social interaction with others (Creswell 2013; Yardley et al., 2012b). Experiential learning theory underlies important educational principles such as past experiences influence learners' approaches to new experiences and the amount and the type of learning that results, and that preceptor or practitioner's support is crucial for experiential learning (Yardley et al., 2012a). Experiential

learning may conceivably occur without a supportive preceptor, but such a situation is not ideal for either party.

Cognitive experiential learning theorists. Cognitive learning theories focus on how individuals form cognitive structures to construct meaning in their worlds. They describe how one thinks and the changes that will ultimately occur in reasoning (Sylvia & Barr, 2011). Several influential cognitive theorists have postulated learning theories.

Dewey. Dewey believed that learning could best be achieved through involving students in real-life tasks (Dewey, 1938). Active engagement and interaction with their surroundings helps learners gain applied, rather than abstract, knowledge; students learn by doing rather than through observation (Sylvia & Barr, 2011; Yardley et al., 2012a). Real-life experiences improve learning and allow the student to connect with others and develop a concern for others (Sylvia & Barr). Dewey believed that students learn by relating their past experiences to present situations, that is, there is interaction and continuity between experiences: "what a student learns from one experience, whether positive or negative, will influence all of that student's future experiences" (Sylvia & Barr, p. 200).

Kolb. According to Kolb (1984), experiential learning offers the student an opportunity to test information learned in the classroom against real-life experiences. The interaction between concrete experiences and prior knowledge leads to new knowledge (Kolb, 1984; Sylvia & Barr, 2011). Learners interpret experiences and give them personal meaning and plan new actions in response to their interpretations (Yardley et al., 2012a).

Kolb (1984) developed a four-stage cycle for experiential learning. In the first stage, the learner has a concrete experience, or, in other words, the learner does something or has an experience. The learner then reflects on that experience. Reflection is the means by which

the learner thinks about and transfers their learning into new contexts or situations and make sense of experience (Yardley et al., 2012a). Further, “reflection provides time to think about what is taking place, puzzle over new situations, anticipate what to do next, and put problems into meaningful context” (Gieselman, Stark, & Farruggia, 2000, p. 264). Next, abstract conceptualization occurs when the learner identifies what can be learned from the experience, form an opinion on what that means to them, and then integrate this learning into their existing knowledge (Yardley et al., 2012a). The learner attempts to understand their actions or reactions to the experience and identify what they need to learn or plan to do before the next experience or encounter, or before facing another similar situation. Finally, the learner applies what they have learned to a new experience through active experimentation. They try out what they have learned in further experiences (Kolb, 1984; Yardley et al., 2012a). See Figure 2.1 for an illustration of the cycle.

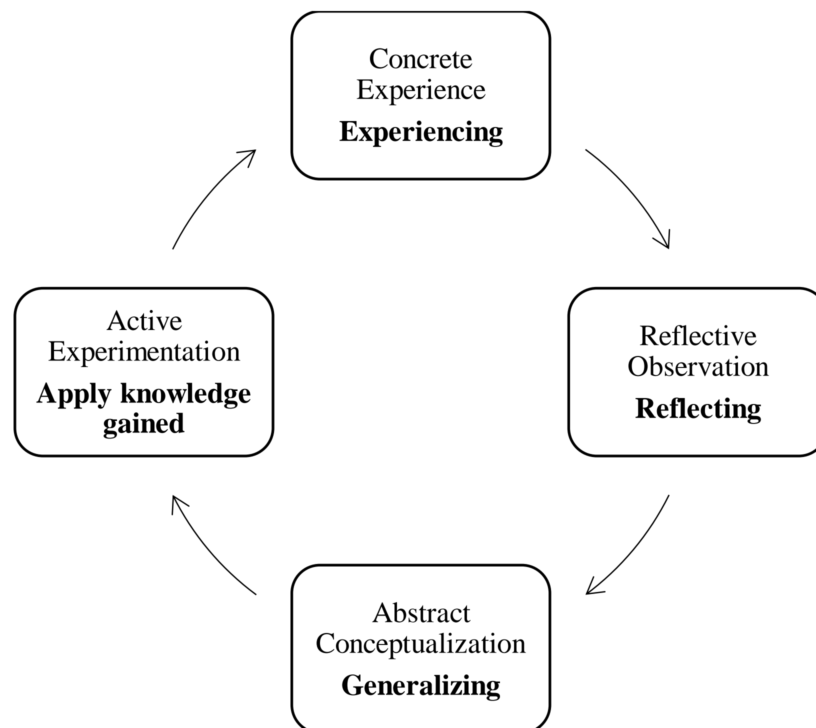


Figure 2.1 Experiential learning cycle (Kolb, 1984)

According to Kolb (1984), “without support, in the form of guidance from someone more experienced, the learner may not be able to make adequate sense of their experiences” (p. 42). In the context of experiential learning in pharmacy, this support would be the pharmacy preceptor guiding the student’s learning. Without the support of an adequate preceptor, the learning would proceed, but it may not be appropriate or correct without applicable feedback.

Through learning processes, the learner creates knowledge and personal meaning (Kolb, 1984). The preceptor, especially the novice preceptor, may also be considered a learner while precepting in the experiential learning cycle. The preceptors try out the experience of precepting, they reflect on the experience, identify what they learned from the experience, and plan and apply their learning in the next concrete encounter.

Knowles. Knowles was an influential experiential learning theorist who postulated that pedagogic (child) and andragogic (adult) ways of learning are different. According to Knowles, adult learners are self-directed and take charge of their experiential learning (Yardley et al., 2012a). Adult learners need to be involved in all aspects of the learning experience (Bower, 2008). Knowles proposed that adults learn best under certain conditions: when they can collaborate in partnership with teachers; when they are able to draw on prior life experience, which helps identify personal learning needs; when learning is problem-centered, rather than subject-centered; and when internal motivation drives them to learn autonomously (Knowles, 1980; Yardley et al., 2012a). Students who participate in experiential learning in pharmacy are adult learners, most being in their mid-20s. Preceptors are also adult learners, a label that especially applies when they are first learning to precept a

student. Simply reading about precepting and actively being involved in precepting a student may result in a different learning experience.

Socio-cultural perspectives on experiential learning. Socio-cultural perspectives see learning as something that is shared and located in society among others, rather than in the minds of individuals, which is characteristic of a cognitive perspective (Yardley et al., 2012a). Sociocultural learning theories recognize the influence of workplace interactions on learning (Yardley, 2014b). Experiential learning in pharmacy takes place in workplaces, which makes these perspectives relevant to my study.

Ideally, preceptors must interact with students, especially during early experiences, in ways that add value to the experience and make learning desirable (Yardley, 2014b). Preceptors share their knowledge with students during experiential learning and help students make sense of their experiences, provide feedback about performance, debrief experiences with students, and encourage reflection to enrich learning for the student. Formative or regular, ongoing feedback has an impact on student learning. Without positive feedback from the preceptor, a student may not know if what they are doing is correct. Without feedback about errors or shortcomings, or constructive criticism, the student may not know that they need to modify incorrect actions or behaviours. When a preceptor or practitioner is willing to interact and participate in supportive discussions with students, this interaction both affects and enhances student learning by promoting an informal, inclusive workplace and may have a major impact on learning (Steven et al., 2014).

Zone of proximal development. Vygotsky conceptualized learning as a social and cultural process, rather than an individual process. According to Vygotsky (1978), social and cultural interactions are of fundamental importance for learning. His concept is titled the

“Zone of Proximal Development” (Vygotsky, 1978) (see Figure 2.2), which defines the ideal level of challenge for a student’s learning in a situation where there is a task that the student cannot perform successfully alone but could perform successfully with help or guidance from someone else, such as the preceptor (Ambrose, 2010). The interactions between students and preceptors are essential for learning. In simple terms, what a student can do with assistance today, they will be able to do by themselves tomorrow (Vygotsky, 1978). Vgotsky (1978) defined the zone of proximal development as “the distance between actual development level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers” (p. 86). This concept suggests that individual experience on its own, while necessary, is not sufficient for creating meaning and learning (Yardley, 2011). In addition, Vygotsky identified that tensions or challenges may occur during transitions into new environments or circumstances that may lead to unpredictable learning (Yardley, 2011).

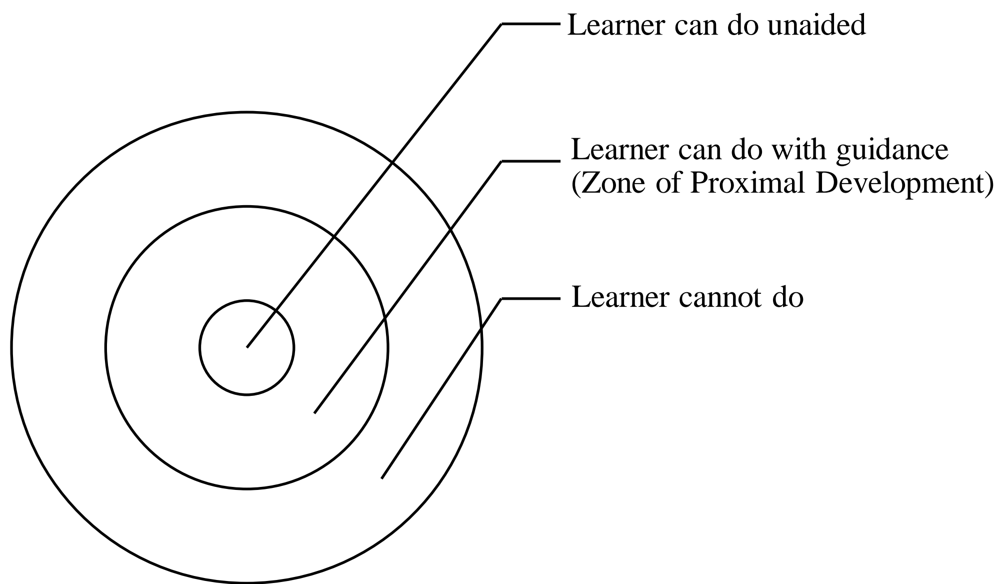


Figure 2.2 Vygotsky's (1978) zone of proximal development

Vygotsky's zone of proximal development is relevant to the concept of experiential learning. Adult learning principles would predict that "self-direction" is the ideal condition in which a student will learn during experiential learning (Dornan, Hadfield, Brown, Boshuizen, & Scherpbier, 2005). However, students find some external direction and supported participation valuable and motivating for work-place learning and to help students achieve what they could not achieve alone (Dornan et al., 2005; Yardley et al., 2012a). In pharmacy experiential learning, we may predict that preceptor support or a timely push will increase a student's learning at any stage within their degree program. Therefore, the multiple graduated experiences, with the support from the preceptor to translate this learning to real-life context is appropriate from the beginning to the end of the program.

Communities of practice. Communities of practice theory is a prominent contemporary socio-cultural learning theory. Duncan-Hewitt and Austin (2005) have defined communities of practice as "groups of people with common interests and goals that form to share what they know, to learn from one another to develop and extend expertise, and to share a social context for their work" (p. 370). A pharmacy environment and staff, whether in a hospital or community setting may form or be considered a community of practice in certain situations. The practice environment or workplace is essential to and impacts learning (Chan, Brykczynski, Malone, & Benner, 2010; Lave & Wenger, 2006). All members of a community of practice, including the student and the preceptor, have a learning opportunity when a new idea or challenge presents itself (Yardley et al., 2012a). Active engagement and participation in a community of practice allows the student to gain relevant knowledge and practice skills required for patient care and practice (Chan et al., 2010). However, it is not always the case that a student is accepted into a community of practice,

particularity if the student contribution is not valued (Yardley, 2011). An environment of mutual respect is key for success of this approach.

In experiential learning in pharmacy, communities of practice may form between the student, preceptor, support staff, interprofessional colleagues, patients, and others. When participants remain open to learning in a supported environment, the community of practice will thrive.

Situated learning. Situated learning theory posits that students will be able to legitimately participate and learn in workplaces and that, as they gain experience, they will move from dependent to independent roles in practice and in the workplace (Yardley, Brosnan, Richardson, & Hays, 2013). To learn, responsibility must be both offered to, and accepted by, the student (Yardley et al., 2013). The preceptor must be willing to trust and engage with the student, include the student, and be willing to offer these opportunities.

Students need support from someone with experience, such as their preceptor, to become able to apply what they have previously learned in new contexts. Without support, students may not be able to distinguish correct from incorrect and learn from the experience (Yardley et al., 2012a).

Summary of socio-cultural learning theories. According to Yardley et al., (2011) “there has been a tendency … to focus on desirable outcomes which result when an ideal learning experience occurs, at the expense of understanding outcomes situated in pragmatic ‘real world’ contexts” (pp. 86-87). Socio-cultural experiential learning theories may be “critiqued for assuming ideal circumstances, or at least common purposes, for all participants” (Yardley, 2011, p. 29). Theories may predict what should happen; however, there might be gaps between theory and actual practice.

In the context of pharmacy experiential learning, the previously described socio-cultural learning theories are evident in practice. Many of the theories overlap and are relevant for certain situations. However, one theory alone cannot predict what may happen in the real-life context of experiential learning in pharmacy.

Learning from Novice to Expert

Students generally progress from novice learners to experts through experiential learning (Benner, 1984; Dreyfus, 2004). Dreyfus (2004) describes a progression of five stages: novice, advanced beginner, competence, proficiency and expertise (see Figure 2.3).

Figure 2.3 Dreyfus' (2004) stages of skill acquisition from novice to expert

According to Dreyfus (2004), generally, the novice has an incomplete understanding of situations, may have only knowledge from the textbook, relies on rules to make decisions, approaches tasks mechanistically, and needs supervision to complete tasks. The advanced beginner has a working understanding, tends to see actions as a series of steps or a recipe to follow, and can complete simpler tasks without supervision. The competent learner has a good working and background understanding, sees actions at least partly in context or terms of long-term goals, is starting to use their own judgement to achieve tasks, and can independently complete work to an acceptable standard, though the work may require refinement. The proficient learner has a deep understanding, see actions as a whole, can see

the overall picture, and can distinguish what is important in a situation, and can routinely achieve a high standard. Finally, the expert has an authoritative or complete understanding, intuitively deals with routine matters, is able to go beyond existing interpretations, and easily achieves excellence (Benner, 1984; Dreyfus, 2004). Table 2.1 summarizes the five stages of skills acquisition.

Table 2.1

Five Stages of Skill Acquisition (Dreyfus, 2004)

Skill Level	Components	Perspective	Decision	Commitment
Novice	Context free	None	Analytic	Detached
Advanced Beginner	Context free and situational	None	Analytic	Detached
Competent	Context free and situational	Chosen	Analytic	Detached understanding and deciding; involved outcome
Proficient	Context free and situational	Experienced	Analytic	Involved understanding; detached deciding
Expert	Context free and situational	Experienced	Intuitive	Involved

With respect to the table, “components” refers to the elements or parts of the situation that the learner is able to perceive. As Dreyfus (2004) indicates, “these can be context free and pertaining to general aspects of the skill, or situational, which only relate to the specific situation that the learner is meeting” (p. 181). Further, Dreyfus (2004) proposes that the learner is taking a “perspective” or viewpoint when they begin to recognize and choose a

component or part upon which to focus. The learner analytically or intuitively makes a "decision" on how to act based on their experience and determination of the situation in which they find themselves (Dreyfus, 2004). The novice learner begins as an analytic decision maker, usually weighing all options, while for the expert, decision making becomes intuitive. "Commitment", Dreyfus says, describes the "personal involvement or the degree to which the learner is immersed in the learning situation when it comes to understanding, deciding, and the outcome of the situation-action pairing" (p. 181). The expert is involved in the situation, while the novice learner may remain detached. One must keep in mind that concrete or real clinical cases in experiential learning are always more complex, uncertain, and ambiguous than can be captured in theory, although theory can be used as a guide, especially for the novice learner (Chan et al., 2010).

Knowledge gained through experience broadens, extends, and refines existing knowledge, allows the novice to begin to recognize what is important in situations, and also to compare similarities of a situation with prior experiences or situations (Chan, 2010). Experience results when "preconceived notions and expectations are challenged, refined, or disconfirmed by the actual situation" (Benner, 1984, p. 3). The relationship between experience and knowledge constantly changes. According to Chan et al. (2010), "repeated exposures to similar experiences allow for the recognition of resemblances, similarities, qualitative distinctions, nuanced differences, particularities, and patterns to show up for the practitioner" (p. 96). Therefore, the more exposures and experience the learner has, the more knowledge is generated, and the learner advances on the continuum from novice to expert.

Experience is required for expertise, and the expert is able to see the whole situation or overall picture, uses past experience as examples, and goes to the heart of the problem without wasting time on inappropriate or irrelevant possibilities (Benner, 1984). Expertise develops over time through direct experiences and it changes prior understanding and preconceived notions (Chan et al., 2010). Expert clinicians are better able to predict events based upon previous experiences and knowledge (Benner, 1984). Skills, perceptual acuity, and awareness are developed through clinical experiences and a skillful practitioner uses prior experiences, theoretical knowledge, and their perceptual skill to get a good grasp of the situation (Chan, 2010). This experience may also apply with preceptors, as the more experience they have with experiential learning and students, the more skillful of a preceptor they may become.

The difference between the working background knowledge, skills, understanding, attention, grasp, and perceptual acuity of the novice and the expert constantly evolves (Chan et al., 2010). The expert practitioner easily uses skills and equipment and applies knowledge in practice (Chan et al., 2010). For example, when an expert pharmacist encounters a patient or participates in a conversation with a patient, they may notice subtle expressions, both verbal and non-verbal, that a novice practitioner or student may not. Similarly, an expert preceptor may perceive signs and notice signals in a student in practice that a novice preceptor may not.

The learning theories described in this chapter are again just that: theories. Real-life practice and situations may not conform to all or, indeed, any of these models.

Teaching Strategies

Preceptors use various teaching strategies or methods to enable meaningful learning for students. These strategies assist the student to connect knowledge learned in books and classroom settings to real life situations, to move students to competent practitioners. Preceptors must appreciate how their teaching strategies and the design of the experiential learning experience can influence learning. For learning to occur, each experience must be a "well-designed, facilitated experience that allows students the opportunity to increase their knowledge, develop skills, and become professionally socialized" (Sylvia & Barr, 2011, p. 198).

Teaching and precepting styles may need to vary on an hourly basis, as student needs may fluctuate with respect to skills and knowledge required to complete a task. The preceptor needs to identify when it is best to instruct, model, coach, or facilitate learning through mentoring, depending on the needs of the student (Sylvia & Barr, 2011) (see Figure 2.4). This adaptation must occur as the student advances from dependent to independent learner. In addition, as the preceptor adjusts and adapts their roles during the placement, the preceptor may also be advancing in the practice of being a preceptor.

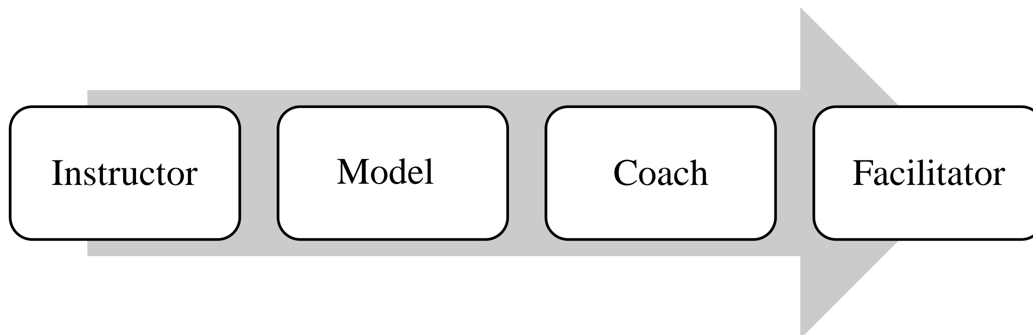


Figure 2.4 Teaching strategies (Sylvia & Barr, 2011)

Challenges in busy, dynamic environments, including frequent interruptions to workflow that generally occur in the pharmacy workplace, must be "recognized and embraced to facilitate quality experiential learning" (Sylvia & Barr, 2011, p.198). These challenges require the preceptor to adjust and adapt their teaching strategies within the busy environment while still ensuring patient care is at the forefront.

Instructor. In this typology, the instructor traditionally teaches or provides knowledge and information to the student. In experiential learning, "there is rarely need for standard lecturing" (Sylvia & Barr, 2011, p. 210). Experiential learning ideally should build on what the student has previously learned in the didactic portion of the curriculum (Sylvia & Barr, 2011). By engaging in a conversation with the student, the instructor may identify what the student may know about a particular subject and facilitate the student's learning from that point in an appropriate manner. Using this tailored approach, the preceptor is still instructing and relaying knowledge, while actively engaging the student in the process (Sylvia & Barr, 2011). A good teacher meets the learner where they are and helps them grow, notices and evaluates the uniqueness of each student, and will not treat all learners the same (van Manen, 1991). Experiential learning occurs in the workplace. Workplace learning in any profession is generally informal, rather than as a result of teaching or instructing (Eraut, 2007; Steven, Wenger, Boshuizen & Dornan, 2014). Therefore, it can be said that instruction in experiential learning, as explored in this study, is generally informal.

Model. Modeling by the preceptor allows the student to hear and see how to apply knowledge and skills to patient care by observing the preceptor's actions and processes. Modeling involves physically walking and talking the student through a situation or problem-solving process in both real and simulated experiences (Sylvia & Barr, 2011). Modelling is

generally useful for novice pharmacy students, as it allows the opportunity for students to observe a process, rather than relying solely on descriptions of a process. For example, it may be easier for a student to relate to and conduct a patient counselling session after they have observed the process demonstrated by their preceptor.

Coach. As a coach, the preceptor will listen, observe, and work with the student to solve a patient problem, while the student takes the lead (Sylvia & Barr, 2011). The preceptor may help the student develop the ability to self-regulate their actions and provide feedback and positive reinforcement and correct mistakes when needed (Sylvia & Barr). The preceptor "loosens the reins of controls" so the student can develop their own confidence and competence (Sylvia & Barr, p. 211). The preceptor must still supervise the student to ensure assurance of patient safely.

Facilitator. Facilitation by the preceptor occurs when the student is independently performing a task or providing a service in the absence of the preceptor once the preceptor has determined that the student can perform and assume full or partial responsibility for the task (Sylvia & Barr, 2011). However, as Sylvia and Barr (2011) caution, facilitation is not always achieved in experiential learning. Facilitation generally occurs with advanced or expert students and generally occurs after a level of trust has been established between the preceptor and the student.

In professional practices, such as nursing, medicine, psychology, education, or pharmacy, situations will be unique and present specific challenges (Errasti-Ibarrondo et al., 2019). For example, a mismatch of personalities or conflict would make it difficult to apply a one-size-fits-all model of teaching strategies. Every situation is unique, and one specific theory, pre-established protocol, or rule cannot be prescribed for them all (Errasti-Ibarrondo

et al., 2018; van Manen, 2016). Simply stated, what may be appropriate with one student in a certain situation may not be suitable with other students facing a similar situation.

Experiential Learning in Health Education: What Is Known

The literature of preceptor perceptions and perspectives of experiential learning and the lived experience of the preceptor pertinent to pharmacy education was initially reviewed. Finding a paucity of research specific to the field of pharmacy, the search was further expanded to include experiential learning in other health care professions. The literature review is divided into pharmacy, nursing, dietetic, and other professional preceptors and experiential learning.

Databases, including ERIC, MEDLINE, CINAHL, and Google Scholar, were searched to inform the literature review. Combinations and truncations of terms, including experiential, education, learning, pharmacist, preceptor, perception, perspective, opinion, pharmacy, clerkship, internship, clinical education, PharmD, phenomenology, interpretive phenomenology, qualitative, pharmacy, and lived experience were used to expand the results.

Articles that did not pertain to preceptor experiences of experiential learning and perceptions or opinions of experiential learning were excluded. Articles that were not written in (or translated to) the English language were also excluded. To broaden the scope of the literature, qualitative, quantitative, and mixed-methods studies were included where appropriate. Appendix A includes a table summarizing the studies relevant to this research.

Pharmacy Preceptors and Experiential Learning

Pharmacy-specific literature published to 2019 that aimed to identify preceptor opinions and perspectives of experiential learning or the lived experience of being a preceptor was examined. Most studies used surveys as the method for collecting data

(Assemi, Corelli, & Ambrose, 2011; Bond, Godwin, Thompson, & Wittstrom, 2013; Denetclaw, Young, Tiemeier, Scott, & Hartzler, 2014; Diamantouros, Marchesano, Rzyczniak, & Hardy, 2015; Fejzic, Henderson, Smith, & Mey, 2013; Marriott et al., 2006; Nurlina, Ku Aizuddin, Affandi, Meor Mohd, & Ismail, 2013; Payakachat, Ounpraseuth, Ragland, & Murawski, 2011; Seo, Ryu, Lee, & Noh, 2018; Skrabal et al., 2008; Sonthisombat, 2008; Zarembski, Boyer, & Vlasses, 2005). Some studies used focus groups as a method to gather information about the pharmacist preceptor's perspectives of experiential learning (Chaar et al., 2011; Worrall et al., 2016). Research in this area also reflects multiple national contexts.

Pharmacy-specific literature in the United States that focused on preceptors and experiential learning was varied. Skrabal et al. (2006) identified three preceptor perspectives about precepting students with the intent to educate and encourage pharmacists to become preceptors. Incentives to precepting were identified as material rewards, satisfaction in giving back to the profession, and assistance in clinical services, while increased workload negatively affected precepting. Skrabal et. al (2008; 2010) conducted a national preceptor survey in an attempt to learn about experiential learning environments focusing on the differences between rural and urban placements. The authors found that provision of a monetary stipend motivated participation and that lack of time was cited as a hindrance to participation (Skrabal et al., 2008). Further, on examination of the capacity for placements in rural and urban settings, the authors found that rural preceptors were able to spend more time with students (Skrabal et al., 2010). Similarly, the capacity for hospital placements was explored in another study, and the capacity for experiential learning was found to exist (Scheckelhoff et al., 2008). Looking at job and career satisfaction, Payakatchat et al. (2011)

determined these to be higher among pharmacists who were preceptors. Perceptions, obstacles, and solutions for offering introductory placements in hospital settings were examined and the authors found that informed planning and preceptor support enhances quality of experiential learning (Denetclaw et al., 2014). The need for training and development of volunteer pharmacy practice preceptors has been articulated, and the need for training in areas of conflict management, managing unmotivated or failing students, clarifying expectations, evaluation, and fostering critical thinking and problem solving was identified by Assemi et al., (2011). Worrall et al. (2016) provided recommendations for precepting around areas of collaboration, resources, and recognition, including: identification of baseline preceptor training; development of best practice for preceptors, including a self-assessment tool; institution of a national advisory board; standardized assessments; recognition of institutions that excel in precepting; inviting master preceptors to national meetings; and conducting an examination of interprofessional precepting.

In Australia, Marriott et al. (2006) surveyed rural preceptors to identify their views of preceptorship. The authors found limitations of time and knowledge to perform the preceptor role, while personal and professional rewards, such as keeping up to date with knowledge, were beneficial to the role (Marriott et al., 2006). Also in Australia, and using focus groups to identify preceptor perspectives of experiential learning, Chaar et al. (2011) found that, although pharmacists enjoyed the role, the workload, lack of time and space, increased stress, and lack of educational techniques were obstacles to achieving good educational outcomes. Fejzic et al. (2013) surveyed preceptors and students to study perspectives of community pharmacy experiential placements in a post-graduate pharmacy program in Australia and

found that more support for preceptors when managing students in complex and difficult situations and quality guidance to ensure positive experiences would be of value.

In a most recent study, Seo et al. (2018) conducted a survey in South Korea that aimed to identify levels of stress, satisfaction, and competency of hospital pharmacy preceptors. The authors found that workload and extra time for precepting were stressful barriers while monetary rewards and improved preceptor competencies were valuable incentives.

Within the reviewed literature, prevalent themes and results indicated that such factors as time (Chaar et al., 2011; Marriott et al., 2006; Scheckelhoff et al., 2008; Skrabal et al., 2008), workload (Assemi et al., 2011; Chaar et al., 2011; Fejzic et al., 2013; Payakachat et al., 2011; Seo et al., 2018; Skrabal et al., 2006), standardization of evaluation processes and preceptors (Denetclaw et al., 2014; Scheckelhoff et al., 2008; Worrall et al., 2016), training and support (Assemi et al., 2011; Chaar et al., 2011; Denetclaw et al., 2014; Fejzic et al., 2013; Payakachat et al., 2011; Scheckelhoff et al., 2008; Worrall et al., 2016), and compensation, rewards, and recognition (Marriott et al., 2006; Seo et al., 2018; Skrabal et al., 2006; Skrabal et al., 2008) all impacted preceptor's engagement in experiential learning. While these studies identified pertinent issues affecting participation of preceptors, they did not delve into the lived experience of the pharmacy preceptor.

While no phenomenological literature specifically for Canada was identified, projects that were relevant to experiential learning, including the Blueprint for Pharmacy (Canadian Pharmacists Association [CPhA], 2008), Canadian Experiential Education (CanExEd) Project for Pharmacy (Mulherin, 2015) and the Advancing Experiential LearninG in

InstitutionaL Pharmacy PracticE (AGiLE) report (Legal, Wood, Collins, & Gamble, 2013) provided relevant data with respect to experiential learning.

CPhA developed a collaborative initiative called the Blueprint for Pharmacy in 2008 that established experiential learning priorities and proposed actions to "ensure that core pharmacy curricula identify the knowledge, skills, and values required for future pharmacy practice" (p. 6). The Blueprint also "addressed challenges that affect the education, recruitment, and retention of pharmacy preceptors, educators, and learning facilitators," and recognized the need to "increase the accessibility, quality, quantity, and variety of experiential learning opportunities" (CPhA, 2008, p. 6).

Building upon the Blueprint priorities, and from further discussion among stakeholders, seven detailed reports were presented under the CanExEd Project for Pharmacy. The reports contain information on how to enhance experiential learning in hospitals and primary care environments (Mulherin, 2015). Much of the information contained in the CanExEd project reports is useful for program direction, development, and evaluation. Preceptor experiences of experiential learning, however, were not examined in detail in the reports.

The AGiLE project was a report about hospital experiential learning undertaken to increase hospital capacity for experiential learning in British Columbia (Legal et al., 2013). The report included recommendations to establish mutually beneficial partnerships between the school and hospital practice including support for preceptors, trying new preceptor–student training models, promotion of participatory learning, clearly defining expectations from sites and the school, preceptor development, and recognition for preceptors (Legal et al., 2013).

While these projects and studies add logistical information to the experiential learning literature in pharmacy in Canada, there is a notable gap in pharmacy literature with respect to the lived experience of the pharmacy preceptor of experiential learning. Although there exists anecdotal information regarding preceptor experiences of experiential learning in the CoPN at the U of S, there have been no formal studies that have identified and analyzed the lived experience of pharmacist preceptors of experiential learning in Saskatchewan. In addition, no phenomenological studies of pharmacy preceptors from across Canada were identified.

Preceptors in health care professions. Experiential learning in a preceptor model is often the preferred form of education for clinical placements in health care professions, such as medicine, nursing, pharmacy, social work, and dentistry (Billay & Yonge, 2004). Various terms are used within disciplines regarding the preceptor or teacher within the experiential learning placement, and these terms vary from one profession to another: preceptor, field educator, clinical instructor, clinical educator, clinical supervisor, clinical teacher, mentor, supervisor, and cooperating teacher are some examples (Billay & Yonge, 2004). Experiential learning experiences also have a variety of terms to describe students' status, including preceptorship, clerkship, internship, apprenticeship, placement, and clinical clerkship (Billay & Yonge, 2004). Generally, during experiential learning experiences, students are assigned to work with a preceptor so they can be socialized into the profession and receive a reality-oriented experience (Earle-Foley, Myrick, Luhanga, & Yonge, 2012; Myrick & Yonge, 2005).

Nursing Preceptors and Experiential Learning

Seeing a lack of attention in the literature to the lived experience of pharmacy preceptors, research of this kind relevant to other health care professions was reviewed. Nursing literature contains studies that examined the lived experience of the nursing preceptor and their perceptions and perspectives of experiential learning in detail. While the professional context differs, of interest, and reviewed in this section, are the uses of survey methodology and phenomenological approaches.

Surveys in nursing literature. Studies using surveys (Stevenson, Doorley, Moddeman, & Benson-Landau, 1995) and questionnaires (Coates & Gormley, 1997; Hyrkäs & Shoemaker, 2007; Madhavanpraphakaran, Shukri, & Balachandran, 2014) gathered nursing preceptor perceptions and experiences.

In the United States, Stevenson et al. (1995) used a survey to identify the preceptor experience. Findings indicated that rewards, such as satisfaction from sharing knowledge and personal growth of both the preceptor and student, and recognition, balanced with the inherent disadvantages of the role, including time-consumption, workload, stress, and loss of patient contact, hindered participation in precepting. Hyrkäs and Shoemaker (2007) employed a questionnaire to identify preceptors' perceptions of benefits, rewards, support, and commitment to the role, and they found that preceptors were committed to the role, especially when non-material and material benefits such as workshops were available.

Madhavanpraphakaran et al. (2014) used a questionnaire to identify preceptors' perceptions of clinical nursing education in Oman. They found that a lack of time, heavy workload, and lack of interest were drawbacks, while feedback, training, and education were of benefit to participation in experiential learning.

Views about preceptorship have been identified in a case study, with an investigation that involved both qualitative and quantitative approaches that included interviews and a questionnaire (Coates & Gormley, 1997). Coates and Gormley identified lack of time, increased workloads, and lack of training as barriers to engaging in preceptorships in the United Kingdom.

Within the nursing research that employed surveys, several themes were identified. Themes common in the studies include lack of time (Madhavanpraphakaran et al., 2014; Stevenson et al., 1995), increased workload (Madhavanpraphakaran et al., 2014; Stevenson et al., 1995), recognition, rewards, and benefits of being a preceptor (Hyrkäs & Shoemaker, 2007; Stevenson et al., 1995), and training and knowledge (Hyrkäs & Shoemaker, 2007; Madhavanpraphakaran et al., 2014; Stevenson et al., 1995).

Nursing literature: Phenomenology. Nursing studies that utilized phenomenology methodology are present in the literature (Chen, Duh, Feng, & Huang, 2011; Foley, Myrick, & Yonge, 2012; Foley, Myrick, & Yonge, 2013; Green, 1995; Liu, Lei, Mingxia, & Haobin, 2010; Nehls, Rather, & Guyette, 1997; Ohrling & Hallberg, 2000, 2001; Raines, 2012; Smedley & Fet, 2008). The use of hermeneutic analysis has also been found in nursing literature (Hilli, Melender, Salmu & Jonsén, 2014; Hilli, Salmu & Jonsen, 2014).

Research of this kind has been conducted in a number of national contexts. In the United Kingdom, Green (1995) found that the single nurse–teacher participant in her study had a clear understanding of experiential learning. The paper focused on the enquiry, and then offered a detailed critical description of the phenomenological methodological approach used. In the United States, Nehls et al. (1997) studied the lived experience of students, preceptors, and faculty in the preceptor model of clinical instruction. They found that

themes, including learning alongside a nurse, teaching caring practice, and teaching as nursing, impacted the perception that some teaching practices might be altered or extended (Nehls et al., 1997). Nurse preceptors' understanding of experiential learning and precepting undergraduate students have also been examined (Raines, 2012). Results indicated that engagement in education, recognition, and student differences impacted precepting (Raines, 2012). Being and becoming a preceptor was studied in Australia, and it was found that formal education or preceptor training can enhance the ability to perform the role (Smedley & Fet, 2008).

In Sweden, Öhrling and Hallberg (2000) investigated the lived experience of being a preceptor and found two main themes, sheltering students when learning and facilitating the student's learning. Through further examination of the two themes, they arrived at the meaning of preceptorship as "reducing the risk of the students learning helplessness and empowering the students when learning in practice" (Öhrling & Hallberg, 2001, p. 530). Also in the Nordic context, preceptorship was studied in a qualitative study (Hilli, Melender, et al., 2014). Hilli, Salmu, et al. (2014) then identified perspectives on good preceptorship as being a matter of ethics. These preceptors felt a deep responsibility toward the student and the profession. The participants in this study, primarily older senior nurses with many years of experience, did not talk about precepting being time consuming, stressful, or requiring the need for a reduction in workload (Hilli, Salmu, et al.).

Studies in an Asian context were also noteworthy. Liu et al. (2010) studied the lived experiences of clinical preceptors in China. They found that preceptors experience diverse feelings with respect to the preceptor role. The authors identified that teaching is learning and being a role model were positive aspects to precepting, while being unable to do what

one would like to do was a negative aspect (Liu et al., 2010). To foster positive experiences, it was necessary to address the needs of clinical preceptors. In Taiwan, preceptors' experience in training new graduate nurses were identified with a hermeneutic phenomenological approach (Chen et al., 2011). They found that the preceptors felt challenged by the heavy workload and fear of failure and recommended that reducing preceptor's patient care responsibilities in order to free up time for the learners should be a priority (Chen et al., 2011). This reduction in patient care responsibilities may not easily translate to pharmacy practice currently in Saskatchewan, due to constrained resources.

One study in the Canadian context by Foley et al. (2012) used a phenomenological perspective to identify preceptorship in the intergenerational context between preceptors and students. Their study revealed three main themes: being affirmed, being challenged, and being on a pedagogical journey (Foley et al., 2012). In 2013, after further analysis of the "being challenged" theme identified in the previous study, the authors went on to analyse and describe intergenerational conflict in nursing (Foley et al., 2013).

Within the phenomenological nursing literature, themes common in the studies regarding preceptor experiences include teaching and learning (Chen et al., 2011; Foley et al., 2012; Hilli, Melender, Salmu, & Jonsén, 2014b; Liu, Lei, Mingxia, & Haobin, 2010; Nehls et al., 1997; Ohrling & Hallberg, 2000, 2001; Raines, 2012; Smedley & Fet, 2008), time (Ohrling & Hallberg, 2000), workload (Chen et al., 2011; Hilli, Salmu, et al., 2014; Liu et al., 2010; Öhrling & Hallberg, 2000), relationships (Hilli, Melender, et al., 2014; Hilli, Salmu, et al., 2014; Öhrling & Hallberg, 2000), conflict (Foley et al., 2013), acknowledgement (Raines, 2012), and care and caring (Hilli, Melender, et al., 2014; Hilli, Salmu, et al., 2014; Nehls et al., 1997; Öhrling & Hallberg, 2000). Themes of workload and

time seemed to occur more frequently in studies that used surveys and questionnaires, as opposed to phenomenological studies.

Other relevant nursing literature. An ethnographic study by Carlson, Pilhammar, and Wann-Hansson (2009) that focused on time for precepting and establishing supportive and limiting conditions for precepting nurses, identified time as a major limiting condition that appeared through all categories: organization; establishing clinical responsibilities and routines; collaboration focusing on professional relations and interaction; and the personal perspective involving preceptors experiences, need for feedback, and notions of benefits. The authors recommended pre-emptive planning of the nurse's clinical work so that time for precepting could be facilitated using strategies such as delegating either precepting or clinical tasks and the use of a dedicated education unit model (Carlson, Pilhammar, & Wann-Hansson). The recommendations require resources such as increased staffing, money, and stakeholder buy-in, as the model may require a redesign of current clinical practice and teaching in a unit or area.

Common themes identified within both the pharmacy and nursing literature regarding preceptor perceptions included the importance of preceptor education, training, and development. Nursing literature included more studies in which the authors used phenomenological analysis, while pharmacy literature relied heavily on the use of surveys to gather preceptor opinions.

Dietitian Preceptors and Experiential Learning

Attitudes and perceptions of the dietitian internship preceptor role have been studied and described through the use of surveys (Marincic & Francfort, 2002; Nasser, Morley, Cook, Coleman, & Berenbaum, 2014; Winham & Wooden, 2014). In the United States,

dietetic preceptors were surveyed to identify perceptions of rewards, benefits, support, and commitment to the preceptor role (Marincic & Francfort, 2002). Marcinic and Francfort recommended that strategies to recognize, support and reward preceptors would be beneficial for preceptor retention. In the United States, Winham and Wooden (2014) surveyed preceptors to identify attitudes and perceptions of the preceptor role and found that rewards, scheduling, and a greater emphasis on precepting as a professional duty may increase willingness to serve as a preceptor. In Canada, Nasser et al. (2014) surveyed dietitians to identify perceptions of precepting, knowledge, skills, attitudes, barriers, and training. Results of the study were important to support the training and development of preceptors (Nasser et al.).

Themes from these studies included the importance of appreciation, recognition, and rewards (Marincic & Francfort, 2002; Nasser et al., 2014; Winham & Wooden, 2014). Barriers, including time and unsupportive work environments (Nasser et al., 2014) were identified. Training and knowledge was recognized as a benefit in multiple studies (Marincic & Francfort, 2002; Nasser et al., 2014; Winham & Wooden, 2014).

Other Professional Contexts for Preceptors and Experiential Learning

The literature examined in this section includes preceptor perspectives from teaching, nursing, social care, occupational therapy, physiotherapy, and physician assistant professions. A variety of research methods and approaches were identified in other professional literature pertaining to preceptors and experiential learning, including phenomenology (Löfmark, Morberg, Öhlund, & Ilicki, 2009; Maringer & Jensen, 2014), surveys (Latessa, Colvin, & Beaty, 2013), focus groups (Hudak, Enking, Gorney, &

Gonzalez-Colaso, 2014), and a pragmatic design (Chen, Rivera, Rotter, Green, & Kools, 2016).

Other professional studies have been conducted that explore preceptor views of experiential learning and lived experience of preceptors using phenomenology (Löfmark et al., 2009; Maringer & Jensen, 2014). Löfmark et al. (2009) identified mentors' lived experience in supervision in teaching, nursing, and social care education contexts. The authors found that communication, information, and closer contact between those in the field and the university must be strengthened for support and motivation (Löfmark et al., 2009), whereas, Maringer and Jensen (2014) identified occupational and physiotherapist preceptors' views of preceptorship, and found that training, and paperwork simplification would be beneficial.

Physician assistant's perspectives of precepting students were described employing focus groups and interviews (Hudak et al., 2014). Findings indicated that preceptors are able to contribute to student learning while advancing their own practice, that positive qualities in students incentivise precepting, that connections and communications with the program are valued, and that there is competition for placements among programs.

Chen et al. (2016) used a pragmatic design to study preceptor perspectives in training advanced practice nursing students in the interprofessional clinic setting, in particular the methods used to teach students in the clinical environment. They found that a variety of teaching approaches was beneficial, that there were gaps in preceptor knowledge related to program curricula, goals, and scope of practice of interprofessional students, and that the logistics of scheduling interprofessional trainees in clinical settings posed a difficulty.

Surveys were used in interprofessional literature to identify preceptor opinions. Latessa et al. (2013) conducted an interprofessional survey to identify current trends in satisfaction, motivation, and future of community preceptors in professions including medicine, pharmacy, nursing, and physician assistants. The authors discovered that preceptors are generally satisfied with teaching students. They found that complaints about circumstances around precepting "[did] not always equal true dissatisfaction, and despite verbal expressions of dissatisfaction, preceptors remain satisfied" (Latessa et al., 2013, p. 1167).

Notable themes in other professional preceptorship literature examined included training (Chen et al., 2016; Maringer & Jensen, 2014), relationships (Maringer & Jensen, 2014), responsibility (Latessa et al., 2013), communication (Hudak et al., 2014; Löfmark et al., 2009), and compensation (Latessa et al., 2013).

Summary of Health Care Professional Experiential Learning Literature

In light of the literature reviewed, it appears that some type of barrier factored in to participation in experiential learning. Findings from many of these studies have used preceptor perspectives and opinions to attempt to overcome these barriers and inform program development and improvement. Common findings across the professions were related to the importance of preceptor education, development, strategies to retain preceptors, preceptor satisfaction with experiences, and recommendations for program improvement. See Appendix A for a summary of studies, the themes identified, and study methods used.

Survey methodology was common in the literature reviewed for this study. Surveys, while useful for gathering information, are often limited to answering questions and choosing

options provided within the survey, typically leaving little room for open-ended discussion or additional information to be provided. Further, the ranked choices provided in some surveys leave little room for respondents to offer their own thoughts.

Summary

In this chapter, an overview of cognitive and socio-cultural experiential learning theories, and teaching strategies was presented. The insights from the literature that may help illustrate experiential learning from pharmacy, nursing, dietetics, and other professional preceptor perspectives were summarized. Use of phenomenology by the health care professions as methodology in research was identified.

In Chapter 3, history of phenomenology, as well as a brief introduction into interpretive and descriptive approaches of phenomenology is provided. I will describe the methodology used in this study—the phenomenology of practice.

CHAPTER 3: PHENOMENOLOGY DISCOURSE AND METHODOLOGY

In this chapter, I provide a brief overview of phenomenology. An outline of van Manen's (1990) methodological approach to phenomenology is given, as it underpins this study. Following, I provide the explanation and details about the methodological process I undertook in this study.

History of Phenomenology

This brief overview of the history of phenomenology focusses on the work by Husserl and Heidegger.

Husserl. Husserl (1859-1935) is credited as the father of phenomenology (Hays & Singh, 2012). Husserl's phenomenology was both descriptive and transcendental, meaning that one may feel as though one is standing outside oneself and watching the experience from above (Yuksel & Yildirim, 2015). Husserl practiced "bracketing," or the suspension of the researcher's prejudices, preconceptions, and beliefs, to get to the essence or description of a phenomenon. Husserl defined phenomenology as "a descriptive philosophy of the essences of pure experiences. He aimed to capture experience in its primordial origin or essence, without interpreting, explaining, or theorizing" (van Manen, 2014, p. 89). Husserl's phrase "we must go back to the 'things themselves'" has become prominent in phenomenology (Husserl, 1901/2001, p. 168). The phrase means going back to the way things are actually given. According to van Manen (2014), "Husserl urged that a rigorous inquiry of any sort should always radically start from beginnings that can be clear," (p. 93) rather than begin one's inquiry from existing beliefs and unexamined assumptions.

Heidegger. Heidegger (1889-1976) was one of Husserl's students. Heidegger's phenomenology is referred to as hermeneutic phenomenology, which emphasized

interpretation, as opposed to just description (Yuksel & Yildirim, 2015). He believed that the meaning of the phenomenon "being," as opposed to the knowledge of phenomena, should be the focus (van Manen, 2014). According to van Manen (2014), "for Heidegger, the method of ontology [or being] is phenomenology.… Phenomenology requires of its practitioners a heedful attunement to the modes of being of the ways that things are in the world" (p. 105). According to Heidegger (1962) phenomenology means "to let that which shows itself be seen from itself in the very way in which it shows itself from itself" (p. 58), which again, means "to the things themselves" (Heidegger, 1962). He believed that bracketing was not possible and that a researcher could not separate description from their interpretation or pre-understandings (Dowling & Cooney, 2012).

Phenomenology has evolved over the years. Many factors, including different researchers, disciplines, philosophers, and points in history and culture have resulted in variations in interpretation and process (Finlay, 2013). There are distinctive approaches within phenomenology, including interpretive and descriptive approaches. Variation in the types of phenomenology and differences in methods range from descriptive phenomenology, as practiced by Husserl, and interpretative and hermeneutic phenomenology, as practiced by Heidegger. Further distinctions also occur within methods practiced within interpretive and descriptive phenomenology (Dowling, 2007; Errasti-Ibarrondo, Jordán, Díez-Del-Corral, & Arantzamendi, 2018; Finlay, 2013; Gill, 2014; Giorgi, 2006; 2008; Lopez & Willis, 2004; Phillips-Pula, Strunk, & Pickler, 2011; Pringle, Drummond, McLafferty, & Hendry, 2011; Pringle, Hendry, & McLafferty, 2011; van Manen, 2014; M. van Manen & M. A. van Manen, 2014). It is important to be clear in the approach and methods used in research to ensure that the approach and methods align (Norlyk & Harder, 2010). Disciplines often have

discipline-oriented resources for professionals for phenemological research, including therapists (Finlay, 2011), nursing (de Chesnay, 2015; Munhall, 1995; 2007), and in other professions (Chan et al., 2010; Vagle, 2014).

Phenomenological Method Guiding This Research

Phenomenology is a method of qualitative research with methodological distinctions and differences and, as such, it does not "fit" with methodological considerations of other qualitative research methods (van Manen, Higgins, & van der Riet, 2016). The method of phenomenological research is "never a prescribed procedural or step-by-step form of inquiry" (Adams & van Manen, 2017, p. 781).

Max and Michael van Manen (2014) assert that phenomenology is descriptive, that the phenomenologist attends to how things appear, and hermeneutic, which means that "reflecting on experience must aim for interpretive language and sensitive linguistic devices that make the phenomenological analysis, explication, and description of lived meaning possible" (p. 610). Phenomenology of practice addresses and deals with the concerns and questions of the professional practitioner's practice, as well as the daily practices of everyday life (Adams & van Manen, 2017; van Manen, 2014). According to van Manen (2007), "a phenomenology of practice aims to open up possibilities for creating formative relations between being and acting, between who we are and how we act, between thoughtfulness and tact" (p. 13). This method is meaningful in this study to allow a deeper understanding of the pharmacy preceptor.

The method that van Manen describes may be seen as an iterative cycle of the following research activities (van Manen, 1990):

1) Turning to the phenomenon which seriously interests us;

2) Investigating experience as we live it rather than as we conceptualize it;
3) Reflecting on the essential themes which characterize the phenomenon;
4) Describing the phenomenon through the art of writing and rewriting;
5) Maintaining a strong and oriented relation to the phenomenon, and
6) Balancing the research context by considering the parts and the whole.

These methodological suggestions, guidelines, activities, and recommendations help develop hermeneutic-phenomenological research (Errasti-Ibarrondo et al., 2018; van Manen, 2016). van Manen's phenomenological methods were applied to this study and an illustration of this application is shown in Figure 3.1.

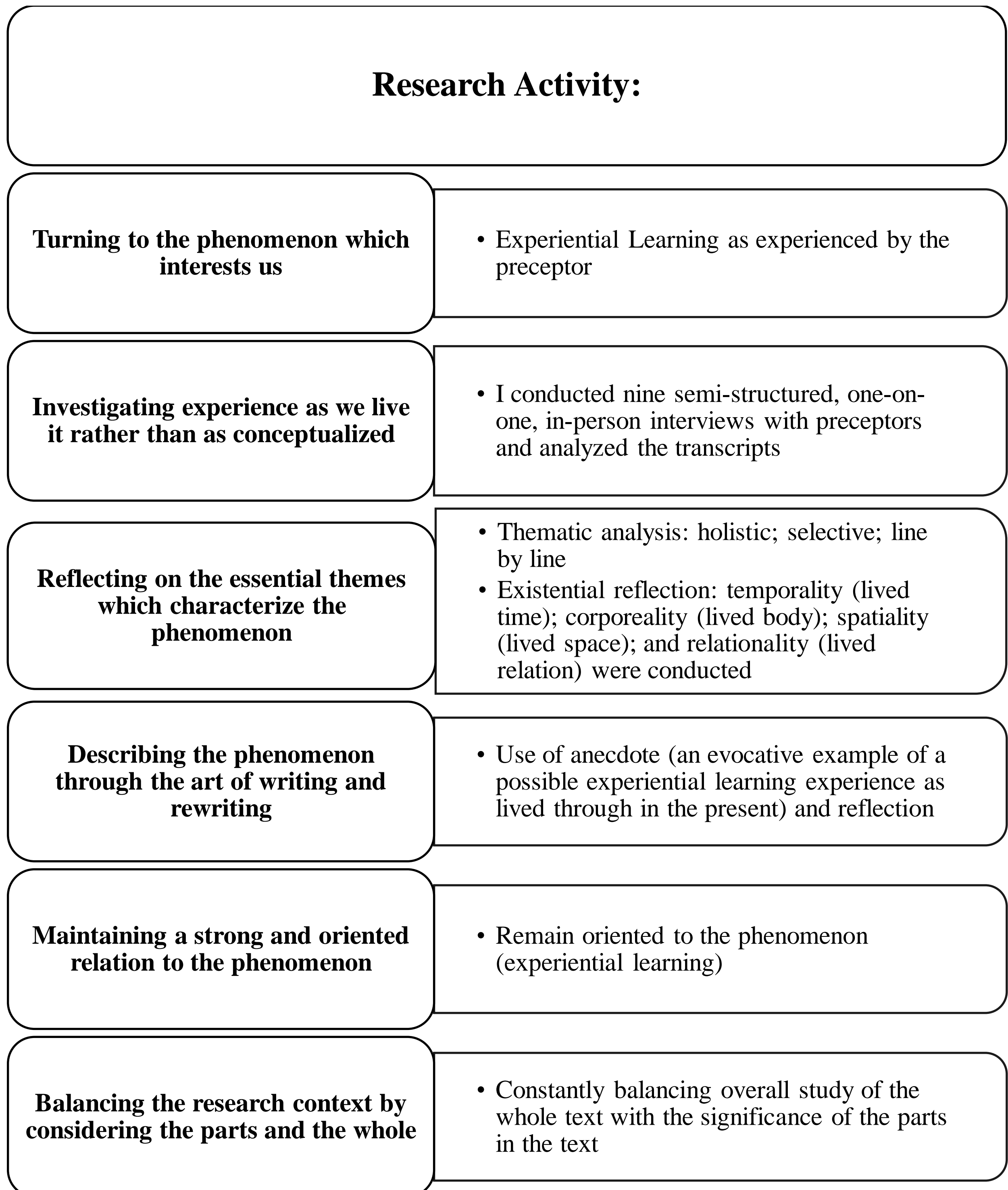


Figure 3.1 van Manen's (1990) method as applied to this study

Turning to the Phenomenon Which Interests Us

The first point in van Manen's method involves turning to a phenomenon that seriously interests us, which, for me, is experiential learning. This study is rooted in Saskatchewan, where I live, and at the U of S, where I work in the experiential learning office in the CoPN. I come from a family of educators: my father was a teacher and my sister is a teacher. I am a pharmacist by profession, but am intrigued about learning and education as it relates to the field of pharmacy.

My background and why experiential learning? I earned a BSP degree from the CoPN at the U of S in 1999. In the final year of my program, I completed two three-week structured practical experiences in pharmacy or experiential learning placements, one in a hospital setting and one in a community pharmacy, both situated in Humboldt, Saskatchewan. I am currently a licensed pharmacist in Saskatchewan. I have practiced community pharmacy across Saskatchewan in sites including Prince Albert, Regina, Swift Current, North Battleford, and Saskatoon.

While practicing pharmacy in Saskatoon, I also worked in the CoPN skills laboratory. My interest in pharmacy student education led me to delve deeper into the university setting and in 2011 I assumed the role of structured practice experiences coordinator for pharmacy students at the U of S. This position involves working with pharmacy preceptors and students to arrange experiential learning placements, providing preceptor training and support, providing student support, and all problem solving related to experiential learning. Through my work in the experiential learning office, I have come to know the preceptors within the program. I was careful to maintain these relationships on a professional level throughout this research.

In 2014, I earned a master's degree in Educational Administration with a focus on medical education. I spent the vast majority of my master's degree course work focusing on pharmacy education when appropriate.

I am a member of the Pharmacy Experiential Programs of Canada (PEP Canada), a special interest group that was established to enhance experiential learning in Canada. This is a collaborative group that shares best practices in experiential learning with other experiential coordinators from pharmacy schools across Canada. I often hear about struggles and challenges that other schools across the country are facing within their programs, in addition to sharing struggles the CoPN has within the program. There is a collaborative environment of sharing professional best practice that occurs within the schools to enable optimal experiential learning nationwide.

Between my interest in experiential learning and my work as an experiential learning coordinator, I have first-hand knowledge about student and preceptor experiences in the pharmacy program at the U of S. All participants in this research had prior acquaintance with me and were aware of where I work.

I myself have precepted numerous students during my time as a community pharmacist. I understand firsthand the pressure, time, energy, and skills necessary to precept pharmacy students while continuing to maintain excellent and safe patient care. I began this study with examination of my own experiences of experiential learning as a preceptor, since they might resonate with the experience of others (van Manen, 1990). I reflected on my experiences in precepting students within the CoPN. I remembered my students, the laughter, friendships formed, the rapport, stress, mistakes, and the learning that occurred during the placements for both the students and myself. I recorded these reflections in a

reflexive journal, and some are included in the analysis. For example, some of these reflections and thoughts concerned my enjoyment as a preceptor and my learning from and with my students. As a coordinator, I noticed that not every pharmacist shared this same passion. It was difficult for me to identify why a particular preceptor would turn down the opportunity to precept a student while others would jump at the chance to participate. I speculated that difficult or failing students would be the primary motivation for this decision not to participate. As I delved into the literature regarding experiential learning, I realized there was opportunity to explore these motivators or deterrents to precepting and understand more comprehensively what the human experience of precepting and experiential learning entailed. I was interested in exploring experiential learning, particularly from the pharmacy preceptors' point of view, to examine if there were ways to increase the capacity and uptake to participate in experiential learning as a preceptor.

Ethics approval. Before beginning the research, this study was approved by the Behavioural Research Ethics Board (Beh 17-166) at the U of S (Research University of Saskatchewan, 2016) on April 28, 2017. To further align my research with the intended outcomes (Adams & van Manen, 2017), an amendment to change the title of the study from "Pharmacist preceptor perceptions of experiential learning in Saskatchewan" to "The lived experience of experiential learning of pharmacy preceptors in Saskatchewan: A Phenomenological study" was approved by the behavioural research ethics board on June 28, 2019. This allowed a closer alignment and authenticity to the phenomenology of practice, which does not investigate perception, but rather the experience as lived.

Investigating the Experience As It Is Lived, Rather Than As Conceptualized

To gain a base understanding of the knowledge and framework surrounding experiential learning, I first investigated experiential learning as it is conceptualized by examining theories surrounding the phenomenon of experiential learning. The literature review allowed an understanding as to what has been studied about experiential learning and how it has been studied. Next, I investigated experiential learning as the pharmacy preceptor lives it, not as they conceptualize it, by collecting data through interviews with preceptor participants.

Participants and setting. Sample size in phenomenology is generally small (Hefferon & Gil-Rodriguez, 2011; Hycner, 1985; Pringle, Drummond, et al., 2011; Reid, Flowers, & Larkin, 2005; Smith, Flowers, & Larkin, 2009). Smith et al. (2009) recommend limiting sample size to between three and six participants. Van Manen (2014) stated, "depending on the phenomenological question, the general aim is to gather enough experientially rich accounts that make possible for the researcher to configure powerful experiential examples or anecdotes about life as it is lived" (p. 353). The goal of phenomenology is to "neither sample nor generalize to a population. Rather, the aim is simply to reveal, open, and explore a possible human experience" (van Manen, 2013, p. 82).

Participants are generally people who have experienced and can articulate the phenomenon investigated (Hycner, 1985). Participants are also generally not grouped according to gender, ethnicity, age, or other selective considerations (van Manen, 2014). According to Hycner (1985), "the researcher is seeking to illuminate phenomena, and not in the strictest sense to generalize the findings. Part of the control and rigor emerges from the

participants chosen and their ability to fully describe the experience being researched" (p. 294).

In this study, participants were purposefully selected to include current preceptors in the BSP program at the U of S. Inclusion criteria included those who had served both as a preceptor and had precepted students in the previous year. Also, they had to have been a preceptor at the U of S for at least three years in total. A list of pharmacist preceptors at the U of S was divided into community and hospital preceptors and, according to the above criteria, preceptors who did not regularly host students, who had not been a preceptor for at least three years, or who were not practicing in Saskatchewan were excluded from the list. The community preceptor list was divided into regions of Regina, Saskatoon, and Others, to cover the whole province. The hospital preceptor list was grouped according to the regions of Prince Albert, Regina, Saskatoon, Swift Current, Yorkton, North Battleford, Humboldt, and Others. On June 15, 2017, one of my supervisors and I met to select participants for the study. The hospital participants' names were randomly drawn from the compiled list, as were the community preceptors, to produce a random, purposive sample of participants.

Keeping with small sample size recommendations, the aim was to interview five preceptors from community locations and five preceptors from hospital locations across Saskatchewan. This is larger than the recommended sample size to account for attrition and to ensure that enough participants were available for interviews.

Participants were invited to participate via a personalized email from myself that outlined the purpose of the study (See Appendix B). The email outlined the research, the process that would occur, assurance of confidentiality, and the anticipated time commitment. It was disclosed that the method of data collection would be an in-person interview, and the

extent of participation was outlined for participants. They were notified that the results would be published in a dissertation for a Doctor of Philosophy degree. Preceptor participants were informed that their participation would not affect their relationship with the university or the CoPN. No incentives to participate in this study were offered.

Interview protocol. In phenomenology, we need to explore and gather others' experiences to reflect on them. For this study, experiences were gathered through in-person interviews. The interview is used to gather experiential material that is used to develop a "richer and deeper understanding of a human phenomenon" (van Manen, 1990, p. 66), which, for the purpose of this study, is experiential learning. An oral interview, as opposed to obtaining written lived experience descriptions, was considered more appropriate for this research since it is sometimes easier to talk about than to write about personal experiences. I considered having preceptors write answers; however, "writing forces a person into a reflective attitude and may make it difficult to stay close to the experience as immediately lived" (van Manen, 1990, p. 67). An in-person interview would allow me to keep the experience to how it is lived, and it was expected that potential participants might prefer this format, seeing it as less time consuming.

In this study, an interview guide was adapted from a focus group guide (Worrall et al., 2016). After the guide was developed, the first draft was piloted with two colleagues, one who is a current preceptor, the other a past preceptor in the program. I met once with each colleague, to pilot the guide and noted the time it took for the interviews to ensure that the appropriate approximate time required for the interview would be communicated to participants. Repetitive and inappropriate questions were eliminated from the guide, and questions were reworded based on feedback from the pilot interviews where appropriate.

All questions in the semi-structured guide were open-ended. The final version of the interview guide (see Appendix C) was submitted to the research committee for input, feedback, and approval. After the committee approved the guide, participants were invited into the study.

Participants were contacted in the order in which they were drawn. When a participant declined to participate, or did not reply after two subsequent email reminders over several weeks, the next participant on the list was contacted and invited to take part in the study. In one instance, a participant preceptor agreed to participate, and an interview was scheduled, but unexpected circumstances did not allow for the meeting to occur.

The date, time, and location of the interviews were negotiated with the participants in advance via email. The elapsed time between the invitation and the actual interview varied between participants depending on their availability, with most meetings occurring within a few weeks of the invitation.

Written consent (see Appendix D) to collect data was secured before interviews began. I aimed to protect participant confidentiality at all times. Limits of confidentiality were outlined before the interview and also in the consent form, and it was explained that due to context, individual participants might be identifiable due to the nature of the small sample size (Research University of Saskatchewan, 2016).

A general interview protocol for asking questions and recording answers was followed. After salutations and introductions, verbal and written consent for audio recording was obtained, and I disclosed that I would be taking notes and gathering information. The interview began with questions that the participant could easily answer in order to set a comfortable atmosphere. More thought-provoking questions followed. Prompts and probes

were used where necessary, such as, “can you tell me more about that,” to gather more information from the participant. The interview guide was not rigid and during the interviews the questions were varied from time to time, depending on participant answers. For example, if someone answered a question already within another answer, that question was omitted further on in the interview. An attempt was made to cover all topics in the guide and sometimes I would ask a question directly from the guide to generate conversation after a lull. The interview guide was not shared with participants.

Interviews. Semi-structured oral interviews in face-to-face settings with single participants were conducted. The length of the interviews ranged from 33 to 104 minutes with each participant interviewed once. Three participants became emotional during the interview when discussing relationships and rewards of precepting. Two of them proceeded with the interview without a break, and the third participant requested a break to collect themselves.

I traveled across the province of Saskatchewan to conduct the interviews from June to October of 2017. To protect participant confidentiality, locations in Saskatchewan where the interviews occurred are not disclosed. Interviews were conducted in spaces that were convenient and comfortable for the preceptor participants and chosen by them.

Nine pharmacist preceptors participated in interviews and shared their lived experience of engaging in experiential learning. Four preceptors practiced community pharmacy, and five preceptors practiced hospital pharmacy. Two participants had practiced in both community and hospital environments and drew on their experiences in both work settings. Practice experience ranged from five years to 27 years of precepting students. Table 3.1 contains information regarding participants organized in order of years precepting.

Information such as gender and practice sites are deliberately omitted in the table to help preserve confidentiality.

Table 3.1

Participant Interviews

Participant	Years Precepting	Interview Length (Minutes)
1	27	104
2	24	49
3	21	53
4	20	96
5	17	61
6	9	64
7	6	35
8	5	35
9	5	33

Interviews were audio-recorded with participant permission and then transcribed verbatim by a hired transcriptionist from the Social Sciences Research Laboratory centre at the U of S. After the interviews were transcribed, I personally verified the transcripts by listening to the recorded audio and comparing the audio recording against the transcript, correcting any discrepancies. All participants were offered the opportunity to read and revise their transcript to acknowledge that it accurately portrayed what he or she said (Research University of Saskatchewan, 2016) (see Appendix E). All participants declined the offer to review transcripts, except one, who later decided against doing so when transcripts were ready. Each interview was assigned a numerical code on the transcript and no names were used in the written report to protect confidentiality.

Reflecting on the Essential Themes Which Characterize the Phenomenon

Essential and incidental themes. During thematic analysis, I reflected on the essential themes that characterized the phenomenon. In determining an "essential quality of a theme, the concern is to discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is" (van Manen, 2016, p. 107). To determine an essential theme, one may ask, "Is this phenomenon still the same if we imaginatively change or delete this theme from the phenomenon?" Would the phenomenon be what it is without this theme? That is, as van Manen (2016) asks, "Does the phenomenon without this theme, lose its fundamental meaning" (p. 107). In contrast, incidental themes are incidentally related to the phenomenon (van Manen, 2016). They are not essential to make the phenomenon what it is.

Conducting thematic analysis. Generally, a theme is a component that frequently occurs in the text. However, phenomenological analysis does not involve coding, sorting, calculating, or searching for patterns, synchronicities, frequencies, resemblances, or repetitions in data; nor does it explain, theorize, or seek to engage higher levels of abstraction (Finlay, 2014; van Manen, 2017b).

Van Manen (2016) states, "in human science, such as phenomenology, theme is rather irrelevant and may be considered simply as a means to get at the notion we are addressing. Theme gives control and order to our research and writing" (p. 79). Phenomenological themes may be understood as "the structures of experience" (van Manen, 2016, p. 79).

According to van Manen (1990),

1) *Theme is the experience of focus, of meaning, of point*. As I read over an anecdote or text, I ask, what is its meaning, its point?
2) *Theme formulation is, at best, a simplification*. We come up with a theme formulation but immediately feel that it somehow falls short, that it is an inadequate summary of the notion.
3) *Themes are not objects one encounters at certain points or moments in a text.* A theme is not a thing; themes are intransitive.
4) *Theme is the form of capturing the phenomenon one tries to understand.* Theme describes an aspect of the structure of lived experience. (p. 87)

He asserts that "no thematic formulation can completely unlock the deep meaning, the full mystery, the enigmatic aspects of experiential meaning of a notion" (van Manen, 1990, p. 88). We can take three approaches toward uncovering or isolating thematic aspects of a phenomenon in some text:

1) In the wholistic or sententious approach we attend to the text as a whole and ask, *What sententious phrase may capture the fundamental meaning or main significance of the text as a whole?* We then try to express that meaning by formulating such a phrase.
2) In the selective or highlighting approach we listen to or read a text several times and ask, *What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?* We then circle, highlight, or underline the statements.

3) In the detailed or line-by-line approach we look at every single sentence or sentence cluster and ask, *What does this sentence or sentence cluster reveal about the phenomenon or experience being described?* (van Manen, 1990, p. 93).

Determining themes. The purpose of phenomenological reflection is to try to grasp the essential meaning of something, prompting the question, what makes experiential learning experiential learning?

Analysis within this research. For the analysis process, I read the entire transcript of each preceptor participant several times. Then, I highlighted sentences and phrases that resonated with me. For this research, and while reading the data, I kept asking myself: what is this showing or telling me about the lived experience of pharmacy preceptors?

According to Finlay (2013), "engaging the analysis process involves researchers dwelling with data, examining them, and then progressively deepening understandings as meanings come to light" (p. 186). I left the process for periods of time but still thought about the data and the process frequently. I went back to my transcripts and repeated the steps, but this time I used NVIVO 12, a qualitative data software system used for organizing and managing data. I uploaded the transcripts, and highlighted passages in the text. Although NVIVO is not required to conduct phenomenological analysis (Sohn, 2017), I used it as a fresh analysis and a double-check of my original analysis. Manual analysis was compared to the analysis in NVIVO, and themes identified were similar. NVIVO enabled quotes and themes to be found quickly within the electronic transcripts.

Lifeworld existentials. The lifeworld or *Lebenswelt* is "the world in which we are always already living and which furnishes the ground for all cognitive performance and all scientific determination" (Husserl, 1938/1973, p. 41). Lifeworld existentials as guides to

reflection are one way to conduct thematic analysis in phenomenology (van Manen, 1990). Existentials are those aspects or existential themes that are found in all human experience of the lifeworld, including spatiality (lived-space; how space affects or shapes our experience); corporeality (lived-body; how the body experiences this phenomenon); temporality (lived time; how this phenomenon affects our experience of time); and relationality (lived relations with others; how our relations appear in or are changed by this phenomenon) (Goble & Maclennan, 2019; van Manen, 1990). The four existentials can be differentiated, but not separated; together they form the lifeworld, our lived world (van Manen, 1990). For this study the lifeworld of the preceptor while engaging in experiential learning was examined.

In this study, thematic analysis included holistic, selective, and line-by-line approaches. Existential reflection of spatiality (lived space), corporeality (lived body), temporality (lived time), and relationality (lived relation) was conducted. This process of data analysis may not have been necessary in phenomenological analysis to the extent that I conducted it—namely, my use of three types of analysis coupled with NVIVO. For example, when I examined the transcripts for lived experience descriptions, or descriptions that preceptors provided of experiential learning as they lived through it, the meanings and the themes became easier to identify. This scrutinization for lived experience descriptions coupled with analysis using lifeworld existentials was used to arrive at the themes as identified in this study.

The entire process of thematic analysis and development was iterative throughout. The final themes identified in this project were those that offered insight into experiential learning as a phenomenon.

Describing the Phenomenon through the Art of Writing and Rewriting

I described the phenomenon through the repetitive process of writing, rewriting, and rewriting again. I attempted multiple drafts to describe the phenomenon of experiential learning. According to van Manen (2016), "to write is to measure our thoughtfulness. Writing separates us from what we know, and yet it unites us more clearly with what we know" (p. 127). Writing externalizes something that is internal (van Manen, 2016).

Writing in phenomenology. To conduct phenomenological research is to write (van Manen, 1984). The data-gathering, analysis, and writing processes are intertwined (see Figure 3.2). In addition, the meaning of the essence of a phenomenon is never one-dimensional or straightforward; rather, it is complicated, multi-dimensional and multi-layered (van Manen, 1990); therefore, the meaning of experiential learning cannot be grasped in a single definition. Meaning is communicated in the text, since, "the phenomenologist researcher is engaged in a reflective activity of textual labor or writing to try to illustrate this meaning" (van Manen, 1990, p. 77).

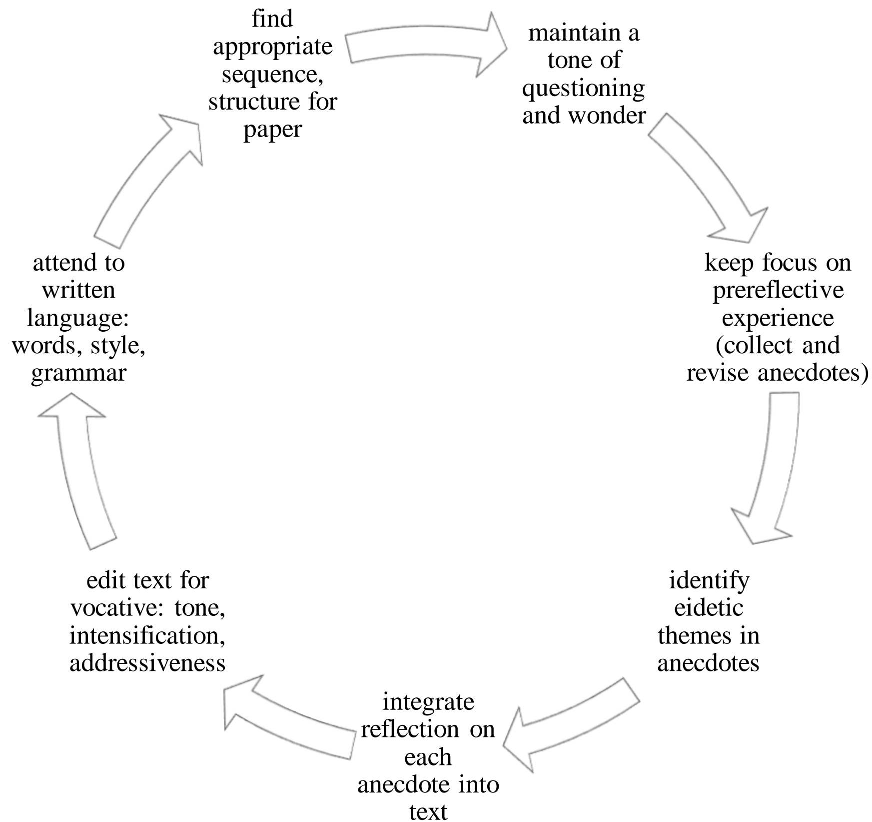


Figure 3.2 Phenomenological research and (re)writing circle (Goble & Maclennan, 2019)

Phenomenology deals with narratives or stories, not with codes or objectivistic data (van Manen, 2014). Van Manen states that, "phenomenological examples are always carefully taken from experiences," and says that they usually occur in the "format of lived experience descriptions: anecdotes, stories, narratives, vignettes, or concrete accounts" (van Manen, 2017b, p. 814). The researcher reflects on the examples to discover what is phenomenal or singular about a phenomenon or event, or in the case of this research, experiential learning (van Manen et al., 2016).

In phenomenological research, stories are commonly excerpts taken from data provided by participants during interviews (Crowther, Ironside, Spence, & Smythe, 2017). According to Crowther, et al. (2017):

> Stories invite readers into gaining deeper insight and awareness about phenomena. As researchers we assume that the story shared by a participant is an account of their understanding of their experience yet acknowledge that the whole story will never be told or heard; truth is never fully revealed.… Each story is thus understood as holding multiple meanings and further uncovering of the phenomena…. Hermeneutic phenomenology uses data to draw attention to the multiple meanings within the phenomena and draw the reader/listener into new understandings [of the phenomena]. (p. 828)

In phenomenology, lived experience descriptions are generally rewritten to remove irrelevant details and to tighten the text to create anecdotes that show the meaning of the experience (Adams & van Manen, 2017). In the conversion from the lived experience description to the anecdote, the description may be altered in a sense; however, the goal is not to generalize but to achieve a more probable description of a possible human experience (van Manen, 2014). According to van Manen (2019b): "Phenomenologists often begin their phenomenological reflections with an experiential anecdote or narrative example … This experiential description provides opportunity for phenomenological reflection" (p. 918). The lived experience descriptions may be derived from factually or historically observed events, they may be recorded accounts from reliable witnesses, or may be personal experiences. The accounts may be engaged in and mediated in reflective phenomenological explications and transfigured and reduced (van Manen, 2019b).

In this study, all excerpts and anecdotes are carefully taken from the interviews, with the exception of my own personal experience anecdote falling under the theme of "feeling

responsible." Extraneous detail that did not add to the story was removed, and the grammar was polished and corrected in certain cases (Crowther et al., 2017).

Maintaining a Strong and Oriented Relation to the Phenomenon

To maintain a strong and oriented relation to the phenomenon, I had to keep in mind that phenomenology is a textual form of inquiry that aims for a written description that explains and explores a phenomenon. As M. A. van Manen (2013) said, it does not "focus on opinions, perceptions, or judgments about experiences, but instead on direct descriptions that explore what is 'given' in a particular lived experience" (p. 13).

I had to redirect my thinking, on occasion, to the research questions, and allow them to guide my writing. I aimed to identify what was concrete in the data, the experience as lived by the preceptor, as opposed to opinions and reflections on the experience. I had to set aside the experiential learning theories that I had previously researched and look at the lived experience of the preceptor.

Through the processes of manual and electronic thematic analysis, I arrived at generally the same themes each time. However, upon reviewing the transcripts, new and exciting themes, words in the text, or ideas about the phenomenon would emerge. I found I had to keep pulling myself back to my research questions to keep the focus of the research. I had to challenge myself to question what a specific portion of the data was telling me about the lived experience of experiential learning for the preceptor.

Balancing the Research Context by Considering the Parts and the Whole

To balance the research context by considering both the parts and the whole, I often found I had to balance the details in the data with my overall research study. Again, I had to step back and often ask what a piece of data was telling me about the phenomenon of

experiential learning. I then had to think about how it related back to my research as a whole. I balanced the context throughout the entire process, from the proposal, data collection, data analysis, and, finally, writing.

Balancing in data analysis. According to Finlay (2014), "the quest in phenomenology, is for rigorous, rich description, backed by illustrative quotations, which evokes the phenomenon in immediate and potent ways" (p. 135). I had a vast amount of information in the nine transcripts that supplied rich data of the lived experience of experiential learning for the preceptors interviewed. The goal was to be able to conduct a phenomenological analysis from the information gathered that would resonate with the community and hospital preceptors in Saskatchewan. Finlay (2013) asserts that it is not enough to believe that participants' words express the phenomenon, and it is not sufficient to provide lengthy participant quotations; therefore, "the labor-intensive phase of processing data and analyzing meanings is the most significant part of the research" (p. 184).

Further, "to do hermeneutic analysis is to attempt to accomplish the impossible: to construct a full interpretive description of some aspect of the lifeworld, and yet to remain aware that lived life is always more complex than any explanation of meaning can reveal" (van Manen, 1990, p. 18). A phenomenological account "always remains partial, incomplete, and tentative" (Finlay, 2012, p. 7). As a researcher it is important to recognize that "a phenomenological description is always *one* interpretation, and no single interpretation of human experience will ever exhaust the possibility of yet another complementary, or even potentially *richer* or *deeper* description" (van Manen, 1990, p. 31). One must acknowledge that "the analysis process is often a messy one, involving both imaginative leaps of intuition as well as systematic working through of many iterative versions" (Finlay, 2013, p. 186).

Epoche and Reduction

The methods of the epoche and the reduction are two aspects of phenomenological reflection that occur in tandem to gain access to the phenomenon (Goble & Maclennan, 2019; van Manen, 2014). The epoche means "laying aside, pushing away, or removing what obstructs gaining access to the way a phenomenon gives itself" (van Manen, 2013, p. 14). A term related to the epoche is bracketing or "suspending judgments and beliefs about the world" and placing aside beliefs, opinions, and theory (van Manen, 2013, p. 14).

The reduction proper is the appearance of the phenomenon that arises in the space opened by the epoche. The reduction is bringing the phenomenon back to this original meaning before the "conception, theorization, or abstraction: how a phenomenon is given." (van Manen, 2013, p. 14). There are different types of reductions (van Manen, 2014). The reductions I used in this study are as follows.

Heuristic reduction. The heuristic reduction (wonder) consists of facing the world with an attitude or mood of wonder (van Manen & Adams, 2010). It involves bracketing everyday and taken-for-granted understanding to awaken a true sense of wonder about a phenomenon of interest, which for this research is experiential learning (van Manen, 2020b). In my research, I attempted to see experiential learning through the eyes of the participants to discover their world as it pertains to experiential learning. I strove to have a genuinely open and wondering attitude about experiential learning and attempted not to let my previous understanding of experiential learning guide my study.

Hermeneutic reduction. The hermeneutic reduction (openness) requires one to bracket all preformed assumptions, biases, predicted hypotheses, and established interpretations to explain a phenomenon (M. van Manen, 2019c; M.A. van Manen, 2013)

For the hermeneutic reduction, I reflected on my previous understandings, private feelings, preferences, inclinations, expectations, biases, and preunderstandings that I may have had about the phenomenon of experiential learning (van Manen & Adams, 2010; van Manen, 2019c). I set aside my identity as a pharmacist and preceptor and experiential learning coordinator who knows the process of experiential learning and the people that engage in experiential learning. However, forgetting one's preunderstandings is not really possible and, therefore, these various assumptions and interests may need to be explained so as to "exorcise them in an attempt to let speak that which wishes to speak" (van Manen, 2014, p. 224). I aimed to be reflexive in this process. Before the interviews, I wrote out my own answers to the interview questions. In addition, I recorded my thoughts, biases, assumptions, observations, and personal feelings in a reflexive journal and kept memos and field notes as I proceeded with the study, and referred to these notes during analysis and writing (Thomas & Magilvy, 2011). Previously in this chapter, I disclosed and described my background. Further in the analysis I will describe one of my own experiences of experiential learning from when I practiced and precepted students.

Experiential reduction. The experiential reduction (concreteness) requires one to avoid abstraction, theorizing, and generalization (M. van Manen & M. A. van Manen, 2014). The experiential reduction requires the researcher to bracket all previous known theories about the phenomenon. According to van Manen (2014), "theories tend to explain phenomena that are not necessarily understood in a lived or concrete sense" (p. 226). Theories may be reviewed for how they inform, but may fail to explain certain concrete situations (van Manen, 2014). The way "to bracket theoretical meaning is not to ignore it but to examine it for possibilities of extracting phenomenological sensibilities" (p. 226). It is

helpful to examine how the theories may "hide the experiential reality upon which they ultimately must be based" (p. 226). I examined experiential learning theories and the body of knowledge about experiential learning in Chapter 2. During data analysis, I avoided thinking about the experiential learning theories that I had previously examined and how they might affect the analysis. Then I examined the theories to see how they might inform the phenomenological analysis.

Eidetic reduction. The eidetic reduction consists of "grasping some essential insight(s) in testing the meaning of the phenomenon or event" (van Manen, 2014, p. 228). In the eidetic reduction, the researcher asks what makes this experience or phenomenon unique or distinct from an other related experience or phenomenon (van Manen, 2014; M. van Manen & M. A. van Manen, 2014). The eidetic reduction can be approached by comparing the phenomenon in question to "other related but different phenomena" (van Manen, 2020a, para. 3). For example, experiential learning may be compared to mentorship experiences or to working with a student in an employer and employee relationship. The dynamics of the relationship and the context of the experiences shift dramatically. These comparisons may help one to see experiential learning for what it is not: *it is not* an employment experience, just as *it is not* an experience where the student is present for mentoring only. Instead, it is a course or placement entirely consisting of experiential learning that is assessed for credit. While preceptors may be mentors, experiential learning in this case is not mentorship. Mentors do not usually assess the mentee (Yardley et al., 2018). Preceptors generally have a shorter duration of scheduled time with students (experiential learning courses have defined time limits set from the educational institution), and the relationship is aimed at achieving

specific outcomes or objectives. Experiential learning in the curriculum is a course where the preceptor assesses the student's performance during a placement for academic credit.

Methodological reduction. The methodological epoche–reduction is being open to exploring, experimenting, and eventually discovering the method that works best for conducting a phenomenological study (Goble, 2015). The methodological reduction occurred in this study, and the methods were dynamic throughout. Initially, I considered different methods and types of phenomenology for my research. After considering Colaizzi's (1978) descriptive method and Smith's (2009) interpretative phenomenological analysis method, I settled on van Manen's (1990) phenomenological approach.

As asserted by van Manen (2017), "there is no step-by-step model that will guarantee phenomenological insights and understandings" (p. 777). I used multiple forms of data analysis from manual analysis to NVIVO. After using these methods, going back to the data itself, and keeping an open mind with what it was saying, the themes or essences of the data became evident. For example, I looked at concrete experiences in the data, or the lived experience descriptions of the participants, and disregarded any opinions that the participants provided.

I used reflective methods of thematization to facilitate the reduction (van Manen & Adams, 2010). I reflected on the phenomenon using the phenomenological–existential of space, body, time, and relation (van Manen, 2014). As I read the transcripts, I asked myself how this may relate to space, the body, to time, and or to relationships. For example, I asked myself questions, such as, how do preceptors experience space when engaging in experiential learning? What is the embodied corporeal experience of engaging in experiential learning for

the preceptor? What is the experience of time when engaging in experiential learning? What impact does experiential learning have on the preceptor's relations with others?

Trustworthiness in Qualitative Research

Guba and Lincoln (1985) describe criteria for trustworthiness in qualitative studies that include credibility, transferability, dependability, and confirmability. However, these criteria are not entirely applicable to phenomenology or appropriate to assess trustworthiness (Beck, 1994). Phenomenology has specific criteria for trustworthiness (Beck, 1994; De Witt & Ploeg, 2006; Hycner, 1985; van Manen, 2014). Variations to approaches, methodological clarity, and rigor in phenomenology have been identified (Norlyk & Harder, 2010).

Credibility refers to how well the researcher's interpretation of the data reflects the participants experiences or the believability of the study (Hays & Singh, 2012). Member checking or ongoing consultation with participants to test the "goodness of fit" of the developing findings, as well as the final report, is one way to ensure a study has credibility and confirmability (Hays & Singh, 2012, p. 206). In member checking, the researcher presents their findings to the participants for verification, and, if the participant offers corrections, then those corrections must be accepted (Giorgi, 2008). Giorgi provides arguments against member checking—for example, after one has undergone the phenomenological analysis, why would the researcher let a comment from one participant devalue the analysis of the researcher (Giorgi, 2006; 2008; 2010). Further, Morse, Olson and Spiers (2002) claim, "[once the] study results have been synthesized, decontextualized, and abstracted from (and across) individual participants, there is no reason for individuals to be able to recognize themselves or their own experience" (p. 7). I did not conduct member checking in my study. I checked my analysis with my supervisors and the committee, but I

did not go back to the original participants for verification. A good phenomenological description resonates with an experience that one has had or could have had (van Manen, 1990). In my study, the analysis and interpretation should resonate with preceptors. The "phenomenological nod" occurs when a reader of a phenomenological text nods along in recognition of the phenomenon, and may occur even if one is not familiar with the phenomenon (Goble & Maclennan, 2019; Munhall, 1995).

Transferability is the ability to transfer research findings or methods from one group to another or for the results to have applicability in other contexts or settings (Guba & Lincoln, 1985; Thomas & Magilvy, 2011). To demonstrate transferability, I provided a detailed description of the research process so that the methodological and procedural framework is transparent to the reader (Hays & Singh, 2012). I clearly explained my methods of sampling, the interview process, the data analysis, and interpretation procedures, and explained my progression through the study (Morse, 2012). In this way, I adhered to the process of descriptive phenomenology, i.e., that "research steps are made explicit and sequential, which allows them to be replicated by other researchers" (Finlay, 2014, p. 133).

Thick description, or vividness, is a detailed account of the research process and outcome to strengthen the findings (Hays & Singh, 2012). I was explicit and detailed in describing aspects of my study such as acknowledgement of subjectivity, description, justification of my research method and design, detailed description of my data analysis procedures, and I presented the results in a transparent way.

Regarding generalizability, "phenomenological generalizations should not be confused with empirical or quantitative generalizations that draw conclusions of validity of

observation from a sample of a population to the general population (van Manen, 2014, p. 352).

Dependability occurs when another researcher can follow the decision trail used by the researcher (Thomas & Magilvy, 2011). The research design and methods are transparent, and the process is reported in great detail. Audit trails or physical evidence of data collection and analysis procedures provide proof of the research process for an auditor to review (Hays & Singh, 2012). I maintained an audit trail by keeping all data, including my journal and materials obtained and generated during the research (detailed drafts of proposals, interview guides, budgets, and timeline), so that an auditor could see how I progressed through the project and research. Throughout the interview process and the study itself, I used notes to record what I saw, heard, experienced, and thought throughout data collecting and as I reflected on the process (Groenewald, 2008). I also recorded information such as time, place, date, and setting of the interview. I noted when a participant became emotional during an interview or when a participant struggled to answer a question. In an attempt to retain participant anonymity, I have not shared many of these details in this dissertation.

I engaged in reflexivity to ensure dependability. Researcher reflexivity is the researcher's process of active self-reflection of their position and acknowledgment and recognition that this position may affect the research process and outcomes (Berger, 2015; Hammersley & Atkinson, 1983). "Researchers also engage in a first-person approach when they employ reflexivity within a broader study and critically focus on their personal experience of the phenomenon of the research process" (Finlay, 2012, p. 2); hence, my use of the first person in my writing. Similarly, I have described my background and disclosed my bias.

Confirmability refers to the confidence that the results could be confirmed by other researchers repeating the same process (Guba & Lincoln, 1985). Generally, in qualitative research, a committee member, or peer, may be used to cross-check codes and themes to see if the other coder would code the passage of text with the same code that the researcher used and examine where convergence and divergence occur (Creswell, 2009). Van Manen (2014) states, "it is unlikely that a phenomenological study would be involved in measurement schemes such as interrater reliability by having different judges rate, measure, or evaluate a certain outcome" (p. 351). I shared my transcripts with my supervisors to ensure that my themes and analysis resonated with what was present in the data collected during the interviews. Audio recordings and field notes were available to my supervisors, and I adhered to confidentiality procedures when the transcripts were shared.

Phenomenological research tends to demonstrate scientific rigor and trustworthiness by using examples and quotations from the data to illustrate points made (Finlay, 2014). I included numerous direct quotations from the participants in this study. These quotations aim to achieve confirmability.

The process of saturation does not apply when doing phenomenology (van Manen et al., 2016). In saturation, it is presumed data is collected until nothing new or different is found. It is then assumed that the researcher has found what is "characteristic or the same about a social group of people or an ethnic culture" (van Manen, 2014, p. 353). Rather, according to van Manen (2014),

> Phenomenology looks not for sameness or repetitive patterns. Rather, phenomenology aims at what is singular, and a singular theme or notion may only be seen once in experiential data…. A phenomenologist does not look for how many

> times a certain word is used by informants or how often a similar idea is expressed. In contrast, a phenomenologist may actually look for that instant when an insight arises that is totally unique to a certain example (sample) or a lived experience description. (p. 353)

Further, “there is no saturation point with respect to phenomenological meaning” (van Manen et al., 2016, p. 5). Every phenomenological topic can always be taken up again and explored for new elements or original meaning and aspects of meaningfulness (van Manen, 2014). Therefore, saturation is not addressed in my research. However, I would have continued interviewing participants if I assessed that I did not have rich data and deep text from the interviews that I had already conducted; I found I had sufficient data collected for this analysis. I do not wish to claim that this study is complete and fully captures the experience of experiential learning for the pharmacy preceptor. My intention was to draw attention to the possible lived experience of experiential learning and to reveal what may not be evident. Human experiences are always more complicated than what is captured by writing alone (van Manen, 1997).

Phenomenological Trustworthiness

Phenomenological research “is not well served by validation schemes that are naively applied across various incommensurable methodologies” (van Manen, 2014, p. 347). As in qualitative studies, phenomenology has criteria for trustworthiness, and van Manen (2014) offers several questions to consider and validation criteria that are appropriate for reviewing a phenomenological text:

- Is the study based on a valid phenomenological question? (e.g., does the study ask, “What is this human experience like?”;

- Is the analysis performed on experientially descriptive accounts, transcripts? (Does the analysis avoid empirical material that mostly consists of perceptions, opinions, beliefs, views, and so on?);
- Is the study properly rooted in primary and scholarly phenomenological literature?; and
- Does the study avoid trying to legitimate itself with validation criteria derived from sources that are concerned with other (non-phenomenological) methodologies? (p. 350)

A phenomenological text cannot be summarized in a few points or a list of findings—"a high-quality phenomenological text cannot be summarized" (van Manen, 2014, p. 355). The quality of a phenomenological text may be evaluated by using several evaluation criteria. Van Manen (2014) describes criteria for evaluating phenomenological writing and selected criteria to assess the phenomenological quality of a study are: "heuristic questioning, descriptive richness, interpretive depth, distinctive rigor, strong and addressive meaning, experiential awakening, and inceptual epiphany" (p. 355). When reading a phenomenology text, the reader should be attentive to the following questions:

- Heuristic questioning: Does the text induce a sense of contemplative wonder and questioning attentiveness?
- Descriptive richness: Does the text contain rich and recognizable experiential material?
- Interpretive depth: Does the text offer reflective insights that go beyond the taken-for-granted understanding of everyday life?

- Distinctive rigor: Does the text remain constantly guided by a self-critical question of the distinct meaning of the phenomenon or event?
- Strong and addressive meaning: Does the text "speak" to and address our sense of embodied being?
- Experiential awakening: Does the text awaken pre-reflective or primal experience through vocative and presentative language?
- Inceptual epiphany: Does the study offer us the possibility of deeper and original insight, and perhaps, an intuitive inspirited grasp of the ethics and the ethos of life commitments and practices? (van Manen, 2014, pp. 355-356).

I will explore experiential learning as experienced by the pharmacy preceptor in Chapter 4 and discuss the findings in this research.

CHAPTER 4: RESULTS AND DISCUSSION

In this chapter the results of the study are presented, key findings are highlighted, and an analysis and discussion of the results is offered. I provide an interpretation and analysis of the nine community and hospital pharmacist participants experiences of being a preceptor participating in experiential learning in Saskatchewan. Themes are generally introduced with an anecdote from a participant followed by a deep exploration of the theme, which is consistent in phenomenological texts (Adams & van Manen, 2017). Themes are also supported by quotes from the participants' responses.

The questions that guided the study are: What is the lived experience of experiential learning of the pharmacy preceptor in Saskatchewan? What is it like to be a preceptor to a student participating in experiential learning? What enhancements or constraints do pharmacy preceptors experience in experiential learning that may impact their understanding, desire, or ability to engage in experiential learning in the pharmacy program? This chapter will explore these questions.

Themes

Themes identified in this study are described below. Learning and teaching, building a relationship, finding a balance, and time for everything were considered "essential" themes, or themes that make experiential learning what it is, and without which the phenomenon could not be what it is. Incidental or supporting themes, or themes that are not essential to the phenomenon, included feeling responsible and managing difficult situations. The essential themes have been listed in no particular order as all the themes together describe the phenomenon of experiential learning. Some overlap exists between the themes as "one theme always implicates the meaning dimensions of other themes" (van Manen, 1990, p.

138). The essential themes that emerged in the data analysis, were as follows (see Figure 4.1):

- Learning and teaching (illustrates the learning that occurs in the participants and the teaching that preceptors participate in when engaging in experiential learning);
- Building a relationship (describes the relationships that may form as a result of the preceptor engaging in experiential learning);
- Finding a balance (depicts competing priorities and how the preceptor must balance them); and
- Time for everything (focuses on the time to engage in experiential learning).

Incidental themes that emerged from data analysis included:

- Feeling responsible (expresses the responsibility that the preceptor may feel for the student while engaging in experiential learning); and
- Managing difficult situations (details some situations in which a preceptor may find themselves and the effects that these situations may have on the preceptor).

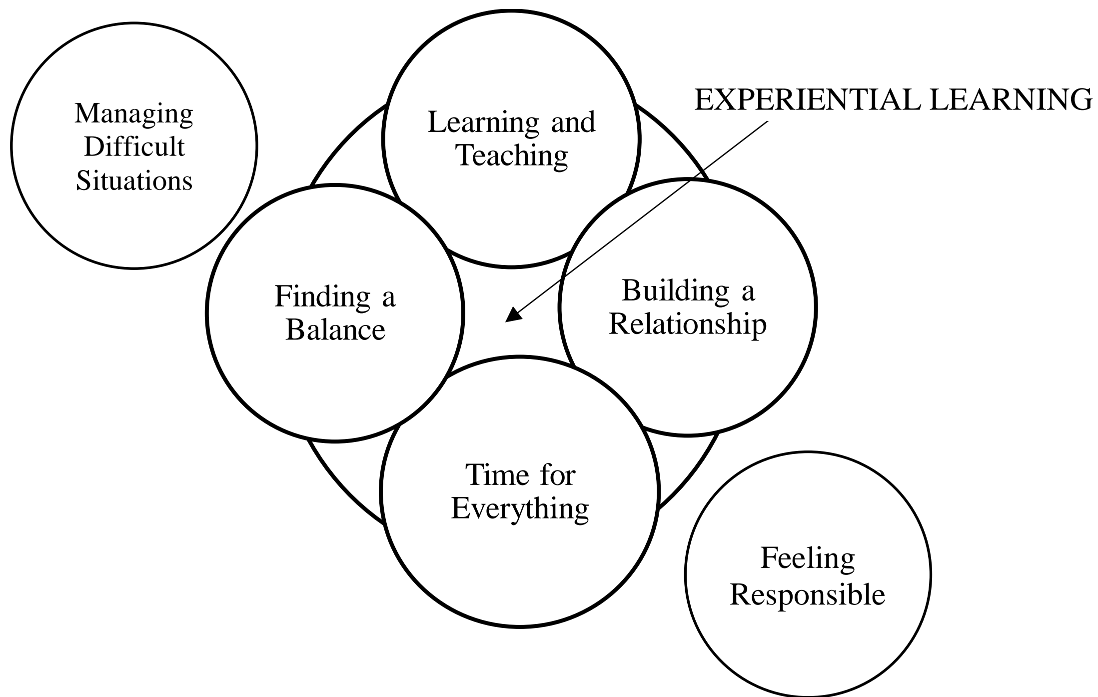


Figure 4.1 Themes

Learning and Teaching

The first essential theme revealed the learning and teaching as experienced by the preceptor that occurs during experiential learning. This theme included subthemes of being a preceptor, learning, and teaching in the pharmacy.

Being a preceptor. A participant described their journey of learning to precept:

> *When I became a preceptor, I just became a preceptor. I had no teaching. No guidance. No education. I might have looked up to some of my more experienced colleagues and liked what they did, or overheard and thought, "Oh, I like the way they spoke to that student," and then would adopt it as my own. So, it was sort of informal modeling where your eyes and ears are always open. Over the years, I have grown as a preceptor through trial and error.*

One of the first questions one may ask is why? Why do preceptors become preceptors? What is the motivation to become a preceptor? Participants in this study had varied reasons for why they participated in experiential learning.

The Pharmacist code of ethics in Saskatchewan states "A member shall be a willing, sincere, and diligent preceptor in the training and education of future pharmacists, pharmacy technicians, and others" (Saskatchewan College of Pharmacy Professionals, 2019, p. 30). Pharmacy students in the CoPN take this oath upon graduation from the program. As noted by a participant, "*it is part of the oath that you take when you become a pharmacist to pass on knowledge and to help train future pharmacists*." Another preceptor disclosed, "*I felt it was my duty as a pharmacist to make sure students were trained*."

A pharmacy student often begins a career with the goal of being and becoming a pharmacist, not necessarily a preceptor. The precepting role generally follows after at least one year of practice. There may be a desire for new pharmacists to participate in experiential learning. One participant recalled how they began to precept: "*I was really the only one interested at our workplace. My boss had a lot of office work and was interested, but it was a little more for him to take on.*"

A preceptor may be forced into the role or be told to be a preceptor. A participant stated: "*I was working for a manager initially who didn't give me an option: 'You're having a student this year.' So, it wasn't really an option, I guess*." Becoming a preceptor may not be a personal choice; it may be a job requirement, as one participant remarked, "*It's part of my job. It is within my job description*." If precepting were not a job requirement, would practicing pharmacists volunteer to precept? What is the driving force that prompts the preceptor to precept a student?

Some preceptors see the advantages to themselves and to the practice site because it lessens the workload. A preceptor divulged, "*free labor is also nice*", referring to the tasks that students can be assigned.

Pharmacy curricula generally prepare students to practice as pharmacists and to become medication therapy experts. Students are taught to counsel or teach patients about medications. Curricula rarely address precepting students or teaching other students or peers, despite serving as a preceptor being a professional expectation. Preceptors are trained practitioners, not formally trained educators. Most pharmacists do not come into this role with a background in education. So, how do they learn to become a preceptor?

Role-modelling. A participant described influences and learning to precept:

> *Really, I learned by looking up to preceptors who did a great job. Observing them, talking to them, picking their brain, and learning from that. Attending preceptor workshops, reaching out to colleagues across the country. Capitalizing on any educational opportunities out there, but definitely, the best educational opportunities are those hands-on, not didactic, type of scenarios. So that would be largely trial and error.*

Learning to be a preceptor may occur through structured courses or unstructured learning experiences, such as participating in experiential learning itself, trial and error, and role-modeling by peers and previous preceptors. Preceptors have the option to complete online training modules and learn to precept by reading pertinent resources available to them. Currently, in Saskatchewan, preceptors are offered an online training module (Kassam et al., 2012), in-person workshops, and a book (Doty, 2011) to read in preparation to be a

preceptor. However, is completing an online course enough to qualify a practicing pharmacist as a preceptor who is ready to teach a student?

Preceptors engaging in experiential learning may emulate preferred practice from the preceptors with whom they worked with either as a student or a colleague. Preceptors, then, are role models not only in practice but also in their precepting or teaching methods.

Experiential learning is vital for the practical preparation of pharmacists. The student must somehow acquire knowledge of how to be a pharmacist from the preceptor, who is a role model. By observing and imitating how the preceptor works, interacts with patients, prioritizes tasks, communicates, walks around the pharmacy, talks to the staff, the student learns how to feel competent in the pharmacy as a pharmacist. This knowledge and competence allows the student to build confidence and informs their sense of tact of knowing what to do or not to do, or say or not to say (van Manen, 2015). Preceptors are role models for the student, who may influence the student in a positive or negative manner. The preceptor is watching the student who is, in turn, watching the preceptor. Preceptors may begin to see themselves reflected in the student's behaviour, habits, and mannerisms.

Reflection from time as a student. Participants were asked to reflect on their time as a student and to discuss their experience with their preceptor and their experience when participating in experiential learning as a student. Preceptor participants in this study easily remembered their time as a student. Both negative and positive aspects of their experiences were shared. "Our past experiences are not lost and do not leave us untouched" (Zahavi 2019, p. 13). For example, one preceptor described a terrible experience as a student in a hospital environment, and as a result, gravitated to community practice.

In terms of the negatives of my hospital placement, what it boiled down to is that they would essentially just send me off. There wasn't a lot of clinic or office space so I would go to the library and then it became an issue that they didn't know where I was, and they thought I was just roaming in the hospital. I also joked around a lot and that was perceived the wrong way and they thought I was too casual. Where for me, I was upset about that because they were just never upfront about it and I only heard about it mid-week when the coordinator asked to talk to me. So, then I went to the office and as I went in, there were three other pharmacists in there who I had dealt with on other units. And then they started listing off things: I had missed one of the lunch time sessions and they didn't like that. And then, one of the pharmacists asked me how my presentation was going, and I had joked, and I said, "Oh that's today? I guess I should have done some work." And then I did the presentation so I thought that they would know I was joking about it but apparently not, so they thought I had just done it all by the seat of my pants. So, it was an education in not joking around. It also put me in a bit of a bitter spot for that place, so for the rest of the placement I just kept my head down and didn't really socialize or work on anything. It soured me to the hospital experience and the environment in the hospital per se. It was very different from the community placement. It got to the point where everyone knew that things weren't great because then another preceptor ended up taking me and doing rounds with me, because they probably figured it would be good to change things up and get me away from my actual preceptor. That whole situation had me questioning, and it was obviously an overreaction at the time, but it had me questioning if I wanted to

finish pharmacy. In the end, it soured me to the whole hospital side of things, and I don't think I would ever get involved in hospital pharmacy.

This reflection, which described a preceptors lived experience as a student, outlined how experiential learning may call a career choice into question and aligns with Zahavi's (2019) view, "we encounter the present on the basis of the past, and with plans and expectations for the future" (p. 13). While positive experiences may aid in being or becoming a preceptor, negative influences are damaging or detrimental to the preceptor's development. As one preceptor admitted about a prior preceptor they had worked with as a student, "*I learned from him that I never really want to work in a regular pharmacy*."

Past experiences influence approaches to new experiences (Yardley et al., 2012a). Often, a preceptor will draw on past experiences from when they were students and practiced under their preceptor. They remember what their preceptor did, how they taught, and how they felt when they were with that preceptor. Perhaps a preceptor may attempt to act or teach differently from how they were taught, based on their experience as a student. As they reflect, they may replicate what they liked and avoid doing what did not work for them.

Alternatively, maybe the preceptor had an excellent student experience and they may try to emulate the actions of their previous preceptor. According to a participant:

> *I had fabulous preceptors. The two preceptors that I had I still have contact with, and that would be from twenty-one years ago. They always encouraged me to stay involved, and that's something I do with students as well. If I don't see one of my former students on a committee within the next five years, I'll be disappointed that I haven't fostered that excitement to help move the profession forward. And the other*

pharmacist who was my preceptor in community, we actually are dear friends. We have kept in contact.

Influences of past preceptors and past placements leave their effect. A student may remember a preceptor for life. The preceptor may influence the student's relationship with future students and others. The preceptor may not only teach one student but all the students that particular student, in turn, goes on to teach in the future. A preceptor may influence a student's career choice, or where a student chooses to practice pharmacy, where they get a job, or which company the student decides to work for.

Learning to precept. A participant described the experience of working with new or novice preceptor colleagues: "*All of these new preceptors, clinically, are fine. They can answer all the drug info questions and take care of patients. It's the dealing day to day with a student and the issues that can arise…that is where they may flounder*."

A novice preceptor may have factual, theoretical, and clinical knowledge; however, they may not yet have the skills required to precept a student. The first time a pharmacy preceptor takes a student, that preceptor may be considered a competent or even an expert pharmacist practitioner, but is a novice teacher, nonetheless. According to Chan et al. (2010) "an expert can be expected to perform at lower skill levels when entering new situations or positions" (p. 119). There may be a shift in the preceptor's role and perception from expert pharmacists to novice teachers when precepting a student.

A novice student needs support from a competent preceptor who is ideally an expert pharmacy practitioner. The preceptor may seek advice from peers who precept students, especially if they lack experience in clinical teaching. However, sometimes that support is

not readily available. A preceptor described how they learned to practice and precept with no guidance:

> *I kind of taught myself, which was valuable because then I knew how to teach other people. I basically taught the students what I learned on my own about carrying a patient workload and keeping track of monitoring and keeping track of documentation.*

Just as a student needs guidance when they learn, the preceptor may also need advice. If no one is there to guide the preceptor, how does a preceptor know what they are doing or teaching is having an effective impact? This knowledge is especially important if a competent practitioner is also a novice preceptor. The new or novice preceptor may be an excellent pharmacist who has not yet acquired the skills to teach a student. Preceptors progress from gathering knowledge from books, articles, and online learning modules to the application of that information when precepting a student. Preceptors, much like practicing pharmacists, gain wisdom only after many years of practice, by undergoing many iterations of experiential learning, and by honing and developing their practice as preceptors. For example, a participant described the acquired skill of reading body language:

> *It's a good opportunity to let students read body language. I said to the student, "what did you think? what do you think the patient was saying there?" The student said, "the patient was talking lots and fast." And I said, "do you think that's him or do you think that is his anxiety? And did you see his wife just simmering in the back, she has a lot to say! When we told him he had to take responsibility for his own meds, did you see his wife? She whispered 'yeah'" It's reading body language and reading people's faces and maybe accepting that not everything is good.*

A preceptor may begin to show the student how to interpret verbal and non-verbal cues from patients. At the same time, the preceptor may be reading the student's body language and cues. An expert preceptor learns to interpret cues or signs from students; they learn to distinguish when the student needs help or when the student is overwhelmed. Through experience, the preceptor may also learn to prioritize important components of the student learning experience based on reading cues from individual students. They recognize when the student needs support and when they, as a preceptor, need to intervene in a situation.

Describing a time when support is needed, a preceptor participant said, "*I tell them, it's okay to not know but you just have to say, 'I will get back to you.'*" During experiential learning, preceptors must assure students that pharmacists will not always have all the answers and that it is okay not to know everything. Preceptors provide guidance to show the student how to obtain the correct answers. It requires that preceptors admit that they do not know everything, either.

Participants in this study had at least three years of experience in precepting. With more years of experience, the preceptor experienced a wider variety of students and patients, gained more wisdom, and handled a greater variety of experiences. They learned to prioritize important aspects of the student learning experience based on reading cues from the student. They may have come to recognize when a student may need support, when to intervene, and when to let the student struggle a bit to come to terms with their knowledge. Experience and reflection are important for learning, both for the student and the preceptor.

Learning

According to van Manen (2002) "etymologically, to learn means to follow the traces, tracks, or footprints of one who has gone before" (p. 61). Participants in this study

recognized the learning that takes place in themselves when partaking in experiential learning with students. One participant disclosed,

> *There are some days where I have to go home and study because the student had questions for me that I couldn't answer. Or I make them go look something up, and I need to look it up too to make sure that they're giving me the right information.*

Another participant shared a similar experience:

> *To be honest, there's been a couple of times where I've had students that are light-years ahead of me, and could teach me a lot of things, especially in the theoretical knowledge. I've had one student that could spout off journal studies and guidelines based on a specific study, and it blew me away. So those people with that kind of knowledge put a little pressure on you in terms of getting you to refresh your knowledge base. You're supposed to be teaching these people and here they are teaching you, and it's a little humbling, but in a good way. It's a reminder that you need to stay fresh with things*

In the course of a day, the preceptor may have taught the student a wealth of information, but the preceptor may also have learned a lot of information from the student. Often students have the latest knowledge at their fingertips, and when the preceptor actively engages in conversation with the student, this information may help keep the preceptor fresh and up to date with their own knowledge. There is an element of reciprocity or a mutual exchange of teaching and learning that occurs in a placement. There is an increase in knowledge, competence, and clinical skills of the preceptor.

As a preceptor, experiential learning may involve admitting you do not know everything; it may include being vulnerable and being humble. A participant disclosed, "*I*

often said to them, 'you know what, I didn't learn about that. Teach it to me.' And it created a good relationship with my students." In a sense, the student becomes the teacher. The preceptor must be open to learning new things and be willing to be taught by a student. The preceptor may acquire the latest knowledge from the student and expand their knowledge because of interactions with the students. Experiential learning may involve a motivation to learn, or lead to a motivation to learn. The preceptor may inspire a love of learning in the student, just as the student may inspire learning in the preceptor. As one participant articulated it,

> *It motivates me to keep learning; both learning because I need to answer questions for the learners or because they're teaching me something. And to not have answers is okay, but at the same time, the thought of not having answers is motivating.*

While participating in experiential learning, and as the student practices skills or asks questions, the preceptor may be reminded of the learning they need to do as well. Students may keep the preceptor current and may encourage the preceptor to examine and reflect on their own practice. Personal development enables the preceptor to remain competent and confident with their pharmaceutical knowledge and skills. This learning, in turn, is good for the profession of pharmacy. A participant commented that being a preceptor improved their practice:

> *[Precepting enabled me] to elevate my own practice and to keep abreast of the newest information. It's a two-way street when I have a student: I'm there to teach, but I'm also there to learn. I pick their brains about pharmacology and information that I may not use on a day-to-day basis.*

The preceptor may find the work contributes to their life-long learning and enhances efforts of personal improvement. As they update their knowledge, they, in turn, enhance their professional practice as a pharmacist.

The preceptor facilitates learning in the student. A participant described the active learning that occurs:

> *We make them participate in the learning process. We will ask questions, so we expect them to be prepared. We expect them to be able to present their patient, and we expect them to be able to answer easier questions, and if they don't know the answer, then they need to go look and learn and bring it back. Not have the preceptor just simply give them the answer.*

The preceptor may have certain expectations of the student to be self-directed and to take initiative in their learning. Sometimes this requires guidance from the preceptor as to how exactly this must be done. Just as the preceptor must learn, there is an expectation for the student to learn as well.

Rewards of precepting. In addition to the knowledge gained, experiential learning can have other rewards for the preceptor. As one participant indicated,

> *When you get that thank-you card, or when you see one of your students practicing, and they come up to you and say, 'You were my preceptor 15 years ago. I still remember it. It was amazing. Remember when we did this?' And of course, you don't, but you realize you impacted that learning. When you see someone struggling with a task and you've tried so many different things, then all of a sudden, the lightbulb comes on for them and they get it. That is satisfying. That makes my day.*

The preceptor may experience intangible rewards of precepting. One of these rewards may lie in making a difference in a student's learning or even their career. It is rewarding for the preceptor to see the progression of the students' learning and skills over the course of the experience. According to a participant, "*It's neat to see them grow, and it's good to see them turn into pharmacists*."

Experiential learning may involve fostering confidence in students, while at the same time building confidence in their own skills as preceptor and pharmacist as they actively contribute to the student's learning. For example, by engaging in experiential learning, the preceptor may improve their own communication, teaching, collaboration, and professional skills. They, in turn, use these skills in their practice with patients, peers, colleagues, and others. The skills practiced in experiential learning may enhance all the roles the preceptor plays, both professionally and personally.

Experiential learning may help the preceptor feel a sense of duty and value when they may not otherwise. Preceptors may feel validated that they were needed or made a difference in that student's career. As one participant stated, "*What you get back makes up for it [the time and effort].*"

Teaching in the pharmacy. A participant described their teaching role, "*the information I share as a preceptor is usually practical. I'm helping the student translate the stuff they have learned in school to apply it in the real world.*"

Preceptors play a vital role in student learning by sharing informal knowledge, common workplace knowledge, orienting, and socializing students to pharmacy practice and the profession of pharmacy in general. A preceptor participant described some of the different roles they used when precepting.

We get them to do a presentation while they're with us. There is quite a bit of assistance with picking the topic, and then with coaching them through the developments. Setting the objectives for their presentation. Giving them guidance on how to develop it. Reviewing their slide set. Giving them feedback. Allowing them to practice, and then do their presentation. We also intertwine disease state discussions while they're with us. We let them pick the diseases…. They'll usually key into some less complex states—diabetes, heart failure. And different preceptors do it differently. Early on we might give them some articles and facilitate a one or two-hour discussion with them. As we allow greater independence with them, they will facilitate the discussion. They'll each own a disease state. They will circulate articles, and they will share the information with their colleagues and have a discussion. The preceptor is there to provide feedback, intervene if they're a little bit off the rails, or if the information isn't quite correct.

The preceptor's role is dynamic throughout the day and over the course of a placement, and will frequently change as students progress during and between placements. This results in the preceptor assuming many roles, all of which are dependent on the student and where they are in the learning process. The preceptor must adapt their role with every situation and every student. Preceptors may support the student, teach the student or facilitate learning, empower the student to learn or try new things, teach the student how to learn and how to teach others, and share their knowledge with other students during experiential learning.

Teaching in the real world. Experiential learning involves the opportunity to show the student what happens in authentic contexts and deal with clinical problems that cannot be answered or solved only with information in a textbook. In real-life practice, textbook

knowledge and theories may fail us. The preceptor is instrumental to student learning in real-world situations. One participant described a situation that was not straightforward:

> *I asked the student, "Which is the best anti-nauseant? Stemetil used to work great, but now it's not there, we can't get it, because it is shorted from the manufacturer. What are you going to do?" That's a real-life problem. "Are you going to give them the dexamethasone?"*
>
> *And the student said, "yes, that's a good option."*
>
> *Then I said, "but you told me that she has diabetes, so what does that mean? What does it do?"*
>
> *The student said "okay, right because it can increase the sugar."*
>
> *Then I asked her, "but how much can it increase their sugar? Is 4 mg going to do it or is 8 mg going to do it or 8 mg twice a day? Or do you just try it?" So, I love doing that. I love those table talks.*

Experiential learning may involve facilitating students to make difficult decisions. For example, preceptors may be involved in guiding a student about what to do when a product is unavailable. The preceptor may have to help the student weigh the pros and cons of choices and guide the student to make decisions that factor in a patient's life and decisions that may affect the patient's well-being. This teaching and decision-making may rely upon the working clinical knowledge that the preceptor has developed over the years, as opposed to textbook knowledge alone.

Experiential learning may involve participating in moments and conversations that are unplanned and unstructured that arise out of situations encountered in practice. These

conversations or “table talks” may be productive learning encounters for both the student and the preceptor.

We talk about warfarin. I say to the student, “your patient has an INR of 2, and it's the second day that they're on warfarin. Are you going to stop the Tinzaparin now?” And they say, “well it's two, so it's good.”

And I say, “it’s really hard. They don't like getting those injections.” They know that it's supposed to be for five days, but, the injections are painful! And I say, “I know that book says to do that. But are you going to make the patient come in every third day for the INR when they have to drive an hour, and they're debilitated, and there is no homecare to take their INR? Are you going to still make them do that?”

It's putting the real patient into their hands now. It's applying, getting them to think beyond this.

Experiential learning may involve not knowing yourself what to do and at the same time guiding students who do not know what to do. A patient or situation may not fit a template or be an ideal case that fits every symptom or side effect or follow an algorithm that a textbook may list. A participant discussed one such situation:

The palliative patients are big learning opportunities. And sometimes you have a student that is not that great. We go into the patient’s room and I say, “I have a student that's with me; is it okay with you if she comes in?” And usually they'll say yes, or the family will say yes. Those are big learning opportunities, when you've got some poor spouse or caregiver in front of you saying, “I don't know what to do.” And now you see what's going on on the other side. That they've been there for eight hours of the day and they just walked out and they have to get medicine for them

because there's another eight hours that they have to spend overnight in the hospital. There is so much more than just the drug and what it's going to cause. Or even beyond treatment of that disease. Sometimes you're treating what happens after all the medicines don't work.

During experiential learning the preceptor helps the student see the big picture, to see the patient as a whole, not just a clinical case in a textbook. The preceptor may help the student put the pieces together of what they have learned didactically and facilitate the process of applying knowledge gained to real-life situations.

Experiential learning involves showing students that there is more to pharmacy than just drugs and medications: there are people, caregivers, friends, and families involved. The preceptor must help guide the student to navigate unique situations. According to a participant,

This student said to me, "when we walked into that palliative care room those three times, I learned more than I did in three years of school how to handle that kind of situation and family and patient." And he said it was the best learning experience of his life.

Preceptors may encourage confidence in the student; they may help guide the student in social interactions that the student is participating in for the first time. Instruction in experiential learning involves an active discussion between the preceptor and student. According to Yardley et. al (2012a), who stated:

> Learners are active influencers on learning environments, just as learning environments actively influence learners. Learners and practitioners are not just joint members of the social groups of which they are part, and not even just joint

> contributors to those groups, but learners create teachers through the same processes by which teachers create learners. (p. e108)

Reflection. Reflection is an important aspect of the practice of the preceptor. It enables the preceptor to improve in their practice and enhance their learning. According to a participant, "*reflection is a big part of my life, and I think about just about everything after it's happened and try to use everything as a learning experience*." The preceptor participant described reflection in their practice:

> *Some of it is forced reflection through an evaluation process—how did you do as a communicator, how did you do as far as providing constructive feedback? And then some of it is just mind wandering and thinking about things. I think, reflecting is probably one of the most important activities anyone could do.*

Through experience and reflection, a preceptor develops an understanding of when to intervene in a situation where a student may jeopardize patient safety. They also need to decide when it is appropriate to let the student complete a task. For example, a participant reflected on an experience with a student where they regretted intervening, "*I shouldn't have jumped in just because I was in a hurry. I wasn't sure if the student used the right words, and explained things properly to the patient—I didn't see the patient grasping what the student was saying.*"

According to van Manen (1991), "a tactful understanding of when to hold back, when to pass over things, when to wait, when 'not to notice' something, when to step back rather than to intervene, draw the attention or interrupt is a gift to the child's personal development" (p. 151). The same can be said in a pharmacy student's learning journey.

The preceptor must decide when intervention is in the best interest of the patient and the student.

Through reflection, we may question our actions and choices, and possibly think of ways in which we might modify our actions when faced with similar situations or experiences in the future. Reflection is a valuable teaching tool, and preceptors might encourage students to reflect on knowledge and skills. The preceptor may similarly reflect on their own words and actions when precepting students. Reflection may improve both practice and precepting as learning occurs with reflection. Preceptors reflect on experiences even if it is not evident to them that they are reflecting on the experience at the time. They reflect on what may have occurred in similar situations previously when faced with a problem with a student. They reflect on their past experience as both a student and as a preceptor and use this knowledge from reflection to modify or drive their current practice as a preceptor. In this way, these past experiences shape future experiences.

The preceptor may learn valuable lessons and achieve certain clarity and awareness of situations through reflection. For example, a participant reflected on learning from an experience:

> *We had a student who taught us a lesson. We let them lead a presentation and they ended up expounding how their doctor was not very smart to have put them on ASA. So, it was a good lesson to us as preceptors to be with students all the time during presentations. So just as much as we do clinical teaching, a lot of times it is showing the student how to practice, how to work with your future colleagues', patients', and physicians'.*

When engaging in experiential learning, the preceptor may reflect on certain situations and guide the student to collaborate with and be respectful to others on the patient's care team. The preceptor cannot predict everything that the student may do or say. Nevertheless, it is important that the preceptor be aware of what the student is doing and saying. This uncertainty of the student's words or actions may also involve the preceptor doing some damage control and fixing or correcting any misconceptions that the student may have or pass along to others.

The student represents the preceptor and the profession during experiential learning. The preceptor further socializes the student into the profession of pharmacy during experiential learning by guiding the student in how to act in the world of pharmacy. The preceptor may help the student further develop the soft skills of communication and collaboration with others, both within the profession and with those outside the profession.

After reflection on previous precepting practice, a preceptor acknowledged, "*I look back on the way I handled some students 15 years ago and I'm not always proud of that, but I learned from it and do things differently today.*"

According to van Manen (1991), "thoughtful reflection discovers when unreflective action was 'thoughtless', without tact" (p. 205). He goes on to indicate that by reflecting on past experience, one may influence and enrich future experiences and actions. Practice with tact is thoughtful, mindful, and often occurs after reflection. Thoughtfulness results from self-reflection, reflection on experience. "Thoughtfulness and tact go hand in hand" (van Manen, 1991, p. 127).

The preceptor may learn from previous mistakes in their practice. The novice preceptor may make decisions or handle situations in certain ways that they would not as an

expert preceptor with years of training. The expert preceptor has learned over the years, and from having multiple experiences, how to handle situations tactfully. Sharing the successes and failures in their precepting practice helps teach other preceptors not to make the same mistakes.

Reflection for students. It is also important for a preceptor to allow the student opportunity for reflection. A preceptor participant described the reflection that may occur in student learning that the preceptor facilitates by giving students time to think:

> *So then I will give them X amount of time, and it seems exorbitant to an experienced clinician, but sometimes they need to go and think for an hour or two. They are encouraged to use their process to identify drug-related problems, and to figure out how they're going to solve them…. It's extremely rare in our environment that we can give them the time that they require to think to be able to solve a problem in time, because there is an acuity. We sometimes have to deal with the drug-related problem right now.*

This participant is voicing a similar view as Sylvia and Barr (2011) who said, "reflections have been shown to give meaning to clinical experience and help students develop into mindful practitioners" (p. 219). The preceptor may help facilitate reflection in the student and help the student to engage in a reflective process. This reflective process may be inspired and nurtured by the preceptor during experiential learning.

Reflection with peers. Reflection may occur in the presence of peers. A participant described the collaboration with other preceptors:

> *Every day I meet with those (preceptors) at the end of the day to say, "Did we encounter any issues today? Oh, okay, you had a problem with a student. What was*

that problem? Let's talk that through. How did you handle it? Would you handle it differently next time?" For preceptor B, "What did you do? How would you handle it? Okay, and here's what I would do. There's no right or wrong here." We have four people in the room. Four people were handling it differently. That's okay. So that coaching is just invaluable, and you see them just blossom as preceptors because we're not taught to precept at the college for our baccalaureate degree. You start to cultivate and nurture soft skills. Because students come to us with content. Where they struggle is, they can't apply the content unless they're exceptional, and their soft skills aren't always developed unless they naturally are gifted with those soft skills.

Preceptors may also support other preceptors in their learning and teaching. For example, meeting with and debriefing with peers is useful for preceptors. It is often through a conversation with another person that we are best able to remember and reflect on the meaning of a particular situation, just as van Manen (1991) affirmed "as we reflect on experiences, we have an opportunity to become aware of the significance of those experiences" (p. 116). Reflective conversations and debriefs about experiences require relationships. Relationships are an important aspect of experiential learning.

Building a Relationship

The next essential theme discussed in this study is building a relationship. Lived human relation (relationality or communality) is the "lived relation we have with others in the interpersonal space that we share with them" (van Manen, 1990, p. 104). We meet the other, learn about them, and form an impression of them (van Manen, 2016). To begin building a relationship, the preceptor must be willing to enter a dialogue with the student. As one participant said,

Sometimes just sitting down at lunch with them and getting to know them as people, not just as your student. Asking them "where are you from, where do you want to work, what's going on." Getting to know them is really quite nice, and if we're interested in them, they're more likely to want to do good quality work for us because we're not treating them like, 'you're only here for five weeks, get out of my hair' [laughs].

Preceptors build relationships every day: whether it is as a pharmacist with a patient, technician, front store clerk, delivery driver, staff, or student, there is always someone around with whom to build a relationship. The student is someone who is desiring a relationship with the preceptor. It is up to the preceptor how they will engage with the student. A participant described a connection they made with a student, and became overwhelmed with emotion themselves while describing the personal impact and eventual positive outcomes of the relationship:

The best thing I can tell you is going back to the staff that we were able to hand pick. We've got probably about four or five previous students—it was hard to leave them. I get attached to people right away if they're good workers and they're fun, and they've got that whole package I'm looking for in a good pharmacist, we're connected right away. And by the time five weeks is done, I feel like I have a new friend. And one of them in particular, I was trying to recruit her, said, "you know I don't think I want to stay. I think I'm going to move. I know it'll take a year to train me so I'm not going to apply, but thanks for the interest." Well, she ended up staying. I think if we hadn't taken students and mentored them and befriended them, we would never have been able build up a staff like that. When you build up a staff

that is passionate and qualified and competent and close-knit and care about each other, it's just an incredible workplace. And that's what having students allowed us to do.

The preceptor plays many roles throughout the student-preceptor relationship that shift as time passes and the student advances in the practice and their abilities. The preceptor may begin as a teacher or instructor, model, coach, facilitator, and maybe finally become a mentor or colleague, but perhaps continue the relationship also as a friend. The length of time spent together may determine the types of relationships formed, as do the personalities, the atmosphere, time available, and the workload of the preceptor. Experiential learning may involve becoming attached to and caring for others in a short period of time.

The preceptor may question the nature of the relationship between the preceptor and the student. Being a preceptor may involve negotiating professional boundaries between relationships with students. A preceptor engaging in experiential learning may experience conflicting roles of preceptor *versus* pharmacist. The preceptor has ultimate responsibility to the patient and for patient care, not to the student. A student may aid the care of a patient under the watchful eye of the preceptor. That being said, one of the preceptor's roles in experiential learning is to help students foster and develop relationships with patients, with other health care professionals, and with their co-workers.

As discussed in the eidetic reduction section in Chapter 3, it may be useful to see the preceptor relationship during experiential learning as something it is not: i.e., a mentorship or even a friendship. The student–preceptor relationship is not to be confused with the relationship that a mentor has with a student. The role of the preceptor is valued as a short-term relationship with defined expectations, in contrast to the longer-term mentoring

relationship. However, over time and after the placement, the relationship may evolve into a mentor relationship or perhaps a friendship or a collegial relationship. Advanced students may begin to feel like colleagues, and sometimes the preceptor may hire the student to become an employee. Experiential learning may allow for opportunities to recruit new staff who become colleagues.

Experiential learning can impact relationships with colleagues. A preceptor discussed the collaboration that occurs with respect to evaluations.

> *When a student is getting ready for evaluation at mid-point and again at the end, usually a few days before the preceptor puts out a group email. They ask, "what's going on? Tell me what's happening." We often will add to and fill each other's evaluation out and provide feedback about the student. Say they did do a great med rec. She caught this when it was no one else did or something like that, or corrected me or my order. A lot of times there is benefit for workload.*

Experiential learning may involve support from colleagues, the school, and working in partnerships, and in collaboration with others, which, in turn, will foster relationships between colleagues. There may be an aspect of peer support to precepting and a benefit to building a network of fellow preceptors. Colleagues often support discussion, reflection, and provide feedback regarding student performance or perhaps offer peer feedback about precepting skills. Participating in experiential learning together may provide a sense of belonging with other preceptors and create cohesion among colleagues. Through this support, the preceptor may also learn from other preceptors and enhance their own practice of precepting, as other preceptors may act as role models for the preceptor or vice versa.

Collaboration with other preceptors, when possible, may offset some of the responsibility or burden that preceptors feel to teach the student everything. In addition, if the student is struggling, it helps to have a second opinion to ensure that the preceptor is supported and fair, to arrive at the decision that a student is not meeting competencies. It also takes the pressure off constantly having to oversee and be with the student. If someone else takes a turn with the student, or responsibilities could be shared, some of that pressure for the preceptor may be offset. Good relationships require effective, open, and honest communication.

Space in the pharmacy. Lived space (spatiality) is felt space (van Manen, 1990). The space we are in affects the way we feel. Being at home or being at work in the pharmacy will each bring about a different feeling for the preceptor. As the preceptor steps into their pharmacy, certain feelings may occur. They might feel happy or joyful or anxious, stressed, and exhausted. These feelings may change frequently based on the day, time, or situation. The preceptor may recall their first time in the pharmacy, and their feelings of intimidation, strangeness, vulnerability, and excitement. They may have noticed the pharmacy, the pills, vials, and felt the fatigue mat under sore legs attached to aching feet. Conversely, this space may have been inhabited by the preceptor for years and may evoke entirely different emotions from what the student feels as they enter the space for the first time.

The pharmacy dispensary becomes the community pharmacy preceptor's lived space. The physical space in a pharmacy is usually small and limited, and access to equipment or stored medications is already hindered even before adding another body to this confined

workspace. The preceptor invites the student to share the dispensary space, resulting in an alteration of the preceptor's way of being.

Atmosphere. While the lived space of the pharmacy or dispensary or hospital is important, the atmosphere also affects the preceptor. When walking into certain sites, one may notice the tone or atmosphere of the work environment (van Manen, 2015). A participant described a negative atmosphere in the pharmacy environment:

> *We have drama in our pharmacy just like anywhere else. After an incident, I said to the student, "You know, that pharmacist is not having a good day and I'm sorry that you had to be in that scenario where they did that. Tell me how you think that conflict could have been better handled." Sometimes the student will say "it wasn't so good" [laughs]. "I did learn lots in that moment." I appreciate that. I say, "everyone's got something to offer, even if it is learning what not to do!"*

Experiential learning may involve coping with tensions in relationships and the atmosphere. It may evoke bad moods, rude behaviour, short tempers, tension, and expression of negative, unintended words or behaviour. These feelings and behaviors may occur at times when the preceptor is feeling especially overwhelmed with all that is going on in the practice site. These moods and tensions contribute to the atmosphere of the site, as van Manen (2015) commented, "the mood of a place also depends on the disposition or frame of mind we bring to it" (p. 126). The preceptor may be largely responsible for setting the tone, mood, and atmosphere of the work setting or pharmacy practice site and for the duration of the placement.

The atmosphere of the pharmacy may be busy, messy, dynamic, and continually changing (Sylvia & Barr, 2011). It is a challenge for the preceptor to make a student feel

comfortable and at home in such an environment, especially when this is their first introduction to an actual complex, unpredictable, and uncontrolled pharmacy environment. Preceptors learn to teach students during these interruptions in pharmacy workflow while still providing exceptional patient care. However, having a student in the site and space can intensify the tension. A participant admitted, "*when you're busy, sometimes you get short tempered and you aren't always as nice as you should be, you unintentionally say something a little bit more rudely than you should have*." While these unpleasant moods may occur in the preceptor, the preceptor may also have to deal with these moods when they occur in the student. One preceptor described an incident with a student:

> *The student said, "I'm expecting a little bit more." I said, "You know what, all these people here, have got eight hours of work to do and you being with us adds to that work. We're doing the best that we can. You would do well to watch how they are teaching and to watch what they are doing; you are lucky that you're allowed to be here with them." And it wasn't like I was disparaging, but I was certainly a bit abrupt.*

Experiential learning involves educating students about the real-life experience of the pharmacist. This experience may mean allowing the student to understand the everyday requirements of the job, the demands of the profession, and even the pressure that a student puts on the preceptor. In this way, the preceptor may have to deal with unrealistic and high student expectations. For example, a student may feel that since they are paying for the course or placement experience, the preceptor is there to ensure that they have an excellent learning opportunity to serve and meet their needs. When a student has impractical expectations regarding the experience, these expectations put added pressure on the

preceptor. A preceptor may need to enlighten the student about the realities of the experience balanced against the requirements of the pharmacist's job and the tasks that the preceptor must ensure are completed. It may be a challenge for the preceptor to tactfully communicate the realistic expectations of what can be achieved in the allotted time for the experience and to ensure that the student still receives a satisfying experience. This desire to provide a pleasant experience may require the preceptor to juggle demands and expectations beyond the preceptor's control. These tensions will impact the atmosphere of the pharmacy.

Experiential learning may involve the preceptor trying to keep up appearances when they do not feel like doing so. The preceptor may be tired, stressed, and facing a long list of things to do. This while at the same time the phone is ringing, a student has a question, there are prescriptions to be filled, checked, fixed, compounded, and mixed, injections to give, a patient has a question in the over-the-counter product aisle, someone is at the counselling window, a patient is waiting in the counselling room. On top of these workplace demands, there may be a personal issue at home that is preoccupying the preceptor.

The positive. While the preceptor may not always feel like or be ready to engage in experiential learning, participating in experiential learning offers positive effects and rewards for the preceptor with respect to mood and atmosphere. Participants in this study found engaging in experiential learning rewarding and most derived personal satisfaction from the experience. One participant elaborated on how experiential learning affected them: "*in a good way, maybe because if I have less stress at work, then I'm feeling happier out of work*."

The atmosphere at a site can be positively influenced by participating in experiential learning. The staff may be positively impacted by adding a student to the team and generating a positive work environment. As one preceptor noted, "*the culture in my store*

improves and my staff and I are happier and more easygoing when we have students because work is a little bit easier."

A participant remarked how the addition of a student even impacted interprofessional relations at the site to enhance the learning that occurs:

> *In the last week of the placement our physicians already know when we have students. We also have nurses who ask, "When does the next student come? I have this patient. I don't know what to do and I'm hoping they do some research and help us." That's the rewarding part. The student is one of us and a lot of times, we are proud of what they know and what they have to offer.*

Preceptors "should understand the power of the atmosphere to contribute to the general sense of being and the positive well-being" of the student (van Manen, 2015, p. 127). A sensitive teacher can "create or foster an atmosphere that is productive for certain kinds of living and learning" (van Manen, 2015, p. 127). The pharmacy practice site is integral to experiential learning. Yonge et al. (2005) recommend, "to facilitate preceptorship experiences, preceptors must create an open, honest, caring, and trusting climate, one in which students are free to explore and reflect on their work thoughtfully, confidently, and honestly without fear of judgment or reprisal" (Yonge, Myrick, Ferguson, & Lughana, 2005, p. 409). Further, taking time to create an effective atmosphere for learning is beneficial to all individuals involved (Burns, Ryan-Karuse, & Sawin, 2000).

Good relationships at work makes the work environment positive. A participant revealed, "*we're not all coming to work to save the world and to save our patient. We're also coming because it's a positive place to be*." When colleagues genuinely enjoy being around each other, respect each other, are friendly, and complete work in a timely manner,

the atmosphere is pleasant. Experiential learning may involve social inclusion in supportive teams, especially when a student and preceptor work together in an atmosphere of collaboration, trust, and open communication. A safe, supportive learning environment is one most conducive to learning for both the student and the preceptor.

Finding a Balance

Stanley (2012) asserted that it "takes a special type of person to be able to balance the tension between business and teaching, patient needs and student obligations, pharmacy practice and classroom guidance" (p. 36). A hospital participant disclosed:

> *It's a big workload. It's huge. So, what does it mean? Right now, all the pharmacists barely get our morning coffee breaks, and no afternoon coffee breaks ever. We pretty well always have lunch, but some of us would be eating in front of our computers. That's on a regular day. Now you put the student there. Those first two weeks can be tough, which, again, is a good reason why you need to hand off to everybody in the department.*

As discussed, participating in experiential learning involves effort to incorporate the student into the workday in a meaningful way while balancing multiple priorities. Balancing the multiples roles of pharmacist, teacher, manager, collaborator, communicator, advocate, professional, care provider and leader with excessive workloads may exhaust the preceptor. Participating in experiential learning requires the preceptor to be flexible with their roles, days, and activities. One participant recognized, "*on a busy day when you have a student that needs some help, it can be tricky to get everything done. So, it makes that five weeks a little bit busier*."

Experiential learning occurs in the workplace, and most pharmacy workplaces are already operating with staffing constraints and tight budgets. According to one participant, "*the owners would like me to spend a lot less money on pharmacist hours*." With a decrease in pharmacist hours, this means a decrease in available time to participate in experiential learning.

The workload of the preceptor is amplified when a student is participating in experiential learning at the site, as one community participant pointed out, "*you just don't get your lunch*." On top of the regular patient care duties, prescription filling, checking, preparing, and problem-solving, the preceptor now has a student to welcome, to orientate to the site, to introduce to all staff, to show around, and to teach; all of this is time-consuming and adds work. Pharmacists often say they want to precept and participate in experiential learning, but that they are too overworked and stressed to do so.

A participant shared what they said to a student about how they balance their workload: "*I say, okay, I've got seven things to do and I know I'm only going to be able to do five. So, I'm going to do this and this. It's learning how to be in your world*." Precepting and experiential learning may involve doing the best you can with all of the logistical burdens and constraints placed on the preceptor during the hour, day, month, and year.

Assessments. Summative assessments, or formal assessments that report student performance, are a significant component of experiential learning. According to a participant:

> *There are moments when you have an evaluation to complete, and you also have your patient care to provide, where it's more stressful. But at the same time, I feel, in the*

end, it is better than not having the opportunity to precept. The benefits outweigh the risks or the harms.

Another participant shared:

> *It means more work and it usually means staying late. I don't think any of us have done any evaluations on worktime. I guess it's just part of our profession. I don't think any of us regret it or are against it. But it's hard! There is no doubt about it. It's difficult. There is no budget for more people. You are just incorporating it into your day as it is.*

Preceptors are responsible for the assessment of student performance and outcomes by completing various evaluation forms. Preceptors have reported being overwhelmed with evaluations (Denetclaw et al., 2014). The evaluation form is a challenge as some involve extra work, time, and thought to complete. The evaluation often forces the preceptor to stop, think, reflect, and determine or judge whether the student's performance and learning during the placement is acceptable and meeting the minimum required competency. The evaluation seems easier to complete when the student is meeting competencies. However, for the student who is struggling, completing the form is time-consuming and feels like additional work.

A preceptor's approach to evaluation can make a difference between the student enjoying the placement or not. The preceptor may choose to enjoy their power over the student and indulge in unhelpful criticism, or they may empower the student and praise initiative or constructively criticize. Even if the preceptor does not consciously choose one path over the other, ultimately the preceptor has power over the student. Through the assessment, the preceptor may have the power to grant the student a pass or fail in the

placement. This responsibility can cause feelings of guilt and the stress of telling the student that they were not successful in the placement, this is discussed further in the "managing difficult situations" theme.

Decreased workload. Experiential learning may involve a decreased workload for the preceptor. One preceptor participant stated, "*I've had people [students] that once you've spent ten minutes with them, are already running the show for you*."

Another participant commented that some students may require less work than others:

> *When you have a fourth-year student who is willing to learn, and they want to counsel, and they want to do everything, it's less work for me. Our patient counseling station is right by the pharmacist's checking station so I can always listen to them counseling. You know your student; you know if you're confident in their counseling and if you can let them go and counsel on anything. So, having a student that wants to counsel and answer over the counter medication questions is great. I don't want to counsel on ten Amoxil prescriptions a day, and they like to have the practice, so that can be helpful.*

If the student is a quick learner and is motivated to get the most out of the placement, the student may become an extension of the preceptor's practice. Experiential learning may involve offsetting daily, less complex tasks that preceptors find monotonous to students for them to complete. The more routine tasks may include answering the phones, greeting patients, filling prescriptions, and counseling patients about medications, while under the supervision of the preceptor. While this may bring some relief from more simple tasks, the preceptor also must watch and listen to students closely.

The preceptor begins to rely on the student's presence for increasingly complex tasks as well. More services and care can be offered to more patients and, subsequently, the preceptor can complete more tasks in a day.

According to a participant,

> *The students are willing to spend two hours on a patient interview where I would try to do it in a half hour or an hour. The patients get more out of it and the store benefits because it frees up the rest of the pharmacists to do other stuff.*

Often the student has extra time to investigate complicated issues or spend time with patients that a pharmacist may not have. This enhanced service is beneficial to the patient, site, student, and preceptor. A participant divulged,

> *There are expectations of us doing certain services and when the students are there those numbers definitely go up, so it makes me look a lot better. It is also good for the patients because then they are getting more of those services. In terms of work flow you are getting an extra forty hours of work that you wouldn't get. It gives me more time—after the initial phase of spending more time—later on to focus on pharmacist things that I need to focus on.*

Experiential learning may involve benefits to the business, as it may allow the preceptor to offer more pharmaceutical care and deliver medication management services to more patients. Students have been found to add both economic and clinical value to sites (Mersfelder & Bouthillier, 2012).

In everyday life, the preceptor has many tools they use to practice pharmacy, such as the computer or technology, the counting tray, compounding materials, and reference books. A competent student may also become a tool for the preceptor and be an aid to their practice.

The student is someone with whom the preceptor can discuss therapeutic ideas, and someone to double check the preceptor's work. Over time, the preceptor becomes used to the student being present and helping, and comes to trust the student. The student may get taken for granted. Often when there is a senior student on site, it may feel like the student can be treated as an equal or possibly as a pharmacist themselves. They can do many of the required tasks of the pharmacist, while under supervision of the preceptor. According to a participant, engaging in experiential learning "*allows me to get more pharmaceutical care to more patients. So, I think it exaggerates my work in a positive way. It allows me to have a broader pharmacist's stroke over patients*."

After the placement is finished, tasks that the student previously completed are now once again the preceptor's responsibility. After the student leaves the preceptor may feel a notable loss, a loss of the student's presence, the loss of the additional help, and the loss of the relationship formed.

Pharmacists who "are directly involved in patient care and drug distribution may be advantaged by having student pharmacists work by their side, learning through hands-on experience, and helping to process the daily workflow" (Worrall et al., 2016, p. 7). However, if having the student at the site "interferes with the workflow, and slows down the normal work productivity of the staff pharmacist, there may be a reluctance to participate in experiential learning" (Worrall et al., 2016, p. 7).

A preceptor described a typical lived day of participating in experiential learning in a hospital setting as follows:

> *I would meet with the student first thing in the morning to make sure they've got a plan for the day. And usually that is something along the lines of following up with a*

patient from yesterday, any new lab values available, any new vital signs or medications orders available that came in overnight. While they're doing that, I'm entering orders for that particular ward, getting a sense of the work that I'm going to have for the day as well—are there any consults to pharmacists or any outstanding drug-related problems from the pharmacists that I need to tackle—and prioritizing all of that work, and then, a few hours later I would usually meet and find out what the student has learned and hopefully they've prioritized their day as well. So, they know that they are going to have to counsel this patient or make a recommendation and call the physician, or they know that they have to contact this community pharmacy to coordinate something for that patient. And then I have them bounce their plan off of me, provide feedback if they need any guidance and then let them go for it and then report back later in the day. And then, while they are working on that, I am working on my drug therapy problems with the patients that I had. Sometimes there are opportunities to do things together, and I'll look for those opportunities.

On an average day, while adapting the roles they play, the preceptor also prioritizes their own day and workload, and this generally involves multi-tasking. A preceptor described finding a balance between the competing priorities of their job and precepting a student, "*we try to find the balance between, 'This is urgent. I'm sorry. We'll talk about this later; I've got to put out this fire. But for this problem, go think about it and tell me how you would handle it*.'" Participating in experiential learning requires the preceptor to prioritize tasks. The student may be lower on the preceptor's priority list than pharmacy tasks, or the pharmacist may use the student as an extension of their practice. Engaging in experiential

learning requires the preceptor to adjust their daily routines, which may be a positive or negative for the preceptor and often depends on the student's competence.

Time for Everything

Time was an essential theme identified in this study. All participants mentioned time in some aspects during their interviews, mostly concerning not enough time for students. So, one may ask at this point, what is time? Can one define time? According to van Manen (1990),

> What could be more easily grasped than time? We regulate our lives by time. We carry the time around on our wrist. We divide the day into morning, afternoon, evening, and nighttime. We reflect on past time and anticipate the time to come. We even talk about the time going by, sometimes quickly and at other times more slowly. And yet when someone asks us, "what is time anyway?" we are quickly at our wit's end to describe it. What is it that goes by fast or slowly when we say that the time is elapsing? So, there is a difference between our pre-reflective lived understanding of the meaning of time and a self-reflective grasp of the phenomenological structure of the lived meaning of time. To get at the latter is a reflective and often laborious task, involving a process of reflectively appropriating, of clarifying, and of making explicit thematic aspects of the meaning of the lived experience. (p. 77)

Lived time (temporality) is subjective time, as opposed to clock or objective time (van Manen, 1990). In 2016, van Manen offered this expanded idea that "Lived time is the time that appeared to speed up when we enjoy ourselves, or slow down when we feel bored during an uninteresting lecture or when we are anxious, as in the dentist's chair" (p. 104). In this study time was expressed in a number of ways.

Time as a preceptor. Time has been described as a limiting condition in the literature in experiential learning (Carlson et al., 2009). For the preceptor, participation in experiential learning involves a lot of time and energy. A participant described the effects on their time of precepting students:

> *I will probably be working for at least eight hours this weekend just to get my other stuff, not caught up, but just put out the fires. We do not have dedicated time to precept. None of us do. We're running it, if you will, off the side of our desk. Students do become the focus when we have them, but it means long days, very long days, and working weekends.*

Experiential learning typically occurs within the workday, which may require the preceptor to complete tasks and duties that cannot be completed within a preceptor's normal workday on their own time, which involves working very long days, often with few or no breaks. Preceptors in this study expressed the limitations on their time. One participant voiced frustration with a student with respect to their own time, "*instead of the student being grateful for every moment that they have with us, because they're lucky to be here! But, because they're here, I don't get a coffee. I barely get lunch.*" Preceptors may experience instances of giving up their own time, both work time and personal time. According to a participant, "*when you start having multiple students with multiple care plans, often we were taking the plans home and doing them on our own time so that we could have them ready by mid-point.*" Staying late to do the work they are not able to complete during the day, or other work, such as complete student evaluations or even spend any time with the student, may become common for the preceptor participating in experiential learning.

Sylvia and Barr (2011) asserted that "Good precepting takes time—time to prepare the experience, coach the students, supervise them as they attempt to assume professional responsibility for patient care, and time to provide quality feedback" (p. 205). Preceptors also need time to devote to their patients, their colleagues, their staff, and themselves. Significant priorities compete for the preceptor's time. Another participant described giving up their personal time:

> *Trying to fit all of these things in and a lot of the time when we didn't have extra pharmacists on, I would either come in early, half an hour some days, so we could go out and do some over-the-counter counsels and things like that. Because I knew as soon as I started my shift, I would never get a twenty-minute chunk of time where I could spend with the student like that.*

A preceptor may feel like they do not have enough time to impart enough knowledge they have to the student during the time they have together. A participant lamented, "*you don't give them the amount of time that they really need, or you brush off their concern; that happens*." The preceptor may feel there is not enough time to teach everything or address every concern the student may have. According to one participant, "*I feel it's overwhelming, and the five-week placement isn't enough time*."

Experiential learning involves finding ways of being present for the student with time constraints, and length of the placement is a factor in this respect. The preceptor may feel that they do not have enough time to accomplish everything they would like or need to achieve within the time parameters as set for the placement and, as a result, feel under pressure and come to experience guilt for not spending enough time with the student. A

participant described the stress and pressure they put on themselves when engaging in experiential learning:

> *I think precepting definitely does affect your personal life. It is stressful having that extra body and trying to provide that high-level experience. I put a lot of pressure on myself and my staff puts pressure on themselves to provide them with that high-quality experience. And maybe that was partly why we didn't take a student: because we get drained. Maybe preceptors need to have built-in breaks of student-free time.*

Might being a preceptor mean you have to teach or show the student everything, and address every concern? The preceptor must acknowledge that they do not have to teach the student everything, nor will they have time to teach and show the student everything.

In most cases of experiential learning, there was no protected time or time explicitly allocated for experiential learning. Protected time is simply not an option in most sites with a reduction in resources. There is pressure in healthcare to do more with less, and this includes having less time overall (Stanley, 2012). As Summa stated, "Great preceptors have figured out how to manage their time very well. The time spent precepting needs to be high-impact and organized…. Students who work with efficient preceptors have the advantage of seeing how to manage time and balance a multitude of responsibilities" (Stanley, 2012, p. 44). Experiential learning involves prioritizing time and tasks for the preceptor and empowering the student to do the same. The preceptor models their time management strategies for the student. The student is constantly observing the preceptor in all that they do, and this includes managing their time.

Another preceptor discussed having a break or time away:

I could get jaded if I had a whole series of students who didn't want to be here. That can get you down, and I think it's very important as preceptors to get a break from students. You've got to get away. You've got to recharge your batteries and get some balance back in your life.

Preceptors may feel they need time away from placements and precepting, teaching, and from students to rest and re-energize themselves. This time away from students may allow for reflection to occur and the preceptor may relate better, both to the students and to the idea of accepting placements.

Time will pass whether the preceptor hosts a student or not. The preceptor may be granted the opportunity to watch the student grow over time and progress in their learning journey if they choose to participate in experiential learning. Perhaps the preceptor and the student may grow and learn together over time. Time passing also allows the preceptor to make both positive and negative memories of experiential learning.

Preceptors may reflect and think of where they may carve time into their workday. Should experiential learning involve allowing the student to see how busy that preceptor is? Should the preceptor show the additional constraints (including the student) put on them since the student may one day be in the same position?

Feeling Responsible

I will begin this section with one of my personal recollections from my own time as a community preceptor:

It was Monday morning at 8:57, and I was to open the pharmacy. I was running late and had just clocked in.

As I entered the dispensary and glanced at the counter, I was overcome by a sense of fatigue and trepidation. There were four pieces of white paper of various sizes stacked neatly in a pile with yellow sticky notes on each one. The relief pharmacist from yesterday had left me four prescription problems to deal with. I picked up the prescription on the top of the pile and began reading the yellow note: "please call the doctor to verify if the dose of the amlodipine is supposed to change from 5 to 10mg. The patient was unaware of any changes to be made and said his blood pressure was excellent at his last appointment." As I reached for the next prescription, I heard the gate to the dispensary creak open, and a timid, nervous-looking boy walked in in a freshly pressed white coat. He cleared his throat and offered a sweaty palm to shake and said, "Hi, I'm Joe, your student?"

A profound sense of dread immediately overtook me. My mind flashed to the prescriptions piled on the counter; my tech has called in sick, I have not even grabbed the reports from last night from the printer. Soon the doors to the store will be unlocked, and I know there will be a line-up of people at my counter. My mind is racing trying to remember why this student is here. Did I sign up for a student? Did my manager sign up for a student on my behalf and forget to tell me? Who exactly is Joe? What year is he in? What am I supposed to do with him? I take a deep breath, put a smile on my face, look Joe in the eyes, and say "hi, I'm Shauna, I am so happy you are here today!" Immediately I began to feel responsible for Joe, he was my student.

The preceptor may feel responsible for the student during the placement. "The philosopher Levinas calls the ethical experience wherein you cannot help but respond

responsibility for the other" (Levinas, 1979 as cited in van Manen, 2015, p. 37). Levinas describes this as an ethical relationship. I cannot help but feel responsible even before I may *want* to feel responsible (Levinas, 1981). For Levinas (1979, pp. 187-253), to meet the Other, to see this person's face, is to hear a voice summoning me. This is the call of the Other. "A demand has been made on me, and I know myself as a person responsible for this unique other" (van Manen, 2014 p. 116).

Levinas extensively explores how this response, the call of the face of the other before our own self-awareness, is for him the root of all ethics (Goble, personal communication, May 23, 2019). van Manen (2014) explains:

> Moral decision-making is always at some level conscious—moral issues and decisions must be interpreted, weighed, and reasoned according to certain principles, conflicting values, norms, codes of conduct or the regulation of rules. … Practical decision making in the ethical sphere of Levinas always takes its departure from an appeal that the other makes to me. (p. 117)

Further, "Levinas says that I am responsible to take care of myself so that I can act responsibly for the other" (van Manen, 2014, p. 118). Self-care for the preceptor means they can better engage in quality experiential learning.

The notion of what sort of student will turn up is nothing more than a hopeful thought until the preceptor actually meets the student. A preceptor may have a curiosity of the unknown. The preceptor may wonder, who is this student? What will this student be like? What will the student expect of me? What will I expect from the student? Will they be good? Have they worked before? What if he can't speak to people? What if she is shy and timid? Will he jump in immediately? Will she be able to counsel? What did he learn in

school? How will this student help me do my job? How will I help the student? The placement begins in a state of wonder.

When a student is introduced to the site, and the preceptor meets the student in person and looks into the student's eyes, the student becomes the Other. Once the preceptor sees that hopeful expression in the student's eyes, an instinct to care will often kick in. The preceptor wants this student to succeed; the preceptor wants the student to like them, to look up to them, and to learn from them. The preceptor wants to help and teach this student. The preceptor may feel responsible for this student. They may feel they have an ethical responsibility to and for this student. Indeed, this is what I myself felt.

The first encounter between the preceptor and the student may set the tone for the remainder of the placement. The student and the preceptor see each other on the first day and begin to assess each other. If the meeting is a positive experience, this may lead to a positive placement. However, if the experience begins with a rocky first encounter, there may be more work for the preceptor and the student to attempt to rectify a less than ideal situation and provide a good working relationship. According to van Manen (2014):

> When the appeal the other makes to me throws me into doubt or an unsolvable predicament, then I must interpret how I can responsibly respond to the other in a manner that is in the best interest of this other, while not harming a third person or party. But in trying to have regard for the good of the third persons, I may be confronted with situations where I cannot be equally just, graciously generous or unconditionally available in terms of my time, resources, and competencies. Moreover, I may not necessarily know with sufficient confidence what is the best course of action from alternative actions that are available or open to me. (p. 118)

Experiential learning may involve getting to know the student on a deeper level and in turn develop a relationship with the student. When relationships deepen, and the preceptor becomes acquainted with the student personally, the preceptor may have to separate the layers of the personal relationship from the professional relationship. The preceptor may develop a concern for a student's wellbeing. This concern is especially difficult if the student discloses information regarding their personal life with the preceptor that may affect performance during a placement. The preceptor may struggle with how to handle certain situations. Once the preceptor enters into the relationship for any length of time, the preceptor becomes engaged, whether the placement is running smoothly or not. The preceptor begins to care about the student, and to feel responsible for the student.

The preceptor may feel responsible for the kind of pharmacist the student will become. The preceptor may develop concerns for a student becoming a pharmacist and possibly think a student does not possess the skills and knowledge that it takes to be a competent pharmacist, especially if the student is struggling or not meeting the competencies as expected in the placement. A preceptor stated: "*that's where you have to stand up when you know they're not ready to go on. When you have expectations and we have to say that we don't feel like you're ready, it's a challenge*." It can be harder for the preceptor to criticize or even honestly appraise or assess a student with whom the preceptor has developed a relationship (Luhanga, Myrick, & Yonge, 2010). A preceptor described a frustrating experience with a student with whom she had developed a relationship: "*Just because it's summertime and you have other worlds around you, your boyfriend's not here, and you are busy buying a house, and I had to say 'get off the phone and get with this'.*" Alternately, the relationship may flourish. According to a participant their favorite students are those who

are thankful and appreciative: "*It bonds you a lot as a pharmacy team. It's like, wow they are really good! We're going to have such a good four weeks!*"

It may be said that pharmacy by nature is a caring profession. Indeed, most pharmacists enter the profession to care for others and most pharmacists would not be pharmacists if they did not care about patients. Likewise, most pharmacists would not be a preceptor if they did not care about students. The student may become "their" student and the preceptor may begin to refer to the student as "my" student. Preceptors invest significant energy and time in guiding their students through their placements, and they come to have a personal stake in the future professional lives of their students.

Experiential learning may require the preceptor to be responsive to and responsible for the student. The preceptor may feel responsible to the school as well. One study participant wondered whether they are doing what is required and expected while engaging in experiential learning: "*I question, am I going in-depth enough with what the college is expecting of me? Is it all practical? Am I doing ok? I don't know if we're actually doing what the college wants of us.*"

While engaging in experiential learning the preceptor might question their abilities and wonder whether they are meeting expectations. Precepting and participating in experiential learning leads to questions. While participating in experiential learning, there are certain expectations or requirements of the preceptor outlined from the educational institution. Some underlying components are standardized during experiential learning placements, such as projects, skills, demonstration of competency in required activities, and assessment. With outlined expectations and requirements, preceptors may also be concerned that they are expecting too much or too little of the students or themselves. The preceptor

may question the expectations, and question what is expected of them in their role to facilitate the students' learning and question their ability to provide placements. A participant explained,

> *I've had a couple of placements where we were a little understaffed and it started out busy.... And the student became part of the work flow and weren't getting to do any extra things because they were just doing day-to-day stuff. This probably would have been fine if it was a technical placement, but I felt bad because it was the clinical placement especially for one particular student, he had a lot of experience in a pharmacy. So, it's not that he minded because he knew how things worked and knew that things needed to get done, but I did feel bad because we should have spent more time with him doing other clinical things.*

The preceptor engaging in experiential learning has to do the best they can with the resources that they have while still being responsible for the student. Not every situation in experiential learning will be ideal. Preceptors may deal with short staffing and unrealistic practice demands that in turn make the preceptor feel bad or guilty for not spending enough time with the student. These demands make the preceptor worried about giving the student a quality placement. Feelings of guilt or responsibility may cause a preceptor to wonder whether they are providing meaningful experiential learning for the student.

First and foremost, a preceptor has a responsibility to the patient. After that, they must meet their responsibilities to the student, to the worksite, to their colleagues, to others they oversee, to their employer, to the educational institution, and finally to themselves. As a professional with many standards to meet, meeting their own responsibilities well presents

their student with a good role model. By definition, then, demonstrating competent professionalism in all areas supports the student in becoming a good pharmacist.

There may be certain "stacking" of responsibilities that occurs when the preceptor helps a student who, in turn, is helping a patient. The preceptor is making a difference then, not only in their student's life and their patient's life, but also in all the patients their student may one day go on to help in future practice. Experiential learning, therefore, runs deeper than this one placement. The preceptor may feel the weight of this responsibility differently. It is a privilege to be a preceptor and, in turn, help the lives of not only the preceptors' patients but also all of those patients that "their" student goes on to serve and help in the future. A participant stated: "*Precepting is a privilege; I certainly think it is. And I wear the badge of a preceptor as an honour*."

What seems like a reasonable responsibility to one person may not be to the next person, so it is difficult to define responsibility in experiential learning. Even with guidelines to follow, the preceptor may find their sense of responsibility changing from one relationship with a student to another. Responsibility also changes from student to student and preceptor to preceptor.

Emotion. Responsibility to help manage emotions can be felt by the preceptor during the placement. A participant described emotions in an experience.

> *I've had students that walk out of those patient rooms and have patients that are so giving of themselves to share. I know my patients really well and that's an advantage. I'll ask the patient, "Can you tell my student about how this started?" Because she's already told me, and we talk, we know each other. And they will tell their whole story. I have had situations where she actually said, "Are you okay with seeing a*

mastectomy?" And the two students said, "I'm not sure." And next thing you know she showed them her scars. And wow! I'm not sure if my students were ready for that one. I said to them later, that's a gift. She obviously trusted you and felt that you cared, and you were interested enough in her story that she let you see it. I've had students that walked out in tears. They couldn't believe that she had to go through all that.

Some of the informal or soft skills learning that occurs during a placement may involve developing a sense of tact with how to deal with real people with very real emotions and health challenges. Patients may share gifts of their experiences with preceptors and students. Students are learning and seeing things for the first time, and emotions become involved. During and after emotional experiences, the preceptor may feel responsible to help guide the student to process and handle their emotions and to debrief with the student regarding what they heard or saw, especially after challenging encounters that may upset them. Subsequently, it may also involve the preceptor processing their own feelings after encounters.

Trust. Part of responsibility in experiential learning involves trusting the student. A participant described imparting that trust in a student:

The very first day is the orientation day. We always tell them, "Don't come early!" And, of course, they do. We interview them and they get their introduction and welcome. They get their key. Everybody gets a key, and we tell them, "That key is yours and it's your responsibility. If you lose it, you have to find it, because we will have to change the locks in all the pharmacy." And we had one student that did lose the key. And it was just lately.... So, they get the key right away. I try to facilitate the

message that you are now on our team and we are bringing you in as one of us. So, you're not just my student at the side of the table. You are part of us, and we are expecting you to be part of our team. So, you've got the key because that's a huge, huge aspect of responsibility.

Experiential learning involves inviting, welcoming, accepting, but also this acknowledgment that the student is part of the care team, which implies trust and confidence in the student. Generally, good relationships demand a sense of trust and openness that builds over time, and as the relationship develops, the trust is established. However, experiential learning may require expressing a certain sense of confidence in someone without really knowing them. Should a preceptor trust a student just because the student has the professional title of pharmacy student? Does a placement equate to a certain sense of immediate trust? The preceptor in a sense assumes immediate responsibility for this student, "their" student.

Experiential learning may involve opening the preceptor to a certain vulnerability in the workplace, having put their trust in the student. As the preceptor navigates how and when to trust a student, it may entail giving up or sharing certain responsibilities that the preceptor may be hesitant to give up, from patient care to access to medications.

In addition to trust, experiential learning may involve fixing mistakes and assuming responsibility for mistakes. For example, after trusting a student with a key, the student subsequently lost the key. It requires supporting a student when mistakes are made and making the decision to trust or not trust the student again. It may result in considerable expense or hardship to the pharmacy, the department, or the preceptor themselves, and a reluctance to engage in experiential learning in the future.

Precepting requires a high level of responsibility from closely supervising the student to the final responsibility for patient care. When engaging in experiential learning, the preceptor is not only responsible for their actions but also the actions of another, the student. This is especially true when preceptors and students find themselves in difficult situations.

Managing Difficult Situations

Managing difficult situations was found to be an incidental theme. Difficult situations do not define experiential learning. When engaging in experiential learning, the preceptor may or may not face a difficult situation that may arise when a student is struggling, and not all participants in this study encountered them. However, those that did experience difficulty were affected by it. A participant described an experience:

> *We had a student who had not passed their previous placement. So, they came to me as a second try. We were short staffed, but I wanted to do it for the college and for this student. But I found it really challenging because I could see why the other place had not passed him, yet honestly, based on what he did with me, there was nothing I could put my finger on to say he wasn't competent. So, yes, I've got to let him pass, and yet I did have a gut feeling that there were some issues. I found that very challenging. I kept having to think, okay, is it just because he's handling it differently from I would or is it that he actually handled it wrong? But again, when I stepped back and looked at everything—all his assignments and cases—there was nothing truly that was incompetent. So, I passed him but, I still think of him a lot and wonder how he's done. And that was a real challenge. He wasn't the best student. Was he incompetent? I don't think so, just required a lot of work.*

The lived experience of a preceptor working with a struggling student or situation is difficult, challenging, and stressful (Yonge, Krahn, Trojan, Reid, & Haase, 2002). There can be a multitude of difficult situations that a preceptor encounters, including disengaged students, students with poor attitudes, unprofessionalism, and students who struggle due to lack of skills or knowledge. It is then that precepting becomes difficult. Every situation is unique, every preceptor and student struggle is unique, and no two cases or experiences are identical. A textbook or guidebook will not tell the preceptor how to handle every situation. Stressful situations take a toll on the preceptor during experiential learning and may affect the preceptor in many ways. The stress takes a toll on the body, the mind, relationships, and the space surrounding the preceptor. When the student struggles or is disinterested in participating in experiential learning in the site, disharmony may result.

Social interactions are of importance in experiential learning theories, therefore unplanned situations or consequences may occur due to these interactions (Yardley et al., 2012a). We can experience intended learning outcomes and unintended consequences that may not be conducive to learning or a productive learning environment. For example, when student and preceptor personalities clash, relationships break down, and lack of respect for either the student or the preceptor will likely occur.

A student and preceptor may work in an atmosphere of tension, distrust, and disharmony that could lead to a hostile atmosphere with a diminished work ethic, possibly negatively affecting goals for learning and teaching. In this study, the difficult situations under examination focused on disengaged students, struggling students, and failing students, all of which may potentially affect the lived body and lead to burnout.

Disengaged students. Preceptors discussed working with disengaged students. A hospital-based participant described an experience with a disengaged student in this way:

> *Where I struggle is when we get students in the building who declare on day one, that they have no interest in hospital pharmacy, and they will ask, 'What do I need to do to pass?' Those are harder to deal with. Over the years as I've gotten to be more experienced in precepting, that no longer offends me. That used to offend me. It doesn't anymore. But what it does mean, is I'm not going to put the same level of effort into that. I will do my best to make sure that student passes, but I'm not going to give that student the same attention and try to get them to a level that exceeds our goals and competencies because they're just not engaged or wanting to be here.*

A community-based participant shared their experience,

> *I had one student who already had a hospital job lined up, so, essentially, they were not interested in learning about community. At their midpoint evaluation, I had to say, "I understand you are a bright person, and I don't think you are going to be a bad pharmacist but you are not showing any interest here, and I already see you have a job and you won't need to know about insurance companies or how to sit down and do a med review depending on what you have to do in the hospital, but you need to take this as practice with interacting with patients." It's disappointing when you have a few students that feel like they don't need to be there, or they're not interested. I've had a few students where I have got that feeling they didn't want to be there or didn't think they needed to be.*

Disengaged, even disrespectful, students also often have an attitude that is not conducive to learning in the placement. Preceptor participants described student's attitudes

during experiential learning. One participant remembered, "*One student told my technicians, 'Well I don't need to be doing this anymore because I didn't go to four years of school so that I could do technical duties. I did a compound once. That's enough for today.'*" As in this participants recollection, experiential learning can involve precepting and dealing with a student who lacks interest in the placement, site, or experience and who does not want to be there. One preceptor stated, "*It doesn't take too long to figure out that they're here to do their time and that's it —it's like, okay, I'm just going to survive this.*" Situations such as these, may involve the preceptor trying to inspire a student who lacks enthusiasm. It may involve precepting a disinterested student during the placement. It may be disheartening and even offensive or insulting for a preceptor to hear or feel that the student does not want to be there in their workplace and space engaging in experiential learning. Student performance and preceptor commitment to the placement declines when this occurs. It may be difficult, messy, and tiring, and may result in resentment, additional disengagement, or possibly conflict in the placement.

A student must stay "emotionally involved" in their work, and celebrate when they do well and feel the "remorse of mistakes" to continue to grow and develop and "resistance to involvement and risk leads to a stagnation and, ultimately, to boredom and regression" (Benner 1984 as cited in Dreyfus, 2004, pp. 178-179). According to van Manen (1991),

> the experience of boredom or ennui spells dullness, tedium, sleepiness, lethargy, passivity. No deep, meaningful learning can take place in such atmosphere. In contrast, interest is accompanied by attentiveness, effort, striving, discipline, concentration, achievement—all values that teachers recognize as essential to

learning. But attentiveness, effort, striving, discipline, concentration, achievement must stand in direct, primordial relation to interest. (p. 197)

Forced attention is fleeting and forced effort is half-hearted (van Manen, 1991). "Striving that is the effect of someone's pushing," and which does not occur because the learner is fascinated and interested, is inauthentic striving (van Manen, 1991, p. 197). According to van Manen (1991), to be interested in something is to care about something. A preceptor may draw a student's interest in something that sparks the student's attention. "A tactful educator will attempt to keep alive and strengthen the wonder" and interest that fosters the students activity (van Manen, 1991, p. 198). Experiential learning may include generating innovative and exciting ways of piquing interest in learning to enhance the student experience.

Harteis (2008) explained a notion of choice this way, "There is the degree by which individuals elect to engage with what is afforded them. Individuals may be selective in how they engage with affordances and may work to extend their engagement beyond what is being afforded" (p. 211). Experiential learning requires a two-way relationship between the preceptor and the student. A preceptor expects the student to learn and grow and respect what they are taught. As van Manen (1991) puts it, "In turn, the students need to have a desire, a willingness, and a preparedness to learn. Without this 'readiness to learn,' nothing of consequence will be learnt" (p. 77).

Experiential learning requires the student to fulfill their course requirements and to ensure they have a commitment to education. This commitment requires the student to come to the site with an open mind and to be ready to participate and actively engage in the

learning experience. Sometimes a preceptor's experience is of a student who does not appear to want to learn, and disharmony and resentment may result.

An expert preceptor learns to recognize signs in students. For example, they may identify signs that the student is struggling or that something is not right. With enough experience reading signs, the preceptor also anticipates that something is coming or is going to happen. Based on previous experience and exposure, the preceptor may perceive whether and how a student struggles during the placement and what actions can be appropriate to help that student engage in learning in a meaningful productive manner. In this way, learning occurs for both the preceptor and the student when the student is struggling. The preceptor gains useful experience in how to predict and handle future situations.

The preceptor must think ahead, reflect, and anticipate what may happen in certain situations. Van Manen (1991) explained that "This kind of anticipatory reflection refers to those moments when we have to pull ourselves together and decide how we are going to deal pedagogically with a challenging, difficult, puzzling situation" (p. 103). Experiential learning involves planning, thinking, reflecting, and making decisions in challenging circumstances. However, it is challenging for the preceptor to keep things exciting and to incentivize precepting for themselves and inspire learning in the student, especially when dealing with numerous disengaged students.

Struggling students. A preceptor participant described a situation with a struggling student:

> *I don't know if it was a pre-existing inability to be insightful or if it was an induced inability to be insightful, but they were not able to understand feedback that was being provided and then incorporate that into their practice. We were talking about*

a case with a student who was in difficulty where the preceptor asked them to look into meningitis. And, in preparing to have this discussion about meningitis, this student read way too much of the background information on [meningitis]; like learned way too much about the pathophysiology, epidemiology, and diagnosis and then wasn't able to have a discussion about the drugs because they had spent too much time and not only that they had stayed up all night too so they were exhausted to actually have the discussion about meningitis. And so, feedback was provided from the preceptor to the student, "please don't spend that much time reading the background stuff, you've got to be able to discuss the drugs more." Now the student went away from that decision thinking okay I've got to read all the stuff about the drugs before discussion and then all the other stuff after. And it was just such an off-the-mark interpretation of the feedback that was being given. It was not that you go home and read that stuff at night, I don't want you to do that. I'm telling you, you need to spend 15 minutes of your time on that stuff so you can spend more time on your drugs. And that's just one example of them being not able to internalize and see where they were going wrong, and we didn't know how to fix it, it was tricky. So that's one of the more difficult situations.

Sometimes all of the effort, time, work that a preceptor puts in to help a student may seem to be ignored or misunderstood, or it does not achieve the desired result and the preceptor cannot help the student. It may take more than time and effort on the preceptor's part to get the student to the level of meeting the required competencies for the placement.

Experiential learning involves giving feedback and providing guidance to the struggling student; however, the preceptor's feedback or guidance may be misinterpreted,

and this may result in frustration and make the situation difficult for the preceptor and the student. Communication plays a large role in experiential learning for a preceptor.

Sometimes experiential learning involves not knowing what to do with a struggling student. The preceptor can have all the theories, books, and knowledge at their disposal. However, in the real world, something or someone will always likely present with something surprising or unexpected that will require the preceptor to think and act quickly.

It may not just be the student who struggles; preceptors may also struggle when engaging in experiential learning. Those preceptors who were thrown into the role, or who must precept as mandated by their job, may lack passion or desire to precept. Preceptors may have difficulty in inspiring passion for learning in their students, when they themselves lack that burning interest.

When a student is struggling, the preceptor may be required to remain strong and handle the situation. However, this struggling student may affect the preceptor mentally, physically, socially, and personally. Who should or will support this preceptor? Who helps the struggling preceptor?

Theory may fail preceptors when dealing with struggling students or tensions in experiential learning in that it may not provide direction for coping with struggling students. Every situation in experiential learning is unique, and every student and preceptor will present a different set of perspectives and challenges or opportunities. The preceptor must learn to manage these challenges and show the student how they deal with these opportunities.

Lived body. Experiential learning is an embodied experience for preceptors, as it affects them physically and emotionally. "Lived body (corporeality) refers to the phenomenological fact we are always bodily in the world" (van Manen, 1990, p. 103).

Negative effects. A preceptor described how experiential learning has affected them:

> *It has affected me personally, in particular when a student is having difficulty. I take that home with me sometimes, and it's stressful, and I want to be able to help them, I want to be able to protect them, I want to help them protect themselves. So, I sometimes think of that overnight and lose sleep over these things. And you're maybe not as present with your family as you think you could be because a student is not having a good day or they're not having a good placement.*

Experiential learning may involve stress for the pharmacist, as with this participant, and may result in lost sleep or lost time with family. It may involve thinking of the student at night, on the weekend, on days off, on personal time, or long after the placement itself has ended. This student lives on in this preceptor's memory. According to van Manen (1991),

> Pedagogical problems (questions, predicaments, difficulties) can never be closed down. They always remain the subject matter of conversation. They need to be appropriated, in a personal way, by anyone who hopes to benefit from such insights. In other words, "difficulty" is something we have to interpret, work at, and remain attentive to. (p. 108)

Failing students. Preceptors may deal with struggling students that are not meeting competencies and are therefore failing the placement. One participant described working with a failing student: "*I think, for me, the worst is reflecting on their weakness and especially if they're not at an adequate level to move forward, because that makes you [feel]*

sick." Another participant said, "*Stuff like that, it lasts a long time. It's hard having to tell somebody, 'you're not quite there. I would not let you fill my family's prescriptions.'*" Another participant expressed:

> *It wasn't easy, sitting down and going through that final evaluation with all your supportive evidence, and ultimately telling him that he did not pass, and he would have to repeat. And the anger that he directed towards me. That was not a good experience, but it had to happen. Those cases are heartbreaking.*

The evaluation process is time consuming and often already stress evoking. However, when it comes to assessing a student that is not meeting competencies and essentially failing a placement, this stress is compounded. Hrobsky (2002) determined:

> Assessing students' unsatisfactory clinical performance is a demoralizing experience that poses threats to preceptors' self-confidence… Preceptors identified feelings of fear, anxiety, and self-doubt as they moved through the process of coping with assessment, reporting, and resolution of an unsuccessful clinical performance. (p. 552)

Burnout. Burnout has been defined as the loss of human caring (Maslach, 1982). As Benner and Wrubel (1989) describe it, "When one is burned out, things appear flat and meaningless, the world ceases to have meaningful distinctions, and what once gave pleasure can feel like a demand" (pp. 372-373). Physical symptoms from stress and burnout can include "stomach disorders, headaches, rashes, exacerbations of chronic illnesses, depression, fatigue, irritability, and insomnia" (Maslach 1982 as Smythe 1984 cited in Benner & Wrubel, 1989, p. 373). Social support and relationships with others who understand may be

beneficial (Benner & Wrubel, 1989). Preceptors keep balance or they may become overwhelmed and become either over involved or, conversely, detached in trying situations.

Stress contributes to burnout, "becoming overrun and overwhelmed by stimuli during a busy shift caring for several complex patients is common" (Chan et al., 2010, p. 172). Adding a student compounds these overwhelming feelings the preceptor may have.

Pharmacists care for patients; they also care for their students. The complex demands of experiential learning when a student is struggling may lead to mental fatigue and burnout. This stress may contribute to burnout in the preceptor and decrease the desire for the preceptor to engage in experiential learning. Therefore, the pharmacist must also care for themselves.

Preceptors must practice self-care. A preceptor described self-care advice that they offer to students:

> *This isn't going to fulfill you. Having a wonderful career and providing health care services isn't going to be everything. What are you going to do with your free time? How are you going to handle the work-life balance? Get involved in a community organization. Make sure you're healthy. Make sure you're involved in something. If I have a student, I want them exercising, or figuring out what they're going to do with their free time once they're done. Because that's kind of a scary thing, when you're finished university and then all of a sudden you don't have to study in the evening. Are you just going to go home and rehash your day over and over? No. You need to get yourself healthy and be involved in your community.*

The preceptor must prioritize their time and tasks and be healthy in their own world before they can model this and provide a quality placement for a student. A preceptor said, "*the*

role of the preceptor is multi-faceted. It's about helping students professionally, helping them socially, helping them on a community front, and helping them to find ways of getting involved with their profession and moving it forward." The preceptor also must care about the student while playing these roles. As one participant stated: "*our world is stress. Our world is more work than we can handle.*"

Motivation. Experiential learning has positive effects. According to a participant:

> *From a personal aspect, I have a sense of self-satisfaction at staying at my position. Because there has been a lot of hits in other ways, primarily with workload. My workload has increased at least 30% in the last five years. It really has. You have to start wondering what is keeping me here? Because at some point it's like woo this is hard! Do I want to be here still? I mean there's stressors. Is this where you want to live your life? The students have been a positive enough force in my world and my career that I believe that that's something that keeps me here.*

Experiential learning may provide the motivation that a pharmacist needs to stay engaged in their career. Engaging in experiential learning and working with students may influence a preceptor to stay in the profession of pharmacy and may provide the motivation needed to come to work.

Discussion of Themes

The participants' stories reveal the lived experience of experiential learning that formed the themes of learning and teaching, building a relationship, finding a balance, time for everything, feeling responsible, and managing difficult situations. The analysis shows that all of the themes interweave to describe experiential learning and the context of the preceptor's lifeworld (see Figure 4.2). Often themes overlapped with other themes making it

challenging to differentiate the ideas or categorize the data into one particular theme. For example, the finding a balance theme overlapped with the time for everything theme as well as the managing difficult situations theme. Notably, the assessment and the struggling student content was often interrelated, especially when the preceptor must evaluate a struggling student. The inter-dependency of the themes identified in the study creates a variety of combinations and permutations that result in a vast range of possible descriptions and interpretations of experiential learning. Together, the themes may describe the lived experience of the experiential learning process for the preceptor; yet, at the same time, the interpretation is never complete. "It is impossible to get to know and understand fully and absolutely a phenomenon. This is because lived experiences are *stricto sensu*, ineffable and immense in nature" (Errasti-Ibarrondo et al., 2018, p. 8).

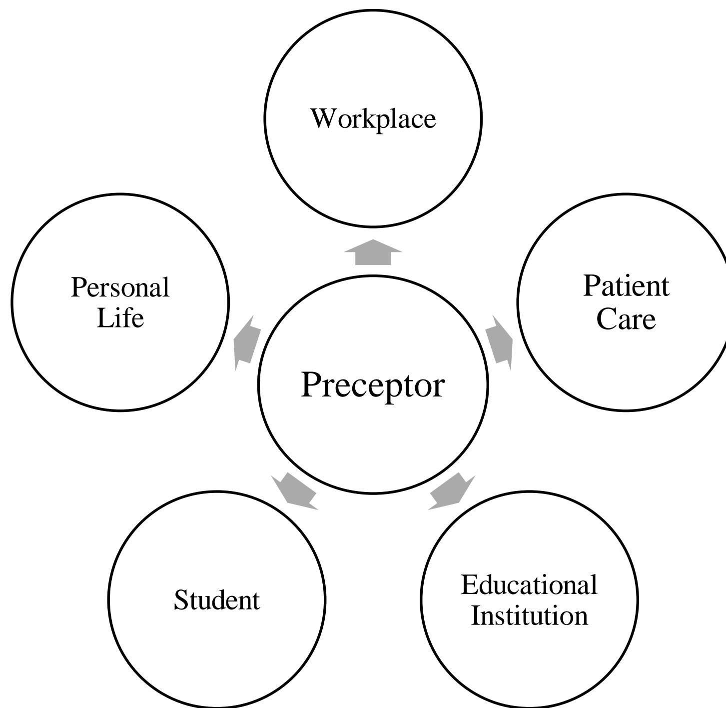


Figure 4.2: The Preceptors Lifeworld

In this study, the preceptors lived experience or lifeworld consisted of their workplace, the commitment to patient care at work, the commitment to the educational institution, the student, and, finally, their personal life. The preceptor's daily practice is varied and influenced by many factors.

Preceptors in this study recognized the responsibility and the significance of being a preceptor. The preceptors knew how to be a pharmacist, but, much like the process of becoming a pharmacist, the journey to becoming a competent preceptor was individual and varied. Preceptors drew from personal experiences and their practice to learn to precept. The learning journey is never complete as preceptors continually learn from students, just as students learn from preceptors. Preceptors may feel a sense of responsibility for their students. Experiential learning may involve dealing with difficult situations and relying on others for support. The roles of the preceptor are often demanding but rewarding. The preceptor plays many roles in the student's experience, and relationships may evolve from teacher to collaborator. Experiential learning is about aiding a student to become a pharmacist, becoming a preceptor, becoming a colleague, and sometimes becoming a friend.

Discussion of Theme Findings as They Relate to Literature Reviewed

Guided by van Manen (1990, 2014), the final product of this research is a hermeneutic, interpretive, descriptive, phenomenological analysis of experiential learning in Saskatchewan as experienced by pharmacist preceptors. The goal of this research was to examine the lived experience of experiential learning of the pharmacy preceptor.

Since there was a paucity of pharmacy literature that discussed the lived experience of precepting and experiential learning using phenomenology, I will compare my research with nursing literature that used phenomenological analysis. I acknowledge that these

nursing studies may not be directly comparable to pharmacy practice. It should also be noted that the nursing studies used diverse preceptor models and studies varied regarding types of students precepted from undergraduate students to newly graduated nurses. My study and analysis were exclusively with preceptors who work with students in the undergraduate pharmacy program.

The first essential theme identified, “learning and teaching,” shows that preceptors are themselves on their own journey of learning even while they are teaching a pharmacy student. As a pharmacist, you are always learning new things, and as a preceptor, this education is amplified because the preceptor is continuously learning. The theme of learning and teaching is congruent with nursing research in which phenomenological studies identified teaching and learning as a theme (Foley et al., 2012; Hilli, Salmu, et al., 2014; Liu et al., 2010; Nehls et al., 1997; Ohrling & Hallberg, 2000; Smedley & Fet, 2008).

The second essential theme identified in the study is the importance of the relationships that build between the preceptor and the student. Data related to this theme show how the relationships begin, when the preceptor meets the student for the first time, the relationship during the placement, and the relationship that may follow after the student has completed the placement. The finding of the relationship theme is corroborated in the literature in a nursing phenomenological study (Hilli, Melender, et al., 2014).

Chaar et al. (2011) also describe relationships, but in a different context. Chaar et al. (2011) concluded that “relationships between universities and preceptors need to be robust, supportive, and relevant to changing professional and health sector environments” (p. 166). In my study, relationships between preceptors and students were identified as important, as opposed to relationships between preceptors and educational institutions.

Finding a balance was an essential theme identified in this study. Preceptor challenges with experiential learning included balancing completing preceptor duties and the increased workload. Preceptors in nursing phenomenological studies described concerns of the workload (Chen et al., 2011; Hilli, Salmu, et al., 2014; Liu et al., 2010; Ohrling & Hallberg, 2000). Being a preceptor participating in experiential learning may sometimes be considered a burden due to the additional workload.

Time is regarded as one of the biggest constraints to being an effective preceptor (Öhrling & Hallberg, 2000). The essential theme, "time for everything", as identified in this study confirms that precepting takes time and that lack of time allocated within the day to precepting makes experiential learning in pharmacy challenging.

The incidental theme "feeling responsible" outlines the accountability the preceptor feels and the support the preceptor provides, the type of engagement and responsibility felt during the placement, and the relationships as factors that contribute to the students learning. The findings of the theme of responsibility support earlier nursing phenomenological research in which responsibility was identified as a theme in the literature (Hilli, Salmu, et al., 2014).

The issue of "dealing with difficult situations" as noted as an incidental theme in this study is corroborated in the nursing literature. Challenges were articulated in themes of "intergenerational conflict" which described conflict within a generational context (Foley et al., 2013) and the theme of "it depends on the student," which described students who are unprepared, constantly need to be told what to do, and who lack initiative that pose a challenge (Raines, 2012).

My study confirms that pharmacy preceptors have similar experiences as nursing preceptors. Nursing phenomenological studies describe similar challenges and rewards that pharmacy preceptors experience while participating in experiential learning.

Looking further to dietetic and other professional literature, training and support were identified as beneficial (when preceptors have training) (Marincic & Francfort, 2002; Nasser et al., 2014; Winham & Wooden, 2014), or detrimental when training is required but absent (Chen et al., 2016; Maringer & Jensen, 2014). Rewards and compensation were also of value to incentivize precepting (Latessa et al., 2013; Marincic & Francfort, 2002). Relationships (Maringer & Jensen, 2014) and communication (Hudak et al., 2014; Löfmark et al., 2009) occurred in other professional literature. Unsupportive work environments and limitations in time were identified in dietetic literature (Nasser et al., 2014). Responsibility was noted in interprofessional and dietetic literature (Löfmark et al., 2009; Winham & Wooden, 2014). Generally, the themes are consistent with the finding in my study.

Discussion of Themes with Respect to Experiential Learning Theories

As part of the experiential reduction, I re-examined experiential learning theories previously identified to see if they may offer possibilities in my phenomenological analysis. While many experiential learning theories describe how students may learn, it is important to remember that preceptors are themselves learning, and that these theories may similarly apply to the preceptor's learning process. When comparing the study findings to experiential learning theories, one may see some congruencies with theory.

Cognitive learning theories that include Kolb's experiential learning theory, Knowles' adult learning theories, and Dewey's active participation apply in the "learning and teaching" theme. For example, Kolb's experiential learning cycle is apparent in the learning and

teaching theme, as preceptors have concrete experiences in being and becoming preceptors, reflect on the experience, and use what they have learned to modify their precepting practice in subsequent experiences. Some preceptors may have learned to precept through trial and error. Reflection on these experiences helped transform the next experience into a productive encounter or, alternately, may have helped manage a difficult encounter. Learning occurred as a result of precepting a large variety of multiple students, some early years, some later years, some easy and some complex. In addition, the preceptor may debrief with an experienced colleague and form a plan for the next encounter with a student. This calls socio-cultural theories into practice.

Looking to socio-cultural theories, preceptors may learn to precept and draw from the social constructs they experienced in their past as a student, and from their peers in practice who are preceptors. The findings of this study support these socio-cultural learning theories which indicate that learning is a social process. The zone of proximal development theory is noticed in the teaching and learning and building a relationship themes, as preceptors often need support for themselves as novice preceptors, then they become more independent with subsequent encounters. They may use the relationships formed with their peers to achieve this independence in their precepting practice.

Also, in congruence with social learning theories, students and preceptors may form communities of practice. This is seen from the preceptor perspective in the learning and teaching and the building relationships themes as preceptors collaborate both with their peers and colleagues and also with students. Support within a community of practice, from a colleague or from a peer, may improve the precepting experience for the preceptor. Over time and with more experience, this need for support may lessen as the preceptor advances

on the continuum from novice to expert. Preceptor support, training, and development is required in this evolution. However, training and development takes time. In addition, the preceptor must continue always to handle the complex demands of the workplace while precepting a student or multiple students.

Social theories of learning suggest that good relationships enhance learning for the student. We see preceptors forming relationships with each other and students to enhance learning and teaching. When participating in a mutually satisfying relationship, both the student and preceptor appeared to benefit.

While there are connections to all of these theories to some extent in the data, there is no single theory that applies to every situation. Multiple social theories of learning may offer explanation in a single situation. For example, in the "learning and teaching" theme, communities of practice, zone of proximal development, situated learning, and progression from novice to expert may provide insight.

Although theories may be useful, real-life practice presents many added complications and situations for which theories cannot provide detailed answers or specific guidance. This is well described in the lived experience of the preceptors in this research. "As with all practical knowledge … there is a limit to formal theory that must be extended and contextualized through experience" (Chan et al., 2010, p. 25). Knowledge gained through understanding of experiential learning may help fill in the gaps that theory cannot for the preceptor practitioner. Learning is individualized: what one student or preceptor takes away from an experience is not necessarily what another student or preceptor takes away (Sylvia & Barr, 2011).

In this chapter, I described and interpreted the themes identified in this study. I then compared my study findings with relevant literature and learning theories. In Chapter 5, I outline why this study matters. I discuss the implications, and describe the significance of this study.

CHAPTER 5: CONCLUSION

In this final chapter, I discuss the implications, describe the significance of this work and disclose the limitations to the research. I offer considerations based on the findings of this study and provide recommendations for future research.

Implications

This study has direct implications for pharmacy experiential learning education and research by promoting awareness of the preceptor experience in experiential learning. The study may help to improve experiential learning from the perspectives of both the educational institution and the preceptors themselves. The latter may recognize their own practice in these themes and be affirmed in their practice. Perhaps, preceptors may disagree with the findings of this study and stimulate further discussion. If faculties, leaders, managers, licensing bodies, and others within the profession engage in respectful dialogue with preceptors, it will help enhance communication and strengthen relationships, may increase preceptor retention, and in turn improve the experiential learning program for both the preceptors and the students who go on to become members of the profession. This may affect pharmacy practice by generating better-prepared, more competent pharmacists.

Cost consciousness and budget restrictions may affect experiential learning in spatial, relational, and bodily ways. The impact of these factors affects the preceptor's ability to engage in or provide experiential learning and hinders student learning and development. With fewer preceptors, there will be fewer opportunities to offer experiential learning experiences. Fewer overworked preceptors spread thinly over sites or units does not bode well for future success in experiential learning. Understanding the burdens preceptors face on a daily basis may make the CoPN more empathetic to the preceptor's plight. Time,

workload, and relationships play an essential role in the lived experience of the preceptor in Saskatchewan. Pharmacy preceptors like to maintain positive working relationships, and they benefit from the learning they achieve when they engage in experiential learning. Ultimately, most preceptors determined that the increased burden on their workload and time was worth it for the rewards that precepting generates, but will this continue in the future? Being a preceptor is indicative of positive cooperation, collaboration, and commitment to experiential learning.

The preceptor may decide not to precept a student because they lack time for considerate and thoughtful attention for the student. However, time spent with a student may prove to be time for the preceptor to hone their own precepting and practice skills. Perhaps this preceptor will learn something from this student that may enhance their practice. The preceptor may miss out on a relationship or connection if they decline to participate in experiential learning. Conversely, preceptors may be pleased to find their workload has been decreased thanks to the student's eagerness to practice and participate in all relevant pharmacist duties. There may be a host of missed opportunities for the preceptor who chooses not to engage in experiential learning. When a preceptor declines to participate in experiential learning it is a missed opportunity for the student and the CoPN is also missing that expertise. Not only does the CoPN want the best learning experiences for their students, they also have logistical problems when multiple preceptors concurrently decline to engage in experiential learning opportunities. Insufficient numbers of willing preceptors jeopardizes placement opportunities. The profession is dependent on preceptors who require tools to be effective educators and role models for students (Worrall et al., 2016).

Significance of Phenomenology

According to van Manen (1990),

> The point of phenomenological research is to "borrow" other people's experiences and their reflections on their experiences in order to better be able to come to an understanding of the deeper meaning or significance of an aspect of human experience, in the context of the whole of human experience….. We gather other people's experiences because they allow us to become more experienced ourselves. (p. 62)

Heidegger warns that phenomenology "never makes things easier, but only more difficult" (Heidegger, 2000, p. 12). Heidegger also "agrees with those who feel phenomenology lacks effectiveness or utility if one hopes to do something practically or technically useful with it" (van Manen, 2014, p. 69). According to Heidegger, "'Nothing comes' of philosophy; 'you can't do anything with it.'... Even if *we* can't do anything with it, may not philosophy in the end do something *with us*, provided that we engage ourselves with it?" (Heidegger, 2000, p. 13). When we engage in phenomenology it can, indeed, have practical value (van Manen, 2014). Phenomenology has forever changed the way that I see the world and understand experiential learning and my work. It has opened up a new way of looking at things for me, with a questioning attitude and wonder. I have many more questions now about the lived experience of a pharmacy preceptor. It is my hope that readers engaging in this phenomenological text will also be inspired to see experiential learning in a new light.

Significance of the Study

The findings of this study allow a richer understanding of and insight into the lived experience of being a pharmacy preceptor. Knowledge about the preceptor's lived experience of experiential learning may be used to promote, facilitate, and improve the quality of experiential learning experiences for preceptors, educational institutions, and students in general. The study findings may have a direct impact on preceptor satisfaction, well-being, and the feeling of being understood (Errasti-Ibarrondo et al., 2019). The study may be a factor in convincing more pharmacists to become preceptors. This research provides another way to look at experiential learning and see experiential learning as it is lived, as opposed to how it is explained by theories.

I have accomplished what I set out to achieve to the extent that I have described and interpreted the lived experience of pharmacy preceptors. The themes identified are part of the larger phenomenon of experiential learning for the pharmacy preceptor in Saskatchewan and are intertwined to make experiential learning what it is for this study.

This study provides an understanding of the lived experience of a pharmacy preceptor, and that knowledge may help fulfill the Blueprint for Pharmacy's desire to address challenges that affect the education, recruitment, and retention of pharmacy educators and experiential learning facilitators (CPhA, 2008). Consideration of the results from this study may enhance quality in pharmacy education and increase preceptor recruitment and retention. The study shows that satisfaction achieved from the learning and teaching and relationships formed is a benefit for preceptors. The considerations (as follow) may provide educational institutions ideas to recruit, retain, and sustain qualified preceptors in quality sites. In

addition, educational institutions may identify the need for supporting busy preceptors, especially in situations of struggling students or novice preceptors.

This research contributes to the literature for qualitative studies in pharmacy and experiential learning and may inform future qualitative research in the area of experiential learning in pharmacy. This study helps to fill the gap in the phenomenological literature in Canada of experiential learning in pharmacy. This work is original because it is the first study that has used van Manen's method of phenomenology to describe the lived experience of the pharmacy preceptor in Saskatchewan.

Finally, this phenomenological study may allow others, including preceptors and administrators in other colleges or educational institutions, to see the lived experience of pharmacy preceptors, and to encourage reflection and enable tactful and empathetic communication and actions within the experiential learning environment (Errasti-Ibarrondo et al., 2018; van Manen, 2014). Educational program administrators must collaborate effectively with preceptors to ensure that quality experiential learning occurs within pharmacy programs. To establish meaningful relationships with preceptors, it is important that educational institution personnel understand the lived experience of the preceptor, in particular, when modifying experiential learning curricula. I hope to add to the understanding of how to act practically and thoughtfully in everyday situations and relations of practice, in particular, experiential learning with pharmacy preceptors (Adams & van Manen, 2017).

Limitations

I was the sole researcher in this study who recruited, interviewed, analyzed, interpreted, and presented the results. I currently work in the Experiential Learning Office at

the CoPN and know the study participants on a professional level. I acknowledge that, as the primary interviewer, my presence in the interviews might have elicited biased responses from participants (Creswell, 2009). Even though, at the time of data collection, I was seconded to work on the development of the PharmD program in the CoPN, nevertheless, I recognize that my roles and relations with participants may have influenced the process and the outcome of the research. For example, during interviews, my role and these relationships may have prompted participants to say what they thought I wanted to hear. I also accept that participants may not have felt comfortable sharing their experiences of experiential learning with a coordinator who was so closely affiliated with the college, especially if the experiences were not optimal. To help manage any reluctance to share, I reminded participants that their identity would be kept confidential to the best of my ability and that their answers would in no way impact their relationships with the CoPN. While I cannot ever truly know if all participants were being entirely forthright, I felt the participants in the study did not hesitate to share honest experiences, even when they were not favorable. In addition, participants felt comfortable to criticize the CoPN in my presence.

Researcher bias, or the subjective influence of the researcher during interviews and data analysis, may be considered a limitation. I recognize I had bias coming into this study. Bracketing helps to minimize bias, as "the epoche is the critical phenomenological device that should defeat bias that occurs from unexamined assumptions, personal or systemic prejudices, closed-mindedness, and so on. However, all understanding presumes preunderstandings" (van Manen, 2014, p. 354). I shared my prior knowledge and admitted my biases, my assumptions, pre-understandings, and theories (van Manen, 1990). I was

aware of my previous experience as a preceptor and my knowledge and work in experiential learning in my data analysis and interpretation of the study.

While I have included information about my role in experiential learning at the CoPN and these relations in the limitation section, my experience as a student, as a preceptor, and working in the experiential learning office allowed me to have a greater general understanding of the context in experiential learning. I used my previous experience as a preceptor and my knowledge and work in experiential learning to relate to the theme of 'feeling responsible' as described. In phenomenological research, there is no way to eliminate the subjectivity of research. According to Hycner (1985), "the phenomenologist believes that it is the very nature of such 'subjectivity' which allows for greater 'objectivity,' that is, an approach that is most comprehensive and faithful to the phenomenon" (p. 297).

A possible limitation was the randomization in the purposeful selection of participants since, "the sole basis of sampling in phenomenology is that participants are willing and able to articulate their experience of a phenomenon" (De Witt & Ploeg, 2006, p. 223). To remain true to participant selection in phenomenological analysis, instead of selecting participants randomly, I might have instead personally selected participants who met my criteria. Had I selected participants based solely on their background as a preceptor (for example, using my knowledge of their length of time as a preceptor, knowledge of varied past practice settings, and the preceptor's ability to converse freely and communicate extensively), I may have yielded more detailed descriptions and obtained a wider variety of lived experience descriptions. Although all participants willingly participated in the interview, some were better able to articulate their lived experiences of experiential learning.

In retrospect, if I were to repeat this study, I would have conducted less-structured interviews and invited participants to provide more examples of experiences and expand on answers and ask more questions about the information presented. I would have probed for more stories, anecdotes, and examples of experiences while precepting pharmacy students and asked the participants to think of more specific instances, situations, students, or events with relation to their experiences in engaging in experiential learning. I could have strived to gain more lived experience descriptions from the participants, focusing more on the actual experience and less on their opinions or suppositions about experiential learning. When participants were compelled to share their opinions, as opposed to detailing their experiences as lived through, I could have directed the conversation back to the actual lived experience. That being said, I collected more than enough valuable data and descriptions in my transcripts for analysis.

For this study, the preceptor responses are based solely on experiences in the BSP program. Currently, both the BSP and PharmD programs are in operation at the U of S until such time as the BSP program is phased out. As previously noted, experiential learning requirements for students are greater in the PharmD program than they have been in the BSP program. With more preceptor and student contact time in the PharmD program, responses about lived experiences in experiential learning may change.

Finally, it must be acknowledged that the topic of experiential learning is vast. Phenomenology could serve as a useful tool for studying various aspects of experiential learning by narrowing the topic to smaller, more manageable pieces. For example, what is the lived experience of the preceptor when assigning a failing grade to a student? When dealing with a disinterested student? What is it like to be watched at work by a student?

Considerations

Phenomenology is not meant to respond to, discover, propose certain conclusions, or aim to offer solutions to problems (van Manen, 1990). While I do not problem solve or claim to have solutions, I offer considerations of the phenomenon of experiential learning in the pharmacy preceptor.

Establishing a relationship. Skrabal et al. (2008) have suggested that administrators collaborate with preceptors to identify limitations and develop solutions to workload issues that are beneficial to all. My research findings support this. Pharmacy program personnel should aim to work with preceptors on an individual level to identify what a site can offer in terms of experiential learning and to establish a context of collaboration with individual preceptors. It would be valuable for pharmacy programs to invest in these personal meetings to gather detailed, site-specific information—long-term benefits may outweigh any costs associated with this additional communication and relationship building. Programs could use information gained to inform experiential learning placements. For example, the experiential learning staff could conduct routine site visits, not only when a student is struggling or in distress or has presented with unprofessional conduct (Zarembski et al., 2005). The findings suggest that proactive visits may help prevent problems or concerns as they happen, as opposed to the reactive strategy of identifying or dealing with problems once they are advanced, and may help alleviate the concerns that preceptors may have or anticipate having. The additional benefit of increased communications and personal interactions would also strengthen relationships between the CoPN and preceptors at the sites.

Learning from the preceptor. Educational institution faculty have responsibilities to set course outcomes and agendas. However, faculty may not be aware of the interactions that take place and are removed from experiences that actually occur in practice (Yardley, 2011). Experiential learning teams could consider reaching out to the individual preceptors to seek insight into a typical day at a particular site at a specific time, and then try to work the experiential learning curriculum into the preceptor's day, as opposed to imposing a prescribed curriculum on all sites that may not be feasible or even relevant to all sites for all preceptors. Working with individual preceptors at their level and site enables experiential learning office personnel to see what is feasible and fair to expect of preceptors and to determine what learning and teaching opportunities are available. Some sites may be better equipped to offer specific experiences, for example. By examining the lived experience in community vs. hospital environments, experiential learning personnel may determine that specific skills are better practiced and assessed in one environment but not others, and assign placements and determine course competencies accordingly. Also, these individual meetings would allow the experiential learning office staff to see the workload and the challenges that preceptors face and, having gained a better understanding of the preceptor's perspective, may think twice about recommended curriculum changes or opportunities. It is hoped that this study will increase our understanding of the lived experience of preceptors and help facilitate some of these conversations.

Support. Support in the form of individualized site visits would allow for individualized preceptor development. Preceptors are often immersed in their day-to-day activities and workload as a pharmacist, and suddenly have also to balance having a student at the site. They may scramble to find activities for the student or ways to integrate the

student into the site. Having the objective eyes of the experiential learning office personnel enables the preceptor to see opportunities that are available at the site that preceptors may be unable to recognize. Perhaps experiential learning personnel could identify strategies to utilize existing student skills to lighten the workload that the preceptor may not identify on their own. Having the one-on-one conversation with the preceptor allows program administrators to answer any questions the preceptor may pose, confirm thoughts, and strengthen relationships between the institutions and the sites. These visits would allow the preceptor to voice concerns and frustrations with the curriculum and the additional communication may result in specific recommendations from preceptors regarding the learning and teaching expectations. The increase in communication and support may benefit all participants in the program.

The preceptor as learner. The educational institution should support and nurture the professional learning and growth of the preceptor and take an active role in preceptors' learning and development to enhance positive outcomes. The institution must ensure the preceptor has the knowledge, skills, and ability to precept students, especially in constrained environments. By working closely with practicing preceptors, they can examine practices they want to extend and practices they wish to alter when training new preceptors. The educational institution may be more proactive and embed more teaching and learning in the undergraduate curriculum, bearing in mind that students in the program may eventually become preceptors. The importance of reflection in learning should not be underestimated.

Experiential learning administrators in educational institutions need to recognize situations in which a pharmacist is precepting a student for the first time and be ready to provide the support, resources, and instruction to this novice preceptor. Although economic

realities may render it less feasible, one-on-one targeted training, guidance, knowledge, and support for the preceptor would be invaluable in transitioning them from novice to expert. At the very least, and barring resources for this targeted training, in person group training sessions and workshops coupled with ongoing support and communication with preceptors must be a priority for educational institutions.

Recommendations for Future Research

"A phenomenologist may study a phenomenon that has already been studied and addressed repeatedly in the literature but strives for new and surprising insights" (van Manen, 2014, p. 351). A phenomenological topic can always be taken up again and explored further (van Manen, 2014). I have proposed ways in which the phenomenon of experiential learning for the preceptor may be further investigated.

It would be of interest to look at whether experiential learning as a pharmacy student affected the type of practice they chose once they became pharmacists. Did a positive or negative experience as a student with a preceptor in a particular practice setting help determine a career path for the student? Does their experiential learning placement influence them toward or away from one pharmacy practice setting or another? Does a negative experiential learning experience dissuade a student from wanting to be a preceptor themselves some day? Perhaps we should not underestimate the student experience. For example, a student embittered by a hospital experience, may go on to be a community practitioner as a result. That student becomes a pharmacist who may become a preceptor, and, in turn, influence other students in their career choices.

Environment, space, and atmosphere were indicated in preceptor responses as being influences on the lived experience of participants in this study. Future studies might consider

the differences between hospital and community environments, and explore their work realities and separate challenges. Pharmacists who have chosen different career paths might gain insight into practice settings different from their own.

Educational institutions may wish to investigate the actual capacity in hospital and community sites for preceptors and students to collaborate and provide services to residents of Saskatchewan. However, this type of study may not be amenable to the use of a phenomenological method.

Additional qualitative research studies are encouraged to promote further understanding of the complexities and nature of experiential learning as experienced by the preceptor. Increased research and publication of findings about experiential learning in general, including preceptor experiences of successes and failures in experiential learning, would be useful for both preceptors themselves and the educational institutions that depend on them.

Conclusion

This study makes an original contribution to knowledge about the lived experience of pharmacy preceptors related to supervising pharmacy students during experiential learning, and adds to the qualitative pharmacy literature, in particular, that concerning phenomenological methodology. This study is relevant to preceptors, educational institutions, and others in the profession, as the study findings have a practical application in opening up the understanding of the preceptors' lived experience of experiential learning. Experiential learning and pharmacy practice should be considered in a relational manner. According to Yardley (2014a),

> We should reject the positioning of workplace activities as being either patient-centered or learner-centered because good patient care and good workplace-based learning are relationship-centered, dependent on respectful collaboration, and the negotiation of priorities and purpose. Appropriate patient care and the education of future professionals are not mutually exclusive. (p. 225)

The findings of this study describe what it is like to be a preceptor engaging in experiential learning, and will lead, it is envisioned, to a deeper understanding of the everyday experience of the pharmacy preceptor. Using van Manens's phenomenological analysis, the themes identified have served to "externalize" pharmacy preceptor narratives and "bring their experience to light in a deeper way" (Foley et al., 2012, p. 17).

The study involved nine pharmacy preceptor participants from Saskatchewan. The themes identified included learning and teaching, building a relationship, finding a balance, time for everything, feeling responsible and managing difficult situations. This study has demonstrated the importance of relationships between preceptors and students during experiential learning and has shown that the significance of these relationships, whether positive or negative, should not be underestimated. Findings also indicate that learning and teaching are integral components of experiential learning for the pharmacy preceptor. When the atmosphere is congenial, relaxed, and conducive to learning, the experience is richer for all concerned.

The lived experience of experiential learning consists of a mix of positive and negative emotions, rewards, and challenges. Positive aspects that enhanced preceptor engagement in experiential learning included the relationships formed with the students, and the teaching and the learning that occurs during placements. Time, increased workloads

combined with reduced resources, perceived sense of responsibility, and anticipation of encountering difficult situations constrained preceptors' desire to engage in experiential learning. These constraints must be recognized by stakeholders so that steps may be taken to ensure that experiential learning continues, and the profession continues to meet the pharmacy practice needs in Saskatchewan. Continuing to graduate competent pharmacists means protecting the safety and health of the public.

Preceptors inspire the next generation of pharmacists and propel the profession forward. Ultimately, their everyday experience is what is going to motivate them to continue to participate in experiential learning, or, conversely, deter them from taking on the role of preceptor. The CoPN— and programs like it that rely to a similar extent on preceptors for the educational achievement of students—must recognize the rewards and challenges that face preceptors, and work to ensure that a collaborative, collegial partnership with them remains consistent, especially as the new PharmD degree becomes established. Relationships with preceptors must be nurtured on an individual level and training needs must be met to ensure that preceptors follow through with their personal commitment to provide quality experiential learning. Educational institutions must recognize that "one-size-fits all" preceptor development and training methods may not be appropriate under all circumstances in experiential learning, just as theories cannot necessarily be applied to all real-life situations. After all, this is experiential learning, and it is all about the real-life experience.

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APPENDIX A: Review of Literature

Reviewed Pharmacy Literature				
Author/ Year/ Place	**Study**	**Methods/ Participants**	**Themes**	**Significance/ Recommendations**
Marriott et al. 2006 Australia	Pharmacists' Views of Preceptorship	Survey 56 rural precepto	Strong commitment to the role and recognition of the personal and professional rewards preceptorship can bring; limitations: role of precepting in terms of own knowledge and skills, time, support from University. Motivated students were beneficial	Encouraged pharmacists to take an online preceptor development program to be prepared as a preceptor
Skrabal et al. 2006 United States	Preceptors' Perspectives on Benefits of Precepting Student Pharmacists to Students, Preceptors, and the Profession	3 preceptors Interviews/ focus group/Question naire?) (not clear)	Workload issues, increase in number of pharmacy schools and placements and experiential load; quality preceptors: enthusiasm, open to questions, provide feedback; benefits: assistance in developing and maintaining clinical services, satisfaction of giving back to the profession, material rewards	Additional quality experiential sites are needed
Skrabal et al. 2008, 2010 United States	National Survey of Volunteer Pharmacy Preceptors	Survey 1163 participants	Experiential load, compensation More time with students enhanced placements, monetary stipend preferred; Request for student placements increased, forced sites to turn placements away.	In 2010 results analysed further demographically and may help identify how location, practice type, and population affect EL, preceptor-time quality issues, and compensation (rural hospital had more time with students); so budgetary and scheduling planning, can improve the quality of student practice experiences
Scheckelhoff et al. 2008 United States	Capacity of Hospitals to Partner with Academia to Meet Experiential Education Requirements for Pharmacy Students	Survey, 549 respondents- hospital pharmacy directors (not preceptors)	Challenges: time to serve, time to be trained, lack of standardization; coordination, financing EL placements; benefits: give back to the profession, take an active role in training future pharmacists, ability to recruit future employees, increase own skills and knowledge, share personal perspective, opportunity to influence a change in profession	Hospital has capacity for EL placements, factors such as collaboration, communication, support, EL activities, quality, ability to conduct EL, were identified

Assemi, Corelli, & Ambrose, 2011 United States	Development Needs of Volunteer Pharmacy Practice Preceptors	Survey 236 participants	Preceptors less confident in managing conflict about attendance, identifying and managing unmotivated or failing students, plagiarism, and handling conflict; training increased confidence; Senior students reduce workload, help complete daily tasks, extend patient care	Training programs for preceptors are effective and more preceptor training is needed Training needs and interests and desired toward clinical teaching
Chaar et al., 2011 Australia	Experimental Education in Australian pharmacy: Preceptors' Perspectives	5 focus groups 37 preceptors	Enjoying the role, lack of insight into education techniques such as teaching methods; increased workload, lack of space and time and increased stress levels, assessment, support mechanisms.	Relationships between universities and preceptors need to be robust, supportive and relevant to changing professional and health sector environments
Payakachat, Ounpraseuth, Ragland 2011 United States	Job and Career Satisfaction Among Pharmacy Preceptors	Survey 363 preceptors	Preceptors have higher self-reported job satisfaction but not necessarily increased career satisfaction; benefit of continuing education and challenging work; high stress level and workload.	
Fejzic, Henderson, Smith, & Mey 2013 Australia	Community pharmacy experiential placement: comparison of preceptor and student perspectives in an Australian post graduate pharmacy programme	Survey 53 preceptors 51 students	Preceptor training programs and coaching during placements would support pharmacists. Preceptors rated most aspects of preparation and execution of placements positively, however workload and acknowledgement were rated lower than others	Rated perceptions of communication, teamwork, preparation, appreciation, workload, acknowledgement
Denetclaw, Young, Tiemeier, Scott, & Hartzler, 2014 United States	Perceptions, Obstacles, and Solutions for Offering Introductory Pharmacy Practice Experiences in the Community Hospital Setting; A Qualitative Survey	Survey 45 participants	Informed planning and preceptor support may increase learning activity quality and decrease burden for preceptors. Standardization of evaluation between schools, and collaboration for preceptor support is beneficial. Training and collaboration between schools and systems may improve introductory experiences	Perceptions, obstacles, and solutions for offering introductory hospital placements
Worral et. al 2016 United States	Priming the Preceptor Pipeline: Collaboration, Resources, and Recognition	Focus groups 11 participants	Provided recommendations and suggestions around areas of the value of precepting, the continuing professional development of preceptors, academic pharmacy and practice collaboration, recognition of preceptors,	Call to action for: training and standardizing preceptors, quality assurance, recognition. Recommendations: modules for training, compile preceptor best practices, self-assessment

			interprofessional education/practice and the preceptor.	tool, questions to add to surveys, collaborate around preceptor education, standardize assessments, preceptor recognition, IP education. Suggestions: reduce barriers, preceptor and organization recognition
Seo et al, 2018; South Korea	Stress, Satisfaction, and Competency of Hospital Pharmacy Preceptor Under the New Pharmacy Program in South Korea	Online survey, 395 respondents (hospital preceptors)	Workload major cause of stress and barrier for continuing to precept (extra work hours), passion for teaching and being a professional role model needed improvement, improved professional knowledge and performance ability benefit, money incentivises	High stress, moderate satisfaction and enthusiasm, and self-confidence regarding preceptorship performance. Improvement of professional knowledge and performance ability was most important benefit and motivation of preceptorship; passion for teaching students and being a professional role model were identified as items in need of improvement

Reviewed Nursing Literature				
Author/ Year/ Palce	**Study**	**Method/ Participants**	**Themes**	**Significance/ Recommendations**
Green, A 1995 United Kingdom	Experiential Learning and Teaching – a Critical Evaluation of an Enquiry with Used Phenomenological Method	Phenomenology Sample size of 1; individual case study	The nurse teacher had a clear understanding of experiential learning	Paper focused on the enquiry, and then offered a detailed critical description of the methodological approach used.
Nehls, Rather, & Guyette, 1997 United States	The Preceptor Model of Clinical Instruction: The Lived Experiences of Students, Preceptors, and Faculty-of-Record	IPA Interviews 31 participants	Learning alongside a practicing nurse; teaching caring practices; teaching as nursing	Preceptor involved in teaching skills and caring practices; defining preceptor's roles, learning nursing thinking; teaching caring practices. Nurses must experience teaching practices as caring and be given opportunities to practice caring.
Ohrling & Hallberg 2000 Sweeden	Nurses' Lived Experience of Being a Preceptor	Phenomenology Interviews, 17 participants	Including students in work and awareness of learning process: (1) being responsible for care and creating space for	Suggestions made to increase the preceptor's awareness of values in nursing practice and use of

			learning: subthemes: becoming acquainted with the student, prioritizing the patient, being responsible and sharing responsibility with the student, adapting one's time; (2) developing trust in student: developing mutual confidence, valuing students' responsibility, needing time together; (3) being near student: identifying student's learning needs and capacity, patience, demanding closeness, time available was limited; (4) previous learning situations: remembering their own education and experience of preceptorship; (5) increasing self-reflection and self-awareness, and increasing one's reading; (6) wanting students to become competent: following up with students' learning, and faculty contact	pedagogical strategies in the process of precepting. Reciprocal development of preceptor/faculty knowledge could develop for preceptorship. Being a preceptor means paying attention not only to the patient and one's ordinary work as a nurse, but also to the student.
Ohrling & Hallberg, 2001 Sweden	The Meaning of Preceptorship: Nurses' Lived Experience of Being a Preceptor	Phenomenological, hermeneutic interpretation Interviews 17 participants	Sheltering students when learning: negotiating the aim, conferring with others, choosing actions and assessing competence relating to cooperating and valuing dimensions; Facilitating the students learning: using different methods, providing concrete illustrations, conversing and reflecting, task-orientated learning.	Meaning of preceptorship: reducing the risk of student learning helplessness and empowering student when learning in practice. Need for preceptor support and development of preceptor role. Increase preceptors' awareness of values in practice and use of pedagogical strategies in precepting
Smedley & Fet, 2008 Australia	Becoming and Being a Preceptor: A Phenomenological Study	IPA Interviews 7 participants	Knowledge about adult learning, learning styles, attitudes, changing teaching and learning approaches, culturally and linguistically diverse learners, and age of learners	Need ongoing assessment of clinical teaching and learning, enabling participants to gain knowledge, skills, confidence and positive attitudes to precepting enhances teaching abilities
Liu, Lei, Mingxia, & Haobin, 2010 China	Lived Experiences of Clinical Preceptors: A Phenomenological Study	Phenomenology Interviews 20 participants; snowball sampling	Teaching is learning, being unable to do what one would like to do, experiencing bittersweet moments, and being a role model	Recommendations: providing professional development, clear guidance, frequent communication, and workload adjustment
Chen, Duh, Feng, & Huang, 2011 Taiwan	Preceptors' Experiences Training New Graduate Nurses:	IPA Semi-structured Interviews 15 participants	Applying a variety of teaching strategies, feeling of burden of being of preceptor, and	Reducing patient care responsibilities while precepting, creating a positive work climate, and

	A Hermeneutic Phenomenological Approach		developing a sense of achievement	conducting workshops for preceptor development and standardization would enhance precepting.
Raines, Deborah, 2012, United States	Nurse Preceptors' Views of Precepting Undergraduate Nursing Students	Phenomenology 26 participants, semi-structured interviews	Being engaged in the education process; acknowledge my efforts; it depends on the student	Further involvement of the preceptor in the education processes
Foley, Myrick, & Yonge, 2012 Canada	Phenomenological Perspective on Preceptorship in the Intergenerational Context	Hermeneutic phenomenology (van Manen) unstructured interviews 7 students, 7 preceptors	Being affirmed, being challenged, and being on a pedagogical journey	The findings have the potential to enhance differences in generational understanding in both teaching context and in the clinical practice setting
Foley, Myrick & Yonge, 2013 Canada	Intergenerational Conflict in Nursing Preceptorship	Phenomenology Interviews 7 preceptors, 7 students	Being challenged: encountering conflict: nurses 'eating their young', lamenting on the past, and personality clashes (Being affirmed, and being on a pedagogical journey- from previous study)	Interpersonal conflicts are a reality, more cohesive culture needed, preceptor education about realistic expectations
Hilli, Melender, Salmu, & Jonsén, 2014 Sweden, Finland	Being a Preceptor- a Nordic Qualitative Study	Hermeneutic analysis; Interviews 31 preceptors	Basis for learning is a caring student-preceptor relationship, teaching in a safe and supportive learning environment, and theory and praxis- two sides of the same coin	Success as a preceptor requires knowledge of curricula and the recommendation that faculty ensure learning outcomes are realistic to achieve during clinical placements
Hilli, Salmu, Jonsen, 2014 Sweden, Finland	Perspectives on Good Preceptorship: A Matter of Ethics	Hermeneutic analysis; Narrative interviews 27 preceptors	Caring relationship as a foundation of learning and development, mutual respect- a prerequisite for fellowship and a good atmosphere, a deep sense of responsibility toward the student and the profession	Participants did not talk about preceptorship being time consuming, stressful, and the need for reduction in workload. Participants were senior nurses with many years' experience.
Coates & Gormely, 1997, United Kingdom	Learning the Practice of Nursing: Views About Preceptorship	Case study; mixed methods; Questionnaire 62 preceptors & others	Main barrier: lack of time; workloads, lack of training barriers; preceptor role model, knowledge in clinical area	
Nursing surveys, questionnaires				
Stevenson, Doorley, Moddeman, & Benson-Landau, 1995 United States	The Preceptor Experience	Survey 16 participants	Rewards: Satisfaction with sharing knowledge and expertise, personal growth, student growth, honor and recognition by being a preceptor; Disadvantages: time consuming, increased workload and stress, and loss of patient contact.	Increased preceptor training and workshops, clearly defined roles and responsibilities, and formal preceptor rewards to improve preceptorships.

			Compensation and supports desired: financial rewards, recognition, greater responsibility in orientation, feedback from preceptee, guidance for preceptor, and time with preceptee away from the patient unit; Precepting enhanced knowledge, improved patient care, self-esteem, and awareness of self as a role model.	
Hyrkas & Shoemaker 2007 United States	Changes in the Preceptor Role: Re-visiting Preceptors' Perceptions of Benefits, Rewards, Support and Commitment to the Role	Descriptive correlational design; Questionnaire 82 preceptors	Preceptors must be supported; workshops increase preceptor confidence and critical awareness of the role but as a starting point	Preceptors are committed to role, especially when benefits are available.
Madhavanpraph akaran, Shukri, & Balachandran 2014 Oman	Preceptors' Perceptions of Clinical Nursing Education	Questionnaire 76 preceptors	Lack of time, heavy workload, poor correlation of theory and practice, and lack of interest in direct patient care by students were identified not beneficial; Lack of motivation, commitment, lack of understanding of benefits of preceptorship with just one preceptor	Feedback can be used in help in clinical teaching and learning though clinical courses in the curriculum. Support nurses, education such as providing workshops, and preceptor recognition.

Reviewed Dietitician Literature				
Author/ Year/ Place	**Study**	**Method/ Participants**	**Themes**	**Significance/ Recommendations**
Marincic & Francfort, 2002 United States	Supervised Practice Preceptors' Perceptions of Rewards, Benefits, Support, and Commitment to the Preceptor Role	Survey 116 Dietetic preceptors	Commitment to the preceptor role, contribution to the profession, benefits assisting application of knowledge, sharing knowledge and expertise, personal satisfaction.; increase professional knowledge base, keep preceptors current, inspire performance, recruitment potential, Importance of recognition, rewards, and support for preceptors.	Perceptions of benefits and rewards, and perceived support. Highlight intangible benefits and improve support systems for preceptors. Programs should explore recognizing preceptors and providing tangible rewards to increase preceptor satisfaction. Support from educational institution is important. Including preceptors in educational programming and planning,

Winham & Wooden, 2014 United States	Attitudes and Perceptions of the Dietetic Internship Preceptor Role by Arizona Nutrition Professionals	Survey 552 dietician and nutrition professionals.	Greater emphasis on the professional responsibility to precept, nonmonetary compensation e.g. continuing education and paid meeting expenses were preferred incentives, selection and scheduling of intern's concerns. Governing bodies provide outreach at sites to improve preceptor support. On-call specialist may increase willingness to be a preceptor	Value of preceptor role, institutional support for precepting, benefits of interns by preceptor experience, scheduling, preceptor training and access to preceptor specialist
Nasser, Morley, Cook, Coleman, Berenbaum 2014 Canada	Dietitians' Perceptions of Precepting: Knowledge, Skills, Attitudes, Barriers, and Training	Survey 5276 dietitians: 750 respondents	Barriers to precepting include insufficient time and work environments not supportive of precepting, Training around assessment of learners and preceptor training beneficial, lack of recognition and appreciation, supportive work environment	

Reviewed Other Professional Literature				
Author/ Year/ Place	**Study**	**Method/ Participants**	**Themes**	**Significance/ Recommendations**
Lofmark et al., 2009 Sweden	Supervising Mentors' Lived Experience on Supervision in Teaching, Nursing, and Social Care Education. A Participation-Oriented Phenomenological Study	Teaching, nursing, and social care; 19 supervising mentors; Interview; phenomenology	Struggle of power and control of professional quality enhancement: themes of constitutes a motivating force, feelings of responsibility, feelings of frustration, and wishes for alteration	Communication, information and contact between professional in the fields and university teachers need to be strengthened to keep up supervising mentors' motivating force and give them support.
Latessa, Colvin, Beaty, Steiner, Pathman 2013 United States	Satisfaction, Motivation, and Future of Community Preceptors: What are the Current Trends?	IP survey 1,278 preceptors (physicians, pharmacists, nurses, physician assistants)	Preceptors are satisfied with teaching students, intrinsic reasons are motivation to precept, monetary compensation may have increasing importance	Complaining about circumstances does not always equal true dissatisfaction, and despite verbal expressions of dissatisfaction, preceptors remain satisfied.
Maringer and Jensen, 2014 England	Preceptors' Views of Preceptorship: An Interpretative Phenomenological Analysis	IPA Semi-structured interviews 6 participants (3 OT & 3 PT)	Valuing structured learning and reflection, requirements of the preceptor-preceptee relationship, and perceived impact of preceptorship on service	Improved preceptor training and ways of engaging in preceptorship, alterations to simplify and clarify the preceptorship

				program paperwork would be of benefit
Hudak, Enking, Gorney, & Gonzalez-Colaso, 2014 United States	Tales From the Trenches: Physician Assistants' Perspectives About Precepting Students	Four focus groups employing semi-structured interviews 29 physician assistants	Opportunity to contribute to training future practitioners; student motivation and self-directed learning incentivise precepting; connection to the program through communication; and competition for sites from interprofessional learners limit placements;	Fostering positive student qualities, communicating with preceptor, advocating for placements of students. Preceptors give back to profession, accept students if barriers are understood, anticipated, and minimized while incentives are maximized.
Chen, Rivera, Rotter, Green, Kools, 2016 United States	Interprofessional Education in the Clinical Setting: A Qualitative Look at the Preceptors' Perspective in Training Advanced Practice Nursing Students	Pragmatic design (thematic analysis procedures) Qualitative; 15 observations, 13 interviews	Variety of teaching approaches and levels of engagement with trainees; preceptor knowledge gaps of curricula, goals, and scope of practice of trainees for other professions; and administrative, structural and logistical elements that impact the success of precepting intra-professional trainees	Training and preparation for IP preceptors
Carlson, Pihlammar, Wann-Hansson, 2009 Sweden	Time to Precept: Supportive and Limiting Conditions for Precepting Nurses	Ethnography 16 participants focus groups 13 field observations	Organizational perspective comprised of clinical responsibilities and routines; the collaborative perspective focused on professional relations and interactions; personal perspective comprised of preceptor's experience, need for feedback and notions of benefits	Provides various strategies to allocate time for precepting to reduce feelings of stress and inadequacy, such as delegating either precepting or clinical tasks, use of a dedicated education unit model.

APPENDIX B: Recruitment Email

May XX, 2017

Dear XX:

I invite you to take part in a study of Pharmacy Preceptors Perceptions of Experiential Learning in Saskatchewan. The purpose of this study is to describe the perceptions of pharmacist preceptors of experiential learning in the College of Pharmacy and Nutrition at the University of Saskatchewan. You have been selected to participate in this study because you are a current preceptor in the program, and you have at least three years' experience with precepting. Please be aware that you are free to decide not to participate without affecting your relationship with the College of Pharmacy and Nutrition or the experiential learning coordinator.

Your involvement would include one face-to-face interview, which would last between 30 minutes to 2 hours, at a date, time, and location that is convenient for you. You will have access to the results when available. However, your name will not be associated with the research findings, and only the researchers will know the identity of the participants. You will be able to withdraw from the study at any time up to the point of data collation.

There is no compensation for participating in this study. There are also no known risks or discomforts associated with this study. Your participation will be a valuable addition to experiential learning in pharmacy and may help aid understanding of experiential learning in pharmacy in Saskatchewan.

For more information about this study please contact Shauna Gerwing at shauna.gerwing@usask.ca or my supervisors Dr. Kalyani Premkumar at kalyani.premkumar@usask.ca or Dr. Yvonne Shevchuk at yvonne.shevchuk@usask.ca.

Please let me know if you are able to participate in the study by May XX. I look forward to hearing from you so that we can set up possible meeting dates, locations, and times.

Sincerely,

Shauna Gerwing, BSP, MEd

PhD Student

APPENDIX C: Interview Question Guide

This study will be guided by the following questions: 1) What are pharmacist preceptors' perceptions of experiential learning in the pharmacy program at the University of Saskatchewan? 2) What enhances or constrains pharmacist preceptor's desire or ability to engage in experiential learning in the pharmacy program?

Interview Protocol:

Introduction:

- Introduce myself
- Discuss purpose of the study
- Get informed consent and signature (go over form)
- Provide structure of the interview (audio recording, I will be taking notes)
- Ask if any questions
- Define experiential learning for participant

Interviewee:
Position of Interviewee:
Years' experience precepting:

How often does interviewee precept students and for how long?

Gender:
Time of interview:
Date:
Place:
Recording/storing information about interview: (file name)

Interview questions (with probing sub-question if needed):

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1. How and why did you become a preceptor?
   a. What has been your experience with preceptors? (i.e. when you were a student) What did you think about your preceptors?

2. What do you think is your role as a preceptor?
   a. In your view what are the most important qualities of a preceptor?
   b. In your experience, has precepting changed with time? In what ways? How do you feel about the changes?

3. Can you describe your actual role/duties as a preceptor? (What really happens during placements)
   a. What does a typical day with students look like for you? OR How have you incorporated student placements into your workflow?
   b. How does precepting affect your work? Your personal life?

   c. What kind of learning do you think happens when a student is on rotation with you? OR What is the learning experience of the student?

4. Looking back, how did you figure out how to be a preceptor? Did you take any formal training?
   a. What do you think would be helpful for you as a preceptor? (training?) OR What would make you a better preceptor

5. Tell me about your best experiences in EL?
   a. What have been the rewards for you in being a preceptor?
   b. What makes you continue to precept?

6. Tell me about your worst experiences in EL?
   a. What are the challenges you have had in precepting students?
   b. What would happen for you not to continue to precept? OR if you were to stop precepting what would be the reasons?

7. Can you describe the ideal student in an EL placement? OR Can you describe an ideal EL placement? (depending on previous responses)

8. What do you expect in terms of compensation for an E/L placement? OR Does compensation affect your ability to precept students?

9. Does your workplace or your boss or administration impact or effect your precepting?

10. What is the most important thing you would do to make the E/L program better and more effective – for students? For preceptors? What is something that you wish to change or improve about EL?

11. Is there anything you want to talk about that we didn't talk about today?

12. Is there something that you thought I would ask but didn't?

13. What is the most important thing you want me to know about what we talked about today?

    Probing questions:

    a. Can you give an example?
    b. What did it feel like?
    c. In what way?

Closing Instructions:

- Assure interviewee of confidentiality
- If needed, request of further interviews
- Let interviewee know they will have opportunity to review transcripts if desired.
- Thank the individual for participating

APPENDIX D: Informed Consent Form

Participant Consent Form

Project Title: **Pharmacist Preceptor Perceptions of Experiential Learning in Saskatchewan**

Researcher: Shauna Gerwing, BSP, MEd, PhD student Health Sciences Graduate Program, 306-966-6337, shauna.gerwing@usask.ca

Supervisor(s): Kalyani Premkumar MBBS MD MSc (Med Ed) PhD MBA
Director (Interim), Division of Faculty Development
Professor, College of Medicine,
E3226-103 Clinic Place, University of Saskatchewan
Saskatoon SK S7N 2Z4
Tel: 306 9661409 *Fax:* 306 9667920
kalyani.premkumar@usask.ca

Yvonne M. Shevchuk, Pharm.D., FCSHP
Associate Dean Academic
College of Pharmacy and Nutrition, University of Saskatchewan
E3114-103 Clinic Place,
Saskatoon, SK S7N 2Z4
306 966-6330 (telephone) 306 966-6377 (FAX)
Yvonne.shevchuk@usask.ca

Purpose(s) and Objective(s) of the Research:

This study will endeavour to answer the following research questions:

- What are pharmacist preceptor's perceptions in experiential learning in the pharmacy program at the University of Saskatchewan?
- What enhances or constrains pharmacist preceptor's desire or ability to engage in experiential learning in the pharmacy program?

Procedures:

- Participants will be interviewed at a time and location of their preference. Interviews will be audio-recorded and transcribed verbatim. Interviews are intended to last for a length of 30 minutes to two hours. Participants will have opportunity to verify interview results and data.

Potential Risks:

- There are no known or anticipated risks to you by participating in this research
- Participants may participate in a debriefing session with the researcher if desired

Potential Benefits:

- The findings may help aid understanding of experiential learning in pharmacy in Saskatchewan.
- The findings may inform program improvement and the development of experiential learning in the PharmD.

Compensation: there will be no incentives offered to participate.

Confidentiality:

- The researcher will ensure that they do not disclose identifiable information about the participant in the reporting or dissemination of the research findings. Names will be changed to protect participant confidentiality
- Because the participants for this research project have been selected from a small group of people, some of whom may be known to each other, it is possible that you may be identifiable to other people on the basis of what you have said. After your interview, and prior to the data being included in the final report, you will be given the opportunity to review the transcript of your interview, and to add, alter, or delete information from the transcripts as you see fit.
- The data from this research project will be used for a thesis and may be published and presented at conferences; however, your identity will be kept confidential. Although we will report direct quotations from the interview, you will be given a pseudonym, and all identifying information will be removed from the report.

- **Storage of Data:**
  - Data will be stored in a locked cabinet in a locked office at the University of Saskatchewan. Any electronic data will be stored on a password-protected computer. Data will be stored for a minimum of five years post publication.
  - When the data is no longer required, the data will be destroyed.

Right to Withdraw:

- Your participation is voluntary, and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, without explanation or penalty of any sort.
- Your right to withdraw data from the study will apply until data has been pooled. After this date, it is possible that some form of research dissemination will have already occurred, and it may not be possible to withdraw your data. Should you wish to withdraw before this time, your data will be deleted from the research project and destroyed, if desired.
- Whether you choose to participate or not will have no effect on your position [e.g. employment, class standing, access to services] or how you will be treated.

Follow up:

- To obtain results from the study, or a copy of the completed paper, please contact Shauna Gerwing at shauna.gerwing@usask.ca for a report.

Questions or Concerns:

- Contact the researcher(s) using the information at the top of page 1;
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (866) 966-2975.

Consent

SIGNED CONSENT

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

I would like the opportunity to review my transcripts: Yes ☐ No ☐

______________________	______________________	______________
Name of Participant	*Signature*	*Date*

______________________	______________________
Researcher's Signature	*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

APPENDIX E: Transcript Release Form

Research Ethics Boards (Behavioural and Biomedical)
TRANSCRIPT RELEASE FORM

Title:

I,___________________________, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Shauna Gerwing. I hereby authorize the release of this transcript to Shauna Gerwing to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

_________________________	_________________________
Name of Participant	Date
_________________________	_________________________
Signature of Participant	Signature of researcher