



Supporting nursing student supervision: An assessment of an innovative approach to supervisor support



Mark Browning^{a,*}, Leanne Pront^{b,1}

^a School of Nursing and Midwifery, Monash University, PO Box 1071, Narre Warren, Vic 3805, Australia

^b School of Nursing and Midwifery, Flinders University, GPO Box 852, Renmark, SA 5341, Australia

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SUMMARY

The responsibility for clinical supervision is recognised by both the nursing literature and the Australian Nursing and Midwifery Council, through an expectation that RNs will provide support and facilitate student learning in the clinical environment (Atack et al., 2000; Gray and Smith, 2000; Brammer, 2005; Australian Nursing and Midwifery Council, 2006; Hallin and Danielson, 2008). RNs identify with and acknowledge the need for the supervisory role and are willing participants however, request strategies to guide and support students in the clinical environment (Bourbonnais and Kerr, 2007; Hallin and Danielson, 2008).

Objectives: The aim of this study was to provide a means of support to clinical supervisors of nursing students through a computer-based clinical supervisor educational package (CSEP) and to test the effectiveness of the CSEP.

Design: The effectiveness of the CSEP was determined by a pre-test–post-test evaluation sheet that included open and Likert scale questions.

Settings: 4 regional hospitals in South Australia, Australia.

Participants: 28 participants completed the questionnaire on their experience with the CSEP.

Methods: Analysis of quantitative data utilised non-parametric testing with SPSS version 20. A Wilcoxon Signed Rank Test was performed on the Likert scale questions to establish any significant difference between the pre- and post-tests. The responses to the open-ended questions were thematically analysed separately by the two authors. The themes were then amalgamated. The results were then compared to find similarities or differences.

Conclusions: The CSEP is an effective education package in promoting increased preparedness to supervise and increased confidence to promote learning.

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Introduction

Clinical health environments are designed to provide efficient and up to date health care to their clientele, within which teaching and learning of nursing students during practice experience occurs. Practice experience is an opportunity for nursing students to become immersed in the daily activities of health provision; the day to day functioning of the venue and work within a team of healthcare providers. Student support during this experience is overseen by the clinical facilitator who liaises between the education provider, student and clinical environment.

The staff members who are providing clinical supervision have the dual role of providing healthcare to clients and are also responsible for

student supervision during delivery of healthcare. Supervisors promote student engagement and learning in the clinical setting and must also ensure that the student does not cause harm to clients (ANMC, 2006). The clinical supervisor, who is employed as a RN is expected to promote the students ability to link learnt theory to practice (Clare et al., 2002), often without any formal education or training. Despite this, RNs are often willing supervisors and aim to guide and support (Dunn and Hansford, 1997; Pront et al., 2013) student learning opportunities. However, the education or even framework for the role of supervision is not readily evident, accessible or if available, is in a format (lengthy technical document) that is cumbersome and time consuming for busy clinicians.

Background

Clinical supervisor education has been a prevalent discourse over the last twenty years within health education (Greenleaf et al., 1994; Atack et al., 2000; Gray and Smith, 2000; Landmark et al., 2003; Edwards et al., 2004; Brammer, 2005; Levett-Jones et al., 2006; Zilembo

* Corresponding author. Tel.: +61 3 9904 7218.
E-mail addresses: mark.browning@monash.edu (M. Browning),
leanne.pront@flinders.edu.au (L. Pront).

¹ Tel.: +61 8 8586 1024; fax: +61 8586 3668.

and Monterosso, 2008; Waldock, 2010; Borch et al., 2013). The responsibility for clinical supervision is recognised by both the nursing literature and the Australian Nursing and Midwifery Council, through an expectation that RNs will provide support and facilitate student learning in the clinical environment (Atack et al., 2000; Gray and Smith, 2000; Brammer, 2005; Australian Nursing and Midwifery Council, 2006; Hallin and Danielson, 2008). Furthermore, the Australian Nursing and Midwifery Council competencies (2006) clearly state an expectation of the RN's role is to support, guide and educate both peers and students in the clinical arena, yet there are limited mechanisms for supervisors to access support (Ohrling and Hallberg, 2001).

Brammer (2005) comprehensively clarifies the Australian interpretation of the supervisor's role, identifying eight distinct perceptions. The varied interpretation for the supervisory role is significant and arguably influenced by the ability and confidence of the supervisor which ultimately influences student learning outcomes (Nolan, 1998; Gray and Smith, 2000; Kilminster and Jolly, 2000; Lyth, 2000; Sharif and Masoumi, 2005; Kevin, 2006; Gravani, 2008; Laming, 2010; Severinsson and Sand, 2010; Borch et al., 2012).

RNs identify with and acknowledge the need for the supervisory role and are willing participants however, request strategies to guide and support students in the clinical environment (Bourbonnais and Kerr, 2007; Hallin and Danielson, 2008). Such support is particularly important when students originate from a variety of educational providers each, with their own requirements for assessment, supervision and foci for student engagement. Each educational provider presents their requirements to the venue in a variety of formats often targeted to an academic rather than clinical audience and readily available to the clinical facilitator rather than the clinical supervisor.

The supervisor historically, known as the clinical preceptor actively supervises and engages with the student during care provision throughout each shift (King, 2005; Yonge et al., 2007). Debate and confusion exists within the literature for clarification of the preceptor or supervisory role (Zilembo and Monterosso, 2008; Ormansky, 2010; Borch et al., 2012). Consequently, for the supervisor to provide client care in unison to promoting student learning and client safety, supervisors require support (Duffy, 2009). Particularly in areas such as understanding individual students scope of practice, learning objectives and strategies to delivery both positive and negative feedback (Clynes and Raftery, 2008; Green, 2011).

Currently a supportive relationship for the delivery of clinical supervision exists between stakeholders and represented by blue arrows in Fig. 1.

Figure 2 clearly identifies the communication and support pathway in existence for delivery of nursing students practice experience, illustrating student support is via the education provider, clinical facilitator and RNs. These relationships form a conduit for information transfer aimed at promotion of a valuable learning experience for students. Despite these clear relationships and support pathways, RNs anecdotally reported to the authors of this study, that they felt ill equipped, and poorly educated to promote student learning in the clinical environment. RNs acknowledged individual educational institutions provided clinical supervision guidelines, expectations and requirements however, these were presented in a multi-paged formal document.

Supervisors volunteered they do not access this document due to the time required to navigate through it, the language utilised within it and the medium in which it was delivered. Supervisors themselves wanted an alternative means of accessing information to support nursing student learning in the clinical environment.

Relationships already exist to support student learning in the clinical environment yet, RNs did not feel they fully understood what to expect of a student nor had the confidence to promote student learning. The red arrow in Fig. 2 identifies the gap perceived by supervisors relating to communication between supervisors of students and the education providers ultimately influencing supervisors' perception of students' scope of practice and expected learning outcomes. Clarity in the role of supervision is required for success (Drennan, 2002) and currently this is not evident. Such a communication deficit results in the supervisors' role being poorly clarified particularly in relation to student expectations and strategies to provide support and feedback which ultimately influences learning opportunities and outcomes for the student (Landmark et al., 2003; Duffy, 2009). Clarification of and education to deliver the supervisor role is questioned by both supervisors and students in a variety of clinical settings (Dunn and Hansford, 1997; Brammer, 2005; Zilembo and Monterosso, 2008; Duffy, 2009). Preparation for the role of the clinical supervisor is not always evident or available to supervisors and has been identified as an issue for nearly twenty years (Byrd et al., 1997; Dunn and Hansford, 1997; Atack et al., 2000; Gray and Smith, 2000; Landmark et al., 2003; Brammer, 2005; Levett-Jones et al., 2006; Zilembo and Monterosso, 2008; Duffy, 2009; Pront et al., 2013).

A resource that offers clinical supervisors access 'on the run' to information pertinent to their role in supporting and promoting learning in the clinical setting was urgently required. This research project evolved from the literature and anecdotal discussion with clinicians who supervise students. Consequently, this research team sought to provide an alternative point of reference for supervisors who guide and support student learning in the clinical arena. An interactive modular educational package for supervisors was developed focusing on ease of access, efficient information retrieval, identification of student year level expectations, examples of provision for feedback and extension for learning. Once developed the resource was uploaded to each nursing station computer within the nominated demographic area and an educational session on its use was provided. Education on use of the package identified the ease and accessibility of information to inform and guide clinical supervisors. The package was designed to provide supervisors a resource easy to access, user friendly and accessible to guide supervision in the busy clinical environment. Focused modules within the package may consequently influence the consistency in delivery of supervision to students, consistency in utilisation of an adult educational approach for students, promote concise feedback and support understanding of student's scope of practice. This study assumed that the users of CSEP would be adult learners; with a variety of experience (this was found to be true from the survey results). As such, CSEP was based on a constructivist framework in that the CSEP acknowledges the previous experiences of the learner (Peters, 2000) and to build on these experiences. The CSEP seeks to challenge the user, cause reflection and allow the user to apply the knowledge gained to the supervision role (Yager, 1991). The CSEP is also modular, in that it would allow the user to self-direct their learning (Garrison, 1992;

Clinical facilitator	the liaison between the education provider and clinical venue and does not necessarily work alongside the student for the entire shift
Clinical supervisor	The nurse who supervises and promotes student learning through guidance and support, providing links between theory and practice during their shift
Education provider	The institution to which the nursing students on placement have come from, this may be a University, TAFE or other third party.

Fig. 1. Definition of the roles of nursing educators in the clinical setting.

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