



Evaluating, understanding and improving the quality of clinical placements for undergraduate nurses: A practice development approach



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ABSTRACT

Supervision and support is central to sustainability of clinical placement experiences of undergraduate nurses, but open to influences that impact nurses' capacity to undertake the role. Whilst supervision of learners is integral to the role of health care professionals, the primary responsibility is to deliver safe and effective care. Supervision of learners in practice is impacted by low levels of organisational support, variable individual preparedness, and lack of feedback and recognition for the role from education and industry partners.

Over a period of five years the Quality Clinical Placement Evaluation research team, consisting of a partnership between health care and tertiary sectors have developed, and utilised a practice development approach to understand and support the quality of clinical placement for undergraduates and supervising ward nurses involved in Tasmanian clinical placement programs. Importantly, the approach evolved over time to be a flexible three step program supporting the translation of findings to practice, comprised of an education session related to supervision support; survey distribution to undergraduates and supervising ward nurses following clinical placement; and workshops where stakeholders come together to consider findings of the survey, their experience and the local context, with resultant actions for change. This paper reports on findings from the program after successful implementation in urban tertiary hospitals as it was implemented in non-traditional clinical placement settings, including community, aged care and rural settings.

Feedback from clinicians identifies the utility of the three step program across these settings. The unique partnerships and approach to evaluating, understanding and improving quality of clinical placements has potential for transferability to other areas, with the value of findings established for all stakeholders.

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Introduction

Increased demand for health care student practicum placements reflects government strategies and responses to projected health workforce shortages and the significant challenges that population and workforce demographics present to the quality and

sustainability of health care delivery (Health Workforce Australia, 2010). In Australia for example, the numbers of students (equivalent full-time) undertaking clinical placements has almost doubled in the period from 2002 to 2011 (<https://www.hwa.gov.au/sites/uploads/Nurses-in-Focus-FINAL.pdf>). In addition, areas of community, rural, aged care and chronic disease care provision are identified as requiring further growth in clinical placement opportunities (HWA March 2014). Resources committed by education providers, government bodies and local health care sites for supervision support are significant and the impact on nurses who directly supervise students in their clinical placement is also unquestionable. Inherent within the nurse's professional role is a

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requirement to support the learning and development of both colleagues and undergraduates.

The Quality Clinical Placement Evaluation (QCPE) research group is a collaboration between the tertiary sector and major public sector health care provider in Tasmania, Australia (Courtney-Pratt et al., 2013). This work has been undertaken over five years and has supported the development of a flexible framework for use in a range of practice settings. It entails a sustainable three step program to address quality, evaluation and understanding and improvement of clinical placement to meet the needs of all stakeholders. The central concern is feedback to clinicians who provide clinical support, and opportunities to maintain or improve the quantity and quality of supervision at a local level. Whilst some would argue for increased opportunities for registered nurses to access training related to learning and teaching in clinical settings, we argue it is not only such opportunities that must be provided. Additional time and resources are required on an ongoing basis, for clinicians to come together, discuss experiences related to supervision support and make plans pertinent to the local context. This paper reports on the use of the framework in non-traditional placement settings, addressing utility of the approach for clinicians and local area health care providers.

Background/literature

Practice Development is central to the approach in this research as it has at its core an intention to value the knowledge and expertise of individuals, and is underpinned by the principles of person centredness and evidence based practice (Manley et al., 2008, p. 1). Collaborative, inclusive and participatory processes are essential to practice development work and to this study. The research team saw it as important to respect local knowledge and expertise, and to assist clinicians to understand the evidence related to clinical supervision, in a manner that was not didactic or from the position of university as expert. The QCPE work commenced with the intent to measure the quality of clinical placements from the perspectives of both students and their clinical supervisors (Courtney-Pratt et al., 2011). This was on a background of workshops delivered to preceptors or clinical supervisors utilising a practice development framework (Ford et al., 2013). As the work evolved and in response to feedback from stakeholder groups, a recognised need emerged to embed feedback processes into the program to ensure results were routinely reported back to key stakeholders, thus furthering engagement and responsiveness to the research findings. The subsequent development of a flexible overarching framework adds to the literature and provides a process to ensure the needs of large and small health services, rural and urban, aged care and multi centre sites can be met to sustain or improve supervision provided. Whilst organisations or tertiary providers may currently be undertaking similar work the study reported in this paper is unique as it includes a state-wide approach, where the utility of the program has been explored in a range of clinical contexts.

Clinical placements are not simply where 'theoretical knowledge in one setting equates with practical application in another setting and clinical competence.' Rather they are a space where intentional and conscientious activity of teaching occurs and 'acts as a vehicle for knowledge translation and application' (Paton et al., 2009, p. 213). Learning in the clinical environment provides a 'real world' context for undergraduate students to develop the attributes of the profession (Levett-Jones et al., 2007). The body of literature related to clinical placement is significant and varied, indicating the complexity of providing clinical placement to meet needs, and also the variability of structure, location and approaches to both placement and supervision. Relationships to support positive

clinical placement experiences for both undergraduate and qualified staff are critical and the literature attests the complexity of relationships on both macro and micro scales (Killam and Carter, 2010; Mather and Marlow, 2012). The partnership between education and clinical environments exists at a macro level, and at times receives scant attention. Yet it is the relationship between undergraduate and their supervisor in practice that is central to a positive placement experience (Warne et al., 2010). Such relationships are inscribed by multiple experiences of both parties and the preparation and recognition for the roles.

Qualified health care professionals recognise that whilst supporting and supervising undergraduates is a part of the role of qualified health professionals (Moseley and Davies, 2008; Younge et al., 2008), there are reasonable concerns that individual capacity and motivation is impacted by fatigue or burnout related to the unrelenting requirements of supervision in practice; the lack of feedback to clinicians (Mann-Salinas et al., 2014); poor support from management of health care facilities (Kalischuk et al., 2013); and low levels of recognition from tertiary providers and health care facilities (Kalischuk et al., 2013). Such effects are accentuated in non-traditional or rural settings where support falls to a smaller number of clinicians with a historical lack of attention to the important role they play in preparation of the future workforce (Barnett et al., 2010; Killam and Carter, 2010).

The placement, although designed predominantly to meet needs of undergraduate education, also impacts those providing clinical supervision, and individual, cultural and site specific issues are important factors influencing the quality of clinical placement experiences (Killam and Carter, 2010; Mather and Marlow, 2012). These contextual factors have previously received little attention and it is this area that forms a major focus of the QCPE work. Tools have previously been developed to assess student perspectives (Hisar et al., 2010; Moseley et al., 2004; Saarikoski et al., 2008), and more broadly the learning environment (Henderson et al., 2010). More recently the work of the QCPE had led to a bi perspective tool allowing understanding of the perspectives of both students and their supervisors in practice. Regardless of the tool or approach used to measure quality of clinical placement, the results of research are often delayed in reaching clinicians and may not appear in a manner which is accessible or easily understood (Morris et al., 2011). The situation is particularly pertinent to those who supervise undergraduate students in clinical settings, where the importance of reporting back findings, engaging clinicians in understandings of how they might contribute to positive clinical placement experiences is imperative if they are to grow in the role.

Research design

The primary objectives of the QCPE project include:

- Development of participant clinicians' knowledge, skills and confidence when supporting students;
- Evaluation of the quality of clinical placement experiences in participating sites; and
- Facilitation of the collaborative development of sustainable models for supervision in clinical settings.

We used a Practice development approach utilising mixed method data collection to understand participant experience and the applicability of the three step approach in clinical settings. Descriptive statistics were generated for survey statements and the qualitative data were analysed thematically using line by line data coding, and collapsed into themes. Where stakeholder engagement exercises were utilised these were themed during workshops and confirmed by those present. Ethics approval from the Human

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