Nurse Education in Practice 11 (2011) 114–118

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

An innovative model of supportive clinical teaching and learning for undergraduate nursing students: The cluster model

Sharon Bourgeois [a,b,*], Nicola Drayton [c,1], Ann-Marie Brown [d,2]

[a] Faculty of Health, University of Canberra, Bruce, ACT 2601, Australia
[b] School of Nursing and Midwifery, University of Western Sydney, Sydney, NSW, Australia
[c] Learning & Development, Nepean Hospital, Penrith, NSW, Australia
[d] School of Nursing, Midwifery and Indigenous Health, Charles Sturt University Wagga Wagga NSW, Australia

ARTICLE INFO

Article history:
Accepted 20 November 2010

Keywords:
Clinical learning environment
Clinical practicum
Models
Teaching-learning

ABSTRACT

Students look forward to their clinical practicum to learn within the context of reality nursing. As educators we need to actively develop models of clinical practicum whereby students are supported to engage and learn in the clinical learning environment. The aim of this paper is to describe an innovative model of supportive clinical teaching and learning for undergraduate nursing students as implemented in a large teaching hospital in New South Wales, Australia. The model of supportive clinical teaching and learning situates eight students at a time, across a shift, on one ward, with an experienced registered nurse from the ward specialty, who is employed as the clinical teacher to support nursing students during their one to two week block practicum. Results from written evaluation statements inform the discussion component of the paper for a model that has proved to be successful in this large healthcare facility.

Introduction

The clinical environment is a motivating context of nursing practice for undergraduate students. Combining the learning of new information and the practising of skills in reality situations assists students to maintain an eagerness to learn that is central to the development of skill acquisition. Internationally, in the current climate of healthcare, student learning experiences that are based in reality of practice are becoming less and less frequent and more difficult to source (Andre and Barnes, 2010; National Health Workforce Taskforce (NHWT), 2008; Smith et al., 2010). Placements that provide the best possible experience are important not only for student learning but also for future graduate recruitment in health care venues (Hossein et al., 2010; Myrick et al., 2010). Therefore opportunities for clinical placement need to be enhanced as well as utilized productively and effectively.

Support for the student on clinical placement is a contentious issue (Borneuf and Haigh, 2010; McCallum, 2007). Some of these issues include the kind of facilitation and the nature of the learning support that is provided, types of places where students are located, the number of students in any given ward or unit and the amount of time students are engaged in the clinical learning partnership. The literature shows evidence of a number of models of placement for students (Grealish and Kaye, 2004; Levett-Jones and Bourgeois, 2007; Liu et al., 2010; Mannix et al., 2006; Myrick et al., 2010) and in New South Wales, Australia, a variety of models of nursing student placement are used to meet any number of the above ideals for placement. From the authors' experiences, student learning needs, the practice environment requirements, facility requests and resourcing, all present as actual barriers for student placement. The various models of placement in use are perceived by academic and facility staff to have their limitations with new and variations of models continually being developed. The aim of this paper is to discuss a supportive model of clinical practicum teaching and learning as used for undergraduate nursing students. The model has also become known as the 'cluster model'. Evaluative student comments collected over a five year period are used to inform the discussion of the practice experiences.

Background

The idea for the model of supportive clinical teaching and learning for bachelor of nursing students for clinical practicum was derived from a previously trialled clinical placement model as discussed by Greenwood and Winifreyda (1995). Their model was positively received with benefits identified for the student, clinical

* Corresponding author. Faculty of Health, University of Canberra, Bruce, ACT 2601, Australia. Tel.: +612 63015131; fax: +612 63015128.
E-mail addresses: Sharon.Bourgeois@canberra.edu.au (S. Bourgeois), Nicola.Drayton@swahs.health.nsw.gov.au (N. Drayton), anbrown@csu.edu.au (A.-M. Brown).
[1] Tel.: +612 47343292.
[2] Tel.: +612 69332730.

1471-5953/$ – see front matter © 2010 Elsevier Ltd. All rights reserved.
doi:10.1016/j.nepr.2010.11.005

teacher, staff and patients. However, commitment to the model was not sustained at the time and the model was short-lived (Greenwood and Winifreyda, 1995). More recently, renewed interest in clinical placement opportunities (Hallin and Danielson, 2010; National Health Workforce Taskforce, 2009) and research related to models of clinical placements (Clare et al., 2003; Lambert and Glacken, 2005; Smedley and Morey, 2010) has led to various approaches to clinical education being adopted for placement of undergraduate nursing students.

Increasing numbers of bachelor of nursing student requests for clinical practicum at healthcare facility venues were seen by management at one Australian healthcare facility as a mechanism for working collaboratively with their local University. The aim was to proactively offer as many nursing placements as possible for students that met the focus of education for the placement. The offer was viewed by nursing management as a way of profiling the health care facility with the belief that the provision of a positive placement experiences for students in the healthcare venue would benefit future recruitment strategies. In addition, student exposure to the facility and staff was also seen as beneficial in that students would become familiar, comfortable and develop a sense of belongingness (Levett-Jones and Lathlean, 2007; Levett-Jones et al., 2009) in the facility through access to expert practitioners (Benner, 1984). Furthermore, it was also proposed that these actions would facilitate students' learning experiences and the resourcing of placement opportunities. The connection between academic and industry partners was also recognised as valuable for both the facility's and faculty's profiles.

Clinical learning continues to be a fundamental element in nursing curricula with sourcing of appropriate experiences for students linked to national board registration requirements and workforce requirements (Australian Nursing and Midwifery Council, 2007 amended 2009). Placement of bachelor of nursing students has become increasingly more difficult since nursing was transferred to tertiary education facilities (Grehan and Nelson, 2006) due to competition between various nursing, medical and allied healthcare providers (National Health Workforce Taskforce, 2009; Smith et al., 2010). Therefore an innovative model that accommodated an increased number of undergraduate nursing students in a large teaching health care facility was viewed favourably by staff at the healthcare facility and the University nursing school. A dynamic relationship to facilitate a change in placement structure was consequently collaboratively created.

The clinical education component for undergraduate nursing students has over the last few years received much attention (Clare et al., 2003; Lambert and Glacken, 2005; Lindgren and Athlin, 2010; National Health Workforce Taskforce (NHWT), 2008; Papp et al., 2003; Smedley and Morey, 2010). Recognised as the core of nursing education it is however constrained by financial resourcing, funding irregularities and a lack of recognition for nurses involved in clinical teaching (Clare et al. 2002). At the time of conception of this innovative model, various approaches to clinical placement supported undergraduate nursing student learning in Australia and worldwide (Clare et al., 2003; Liu et al., 2010; Mannix et al., 2006; Myrick et al., 2010; Warne et al., 2010; Wootton and Gonda, 2003). For example, models included one student to one registered nurse as is used in a community health placement; one or two students allocated to a ward with a facilitator to oversee placement issues (colloquially termed the 'scatter' model) across several wards where the ratio was 1 facilitator to 8 students (Greenwood and Winifreyda, 1995) or small groups (2–4) of students allocated into a ward or unit and supported by the ward or unit staff and; student mentor placements where the student follows the roster of one registered nurse in the clinical area where they are placed (Pearcey and Elliott, 2004).

Personnel in the clinical learning environment are seen as highly influential contributors to undergraduate nursing student learning. Ward managers especially have been identified as a pivotal group for the development and sustainability of this environment (Lambert and Glacken, 2004; Saarikoski and Leino-Kilpi, 2002). Interpersonal relationships between key persons become critical for a positive learning environment with clinical teachers also viewed as contributing partners for effective teaching and learning (Watson, 2000).

Development of the model

In 2003, discussions occurred between the Principal Director of Nursing at Nepean Hospital, the Area Nurse Manager, Clinical Programs, at Wentworth Area Health Service and the Clinical Director, School of Nursing, Family and Community Health at the University of Western Sydney in Australia. The aim of the discussions was to find a way to support bachelor of nursing student learning. The discussions culminated in the trialing of a model of supportive clinical teaching and learning model for undergraduate nursing students. This model was developed from the 'cluster model' similar to the one described by Greenwood and Winfreya (1995) and an approach that was trialed at a hospital in previous years.

Once the concept was established, the model was presented to Divisional and Ward Managers in order to gain support for its implementation. The managers agreed that experienced registered nurses from the wards would be seconded to the role of clinical teacher to support undergraduate student learning. These nurses' positions on the ward roster would be replaced by casual nursing staff during student placement periods to alleviate any reduction in the number of staff working each shift and that patient care would not be compromised on the ward/unit. This was an important strategy to ensure implementation of the model even though the registered nurse in the role of clinical teacher was still on the ward with students who all would contribute to the provision of patient care.

All wards at the hospital were approached and asked to participate in the 'cluster model'. In the first academic semester of 2004, six wards agreed to participate in this model. For these six wards, it was deemed that twelve to fifteen senior registered nurses would be required to support the clinical teaching of students. This enabled each ward to have two to three clinical teachers available on the staff development roster for student teaching. Each clinical teacher would work for a few weeks at a time then have a break from teaching students and another clinical teacher would cover the next few weeks. This strategy was to ensure that clinical teachers were not overburdened and burnt out, and furthermore supported them to continue with the development of their role on the ward when not acting as the clinical teacher. The registered nurses would be paid at the level of nurse educator and were funded by the university.

The selection of clinical teachers came about following an expression of interest sent to registered nurse staff members for the role of clinical teacher. The applicants were short-listed, interviewed and clinical teachers were selected based upon their interest in clinical teaching of undergraduate nursing students, their clinical experience and qualifications and the desired characteristics necessary for clinical teaching in a joint facility and faculty process (Borneuf and Haigh, 2010; Hossein et al., 2010). Once clinical teachers were appointed and closer to the commencement of student placement, they were invited to attend the University Facilitators' workshop. This session provided information about learning and assessment requirements for students across all teaching units, promoted networking by facilitators and gave an overview of university protocols and changes. An