



Clinical expectations: What facilitators expect from ESL students on clinical placement

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ABSTRACT

Many nursing students for whom English is a second language (ESL) face challenges related to communication on clinical placement and although clinical facilitators are not usually trained language assessors, they are often in a position of needing to assess ESL students' clinical language performance. Little is known, however, about the particular areas of clinical performance facilitators focus on when they are assessing ESL students. This paper discusses the results of a study of facilitators' written assessment comments about the clinical performance of a small group of ESL nursing students over a two and a half year period. These comments were documented on students' clinical assessment forms at the end of each placement. The results provide a more detailed insight into facilitators' expectations of students' language performance and the particular challenges faced by ESL students and indicate that facilitators have clear expectations of ESL students regarding communication, learning styles and professional demeanour. These findings may help both ESL students and their facilitators better prepare for clinical placement.

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Introduction

Increasing numbers of students from culturally and linguistically diverse backgrounds is a positive step towards creating a health care workforce which better reflects the diversity of patient populations in many countries, such as Australia, Canada, the United States of America and the United Kingdom (Choi, 2005; Gilchrist and Rector, 2007). However, before graduating into the nursing workforce, students must succeed in their undergraduate degree. Internationally, there are indications that some ESL students, particularly if recently arrived in the country of study, face difficulties on clinical placement due to language and cultural differences (Guhde, 2003; San Miguel et al., 2006). The nursing profession requires high levels of language from students as they need to readily chat with patients, family and staff to build rapport, which entails familiarity with everyday language including slang, and also carry out the business of nursing by communicating health information using professional terminology (Malthus et al., 2005). Globally, many universities are beginning to recognise these difficulties and establish programmes that provide students with

explicit instruction in some of the socio-cultural and linguistic expectations of clinical practice (Bosher and Smalkoski, 2002; Boughton et al., 2010; Gunn-Lewis and Smith, 1999; Hussin, 1999; Malthus et al., 2005; Seibold et al., 2007). Such programmes are usually informed by educators' retrospective reflections on their experiences with ESL (San Miguel et al., 2006) or minority students (Brown, 2008) and, in particular, the types of difficulties educators think students usually face on clinical. Little is known about what educators actually focus on when supervising and assessing students in the clinical setting.

Students are usually assessed on clinical practice by nurse educators, called clinical facilitators in Australia and mentors or practice teachers in the UK. In this paper the term facilitators is used to describe an educator who teaches and assesses students on clinical placement. Although many facilitators do not have ESL training, they need to assess students' language ability as communication or interpersonal skills is a core nursing competency (Australian Nursing and Midwifery Council, 2006; Nursing and Midwifery Council, 2010). Whilst facilitators, as nursing professionals, may be the most suitable people to assess students' language ability (Chur-Hansen and Vernon-Roberts, 1998), little is known about how they do this and what aspects of communication they focus on in determining whether students pass their clinical placement.

The purpose of this paper is to discuss the expectations that facilitators have when assessing ESL students' clinical communication

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abilities. These expectations were identified by investigating the written comments documented by clinical facilitators on the clinical assessment forms of a small group of ESL students over a two and a half year period. These assessment forms are completed by facilitators during each clinical placement and used to determine whether students pass the placement. The study, carried out at a large urban Australian university, analysed all facilitator comments made about the 'non-clinical skills' performance of students, including communication, learning style and professional demeanour. The findings provide valuable insights into expectations of students and particular challenges faced by ESL students during clinical placement.

Literature review

Clinical placement is an essential component of nursing education, ensuring students become safe practitioners and are socialised into the nursing profession (Melia, 1987). In assessing students on clinical placement, many assessors focus on the practical skills students require (McCarthy and Murphy, 2008). However, assessment tools described in the literature often refer to other abilities including effective communication, self-directed learning and professional demeanour (Fothergill Bourbonnais et al., 2008). Communication and learning styles have been highlighted as being particularly problematic for some ESL students (Rogan et al., 2006). In particular, students may experience difficulty in understanding colloquial language (Gonda et al., 1995) and staff instructions (Bosher and Smalkoski, 2002); making small talk, giving instructions and explanations to patients (San Miguel et al., 2006); and using professional language (Malu and Figlear, 1998).

Little research in nursing focuses on assessment of students' communication or interpersonal skills. However, one study in the USA (Jette et al., 2007) that focused on physical therapy (elsewhere known as physiotherapy) students offers some insights into educators' expectations of students on clinical placement regarding non-clinical skills such as interpersonal skills. The study investigated the assessment of graduating students to determine how educators made judgements about students' performance. The assessment model developed from this study highlights the importance of the non-clinical skills in the practice setting. Jette et al. (2007, p. 840) argue that 'interpersonal communication and professional demeanour supersede knowledge, clinical skills and clinical decision making' because 'students needed to be polite, confident, respectful, and able to get along with all sorts of people in order for them to be able to effectively demonstrate their knowledge and skills to patients, CIs [clinical instructors] and other team members'. The most important theme in the model is self-directed learning because, in demonstrating clinical skills, safety, interpersonal skills and professional demeanour, physical therapists had to be able to evaluate their performance and ask for help or get more information when they needed it. They also needed to be willing to accept criticism, learn from it and change. These comments seem equally relevant to nursing and indicate the potential challenges for ESL students needing to develop the language and cultural knowledge to perform successfully in these areas.

Interpersonal communication, professional demeanour and learning styles are culturally bound and given the cultural and linguistic diversity of many workplaces, what constitutes a 'good' and 'successful' student may not also be a shared view amongst students and staff. It may be that facilitators' assessments are, at times, based on students' cultural behaviour rather than language performance. In a study of written comments made on medical students' clinical performance, Chur-Hansen and Vernon-Roberts (1998 p. 355) suggest that 'perhaps Asian students are regarded as having 'language problems' because they are not vocal and do not question their teachers, when in fact they are obeying cultural

rules of respect'. Given that most facilitators are not trained in assessing language, Chur-Hansen and Vernon-Roberts (1998, p. 354) propose that clinical educators may 'make unsubstantiated judgements based upon fragmentary information, or upon factors not necessarily related to English language proficiency, such as personality or appearance'.

The notion of subjectivity in assessing students (not just ESL) on clinical placement has been raised in nursing literature (Dolan, 2003). Assessment tools can be open to bias and influenced by how well students adapt to the clinical environment (Calman et al., 2002). Indeed, Jette et al. (2007) found that although educators in their study focused on particular attributes, such as interpersonal, communication and professional demeanour, they used these observations to make an overall intuitive decision. The authors raise a problem with this use of intuition, arguing that educators may evaluate students according to their own beliefs about which particular student attributes are representative of 'good' students. If educators, for example, think good students are outgoing then they will probably evaluate outgoing students highly even if they lack clinical skills. Of course, the desirability of particular student qualities is also influenced by culturally accepted ways of behaving which can lead to misunderstandings if these norms remain unspoken and unnegotiated.

Written assessment comments are the only formal documentation of what happens on clinical placement. They may indicate more widely held undocumented views of facilitators as facilitators may be more cautious about documenting negative feedback than presenting that feedback verbally (Chur-Hansen and Vernon-Roberts, 1998; Clynes and Raftery, 2008) because it is a permanent record. Assessors in Clynes and Raftery's (2008) study tended to give negative feedback verbally but dilute it in writing with the assumption that readers would 'read between the lines' (p. 32). They found that negative feedback relating to non-clinical skills was particularly problematic because assessors were concerned that students might interpret feedback as a comment on them as a person rather than on their performance.

There are few studies that investigate clinical facilitators' written comments about students to identify the abilities they assess (rather than abilities they say they assess, when asked at a later date) and the types of comments they make about communication, learning style and professional demeanour. The only study involving ESL students in a health related discipline analysed comments made by clinical teachers about a large group of medical students' English language proficiency (Chur-Hansen and Vernon-Roberts, 1998) and found relatively few comments about students' language performance, the most frequent of which were about general language ability. The study reported in this paper focuses specifically on facilitators' expectations of ESL nursing students' performance in terms of communication, learning style and professional demeanour during clinical placement.

Method

Students previously involved in a pilot study of a clinical language support program for ESL nursing students, called Clinically Speaking, were invited to participate in the study. The pilot study evaluated the short-term effects of a language programme aimed at students identified during their first clinical placement as needing to improve their clinical communication skills (Rogan et al., 2006; San Miguel et al., 2006). All students involved in the pilot study were invited to participate and ten of twelve students agreed.

Facilitators' comments on all clinical assessment forms for each of the ten students were examined, from the second semester of

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