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Best practice in clinical facilitation of undergraduate nursing students

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ABSTRACT

Clinical facilitation is critical to successful student clinical experience. The research reported in this paper used an interpretive case study to explore perspectives of clinical facilitators on what constitutes best practice in clinical facilitation of undergraduate nursing students.

Eleven clinical facilitators from South East Queensland, Australia, participated in focus groups, interviews and a concept mapping exercise to gather their perspectives on best practice. The data gathered information regarding their prior and current experiences as registered nurses and facilitators, considering reasons they became clinical facilitators, their educational background and self-perceived adequacy of their knowledge for clinical facilitation. Analysis was through constant comparison.

Findings of the study provided in-depth insight into the role of clinical facilitators, with best practice conceptualised via three main themes; 'assessing', 'learning to facilitate' and 'facilitating effectively'. While they felt there was some autonomy in the role, the clinical facilitators sought a closer liaison with academic staff and feedback about their performance, in particular their assessment of the students. Key strategies identified for improving best practice included educational support for the clinical facilitators, networking, and mentoring from more experienced clinical facilitators. When implemented, these strategies will help develop the clinical facilitators' skills and ensure quality clinical experiences for undergraduate nursing students.

1. Introduction

In clinical practice nursing student learning is supported by experienced registered nurses who are variously called clinical facilitators, clinical supervisors or clinical teachers. In the context of the study reported here the term clinical facilitator is used to reflect this student support role. This role is distinctive from mentoring which can be undertaken by anyone in the students' learning environment, whether in the clinical or the academic setting.

As a practice-based discipline the quality of clinical facilitation of nursing students is critical to their success in both education and practice. Supporting student learning in the academic environment with effective clinical facilitation is integral to their ability to consolidate and translate theoretical components of their program to practice (Courtney-Pratt et al., 2012; Levett-Jones and Bourgeois, 2011), yet the evidence base for this type of support is as yet undeveloped. Little is known of what constitutes quality in clinical supervision, as there are no reports in the scholarly literature describing best practice in clinical facilitation. The study reported here explored best-practice in clinical facilitation from the perspectives of clinical facilitators themselves, on the basis that they would have in-depth understanding of the skills and knowledge required to support student nurses' learning. The study aimed to understand what facilitators perceived to be best practice, the barriers and enablers to providing best practice, and the aspects and expectations of educational preparation they considered beneficial to undertake the role. The study is important and unique educationally because it seeks to address an important theory-practice gap in nursing professional practice as it relates to student nurses, as outlined next.

1.1. Background

The evolution of Australian nursing demonstrates a gradual shift

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from the Nightingale model of education, where students learned through clinical experience with only a moderate level of classroom teaching, to University education. In the pre-World War I era the Nightingale system was considered world's best practice (Kelly and Joel, 1996; Wood, 1990). Today both practice and education have evolved in conjunction with the technological revolution, the growth in knowledge, and an increase in patients' expectations (Smith, 2009; Walsh et al., 2012). Such trends have created the need for nurses to have a broader scientific knowledge base for practice. Advances in knowledge and technologies and the importance of evidence-based practice also reflect an increasing professionalisation of nursing and, in many cases, a broader scope of practice (Fairbrother et al., 2015; Schmalenberg and Kramer, 2009). The professional status of nursing is epitomised in the transfer from its basic education foundations from the hospital to the tertiary sector (Ralph et al., 2015; Wellard et al., 2000). A uniquely Australian nursing development involved the complete transfer to University education by 1994, effectively making the baccalaureate degree the entry level for practice (Ralph et al., 2015; Smith, 2009).

The transfer to University education globally has been well received by nurse educators, who have pursued higher academic degrees themselves to provide appropriate teaching and research as a foundation for tertiary nursing students (Sayers et al., 2011). However, the educational needs of clinical facilitators have been generally overlooked, with many appointed to supervise students' clinical learning on the basis of their prior clinical experience rather than formal educational preparation (McCallister et al., 2014). Typically, in Australian university-hospital partnerships, clinical facilitators are employed as casual or sessional university staff to cover the term of the clinical placement. However some hospitals provide their own staff to undertake the role. The disparity in different types and levels of knowledge among those responsible for educating students has led to concerns among both University educators and clinicians about the theory-practice gap (Kramer, 1974; Napthine, 1996). This 'gap' between the theoretical and clinical foundations for practice has led a number of nursing scholars to examine the processes of integrating knowledge and skills to prepare graduates for the reality of clinical practice (Higginson, 2004; Landers, 2000; Scully, 2011). The influence of the clinical facilitator is pivotal to student success, yet few researchers have investigated the extent of the role, including workforce influences or educational requirements for the role. Scanlan (2001) conducted a seminal study on how clinical teachers develop the skills to facilitate student learning. The study reported here adapted and extended Scanlans' work to investigate what clinical facilitators perceived as best practice. Models of clinical facilitation also vary, as does the extent to which facilitators are affected by health, education and workforce issues respectively. For example, casualisation is pervasive in the nursing workforce, with nurses often seen as a soft target for staff reductions (Aiken et al., 2014). Anecdotal feedback from casually employed facilitators indicates that they often have limited formal preparation for the role or continuity of interactions with the students (personal communication professional practice coordinator, Griffith University). This lack of congruence with the level of education with academic staff can be an impediment to student learning. In turn, their academic mentors may also be casual employees, with few opportunities to share educational or clinical knowledge.

The ageing of the nursing workforce also affects the availability of adequately prepared nurses to supervise students in clinical practice (Health Workforce Australia, 2010; International Council of Nurses, 2006; Lisko and O'Dell, 2010). Expansion of the nurses' scope of practice is another workforce issue, particularly in rural areas, where nurses are assuming some responsibilities of other health professionals, such as GPs and allied health professionals, because of shortages in their respective workforces (HWA, 2010; Health Workforce Insights, 2013; Lisko & O'Dell, 2010). Expanded roles can create ambiguity for educators attempting to keep up with contemporary developments in health and education, reflecting the disadvantage of distance experienced by both students and educators.

An extensive search of the literature using search terms clinical facilitator, clinical teacher, fieldwork supervisor, clinical facilitation and clinical supervision, undergraduate student nurse, nursing history, educational theories and adult education/learning revealed that there has been limited research on what constitutes best-practice in clinical facilitation. Sanderson and Lea (2012) explored the experiences of eight clinical facilitators, investigating the facilitators' perceptions of the barriers to clinical learning for undergraduate nursing students and the understanding of their role. The study identified three themes from the narratives, although their report focused on two main aspects: i) structuring the rural clinical placement and ii) structuring student learning in the rural health service (Sanderson and Lea, 2012). The authors concluded that the clinical facilitator role is complex, requiring the ability to liaise with staff to ensure students were provided with practice opportunities across a diverse range of areas in the rural setting. They recommended further research into how the role is enacted was required to understand how facilitators enact the role. Price (2012) identified that assessment of learning in the practice setting is complex; attitudes and values are particularly difficult for the clinical facilitators to assess although crucial to the clinical facilitation role. While the author outlined key principles in assessing practiced-based learning from his own experience; including working with student insights, consulting on assessment and examining knowledge in use, concluding that upskilling of staff may be required, there was no discussion on best practice of facilitating.

Educational preparation for practice as a facilitator is another challenge. Many registered nurses who undertake the role do not have any formal advanced teaching qualifications, such as a graduate certificate in higher education, diploma/master of teaching (Conrick et al., 2001; Minter, 2011). Variability in their educational qualifications and preparation for the role indicates a crucial and timely need to investigate facilitators' perspectives on the role as it exists, and their understanding of the requisite education, support and performance needs that would help them undertake the role at a 'best practice' level. Ultimately, in-depth understanding of existing clinical facilitation practice will provide a baseline for developing the appropriate educational strategies to ensure student success.

The purpose of the study was to explore and interpret clinical facilitators' perceptions of best practice in the clinical facilitation of undergraduate nursing students in Queensland, Australia, including any barriers to facilitation of best practice, educational preparation, the adequacy of the clinical facilitator knowledge and resources for the role.

1.2. Method

The study was conceptualised within Schon's (1983) theory of reflective practice; which consists of deliberating and considering what has happened, how something has transpired, and whether what has been done could have been done better or in a different manner. While reflection has been described by many scholars, two interrelated concepts converge on the notion of active learning, also called experiential learning. The concepts are embedded in Schon (1983) description of 'reflection-in-action'; "a process of thinking about something while you are undertaking the task" and 'reflection-on-action', which considers "the process of analysing