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Whole of community facilitator support model: The rural preceptors' experience

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ABSTRACT

Background: In preparation for future needs of the health workforce there has been an increase of student enrolments into health-related courses resulting in competing demands for quality professional experience placements. Consequently, additional student and preceptor support is necessary to ensure positive learning outcomes for students placed in rural areas.
Aim: To evaluate a *whole of community* facilitator model of support for nursing students and their preceptors in rural practice settings.
Methods: An evaluation approach included a needs analysis; literature review and online surveys from preceptors, facilitators and nursing students.
Findings: The results of the needs analysis and surveys identified how the *whole of community* facilitator model contributed to supporting preceptors to build placement capability and promote workforce development. The results revealed benefits to students and preceptors. Emerging themes from responses centred on the interrelationship between the learning, teaching and healthcare environments.
Conclusion: Preceptors recognised the value of the *whole of community* facilitator model through their contribution of clinical and educational information, resources, modelling professional development, and provision of support. It was acknowledged multiple placement opportunities within a single community, enriched student experiences. With refinement, this model has potential to contribute to workforce development in other rural placement environments. To review the effectiveness of the model of facilitation, this paper focuses on the perspective of preceptors.

1. Introduction

Predicted health workforce shortages in Australia and subsequent increased health student enrolments within tertiary institutions, (Croxon & Maginnis, 2009; Health Workforce Australia, 2010) has led to competing demand for student professional experience placements within organisations, including rural areas (Health Workforce Australia, 2011). Supervisors in these healthcare environments continue to juggle their busy workload to meet support and supervision requirements of students (Sanderson & Lea, 2012).

Large scale operational imperatives of many facilities enables access to clinical facilitators with a ratio of one clinical facilitator to eight nursing students (Croxon & Maginnis, 2009). Due to the nature of service delivery and size of facility, this model of support is often unfeasible within some rural health organisations. Consequently, the implementation of a *whole of community* (*WOC*) facilitator model across rural municipalities enables increased student numbers with additional support and supervision. This decreases the impost on rural clinicians responsible for healthcare service provision.

This study involved trialling the *WOC* facilitator model with 23 s and third year nursing students during their professional experience placement within a rural setting. The facilitator model was created through collaborative endeavours of health organisations within a local geographical region, whose collective focus was to increase the capability of local organisations to provide quality placement experiences for students and supervising staff. Additionally, the model enabled employment of *WOC* facilitators who supported preceptors and students allocated to a rural municipality, regardless of the placement venue. To gain a wholistic appreciation of the healthcare needs of people residing within the region, students had an opportunity to experience healthcare provision within different community agencies including general practice clinics, pharmacies, the district hospital, and community

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Statement of relevance

Problem

Unlike their metropolitan counterparts, some rural health facilities do not have capacity to host large numbers of students within their organisations. Consequently, many students within health disciplines are not exposed to the depth and breadth of learning experiences offered at health services within rural communities.

What is already known

Models of student supervision are well-documented within the nursing literature, with many large organisations opting to employ facilitators to supervise a negotiated number of students within a single setting.

What this paper adds

This study demonstrated that situating a *whole of community* facilitator within a rural municipality adds depth to preceptor and student learning experiences, increases placement capacity and promotes workforce development.

health centres. With meticulous rostering and oversight by the *WOC* facilitator, students moved seamlessly throughout the community, where they were allocated 40 h in each of the placement venues. The *WOC* facilitators supported, guided and mentored preceptors and students; were pivotal to highlighting the connectivity between healthcare organisations within the region; and enabled students to understand the diversity of a rural healthcare experience.

The purpose of this project was to evaluate the *WOC* facilitator model of support for nurse preceptors and students. Students were exposed to a broad range of learning experiences to assist them in synthesising knowledge, skills and understanding of relevant health services when caring for people within a municipality. It was anticipated this model could enrich the quality of student placements and enable health organisations to realise their potential as quality learning and teaching environments. This *WOC facilitator* model, related to placement allocation and facilitation in this context, was new to both the students and health organisations. To review the effectiveness of the model of facilitation this article focuses on the perspectives of preceptors.

2. Literature review

Healthcare environments are challenged by the requirement to increase the number of supervised student placements. Subsequently, workplaces have competing demands with service delivery and accommodating the needs of additional learners (Health Workforce Australia, 2010). While it is acknowledged that workplace learning and teaching opportunities within health organisations authenticates student placement experiences, the quality of student professional experiences is dependent on student support. This support can 'reduce the tension between education, teaching and service delivery' (Health Workforce Australia, 2010, p.3).

2.1. Supervision of students

Preceptorship is the dominant supervision framework used in nursing, whereby a learner is supervised by a health professional who is generally an experienced nurse within healthcare environments (Mills, Francis, & Bonner, 2005). Amidst the current nurse shortages and related workload pressures this supervision model is labour and resource intensive (Croxon & Maginnis, 2009; Sanderson & Lea,2012). To overcome workload issues, many healthcare education providers have implemented clinical facilitator models of support (Courtney-Pratt, FitzGerald, Ford, Marsden, & Marlow, 2012; Croxon & Maginnis, 2009). Sanderson and Lea (2012) define a clinical facilitator as a registered nurse employed on a casual basis by an education provider to support students during their placement experiences. Typically, a clinical facilitator is located within one placement venue. These models however, may not be afforded to smaller rural organisations due to their inability to host large numbers of students (Hutchings, Williamson, & Humphreys, 2005).

Research related to the allocation of clinical facilitators in other rural areas (Smith, Lloyd, Lobzin, Bartel, & Medlicott, 2015) highlight the benefits of this model of support. As rural Tasmanian hospitals and health organisations are smaller and staff numbers significantly fewer, the project focus was for the *WOC* facilitator to support preceptors, in addition to students, across several health organisations within a municipality. There is a paucity of literature on the *WOC* facilitator model of support and supervision in rural healthcare locations.

Universities in partnership with health organisations have also introduced other models of student support and supervision (Newton, Jolly, Ockerby, & Cross, 2012). This includes, interprofessional learning (Spencer, Woodroffe, Cross, & Allen, 2015), clinical supervision (Matthew-Maich et al., 2015) and collaborative or peer support learning (Flood, Haslam, & Hocking, 2010). International literature implies that a clinical facilitator model enhances the quality of student placements (Ludin & Fathullah, 2016). Furthermore, studies in Australia, reveal the clinical facilitator model enables students to gain confidence (Courtney-Pratt et al., 2012), enhancing their clinical learning, compared to preceptorship where a student-centred approach to learning is less nurtured (Newton et al., 2012).

In Australia, the employment of clinical facilitators is mostly on a casual basis which adds a cost burden to universities (Sanderson & Lea, 2012). The casualisation of this cohort makes it difficult to recruit and retain experienced facilitators (Franklin, 2013; Mackay, 2014). Furthermore, this transience may impact the development of interpersonal relationships between students and clinical facilitators and may hinder student learning (Mackay, 2014). International and national literature attributes the clinical facilitator model of support with positive student learning outcomes (Needham, 2016). Students perceive the success of a clinical facilitator model is contingent upon the facilitators' approach and their capacity to provide constructive feedback and demonstrate clinical capability (Sweet & Broadbent, 2017). The expertise of the facilitator is axiomatic to the role.

2.2. Healthcare environments

Diverse placement environments can prepare students with appropriate exposure to a broad range of learning experiences (Sykes & Urquhart, 2012). This is particularly evident when the placement encompasses client groups such as older adults, the disabled and individuals with mental illness across the continuum of their healthcare requirements (Sykes & Urquhart, 2012). Additionally, placements in general practice also provide diverse experiences for students to work in an environment where the majority of community members' healthcare needs are treated externally from acute care hospitals (Sykes & Urquhart, 2012).

There are limited studies reporting clinical facilitator models related to nursing students exposed to a diverse range of healthcare environments within a rural placement (Sanderson & Lea, 2012). In comparison to their counterparts placed in acute care environments it has been found that rural and community health environments provide students with a broader range of learning experiences (Dietrich Leurer et al., 2011). A Canadian study focusing on innovative clinical placements with nurse educators in community settings showed students grasped 'the scope of nursing'