



## Clinical supervisors' perspectives on delivering work integrated learning: A survey study



Carey A. Mather <sup>a,\*</sup>, Angela McKay <sup>a,2</sup>, Penny Allen <sup>b,3</sup>

<sup>a</sup> School of Health Sciences, University of Tasmania, Locked Bag 1322, Launceston 7250, Australia

<sup>b</sup> Rural Clinical School, University of Tasmania, Private Bag 3513 Hospitals' Campus, Burnie, Tasmania 7320, Australia

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### SUMMARY

**Background:** Previous research has indicated a disconnect between academic nursing programmes and work-place learning environments. Nurse supervisors and clinical practitioners have reported inadequate information and training on how to support students of nursing to learn in the clinical setting.

**Objective:** This study aimed to investigate the level of confidence that clinical supervisors have in relation to specific components of supporting student learning in the work place.

**Design:** Survey of clinical nurse supervisors.

**Setting:** Simulation-based clinical reasoning workshops.

**Participants:** Sixty participants: fifty nine registered nurses, including nurse managers and clinical nurse educators, and one allied health professional.

**Methods:** Survey using Likert scales and free-text questions.

**Results:** The findings indicated that clinicians were confident in sharing their knowledge and experience with students and making them feel welcome in the work place, they were less confident about what were the significant learnings in relation to students' academic programme. Registered nurses supervising students were experienced clinicians with many role responsibilities, which were perceived as barriers to the role of clinical supervisor. Participants reported that they would like tools to assist them with developing links to the academic programme. They considered that these tools would support student learning and remediation in the work place. **Conclusions:** This study found that the abilities of supervisors to support student learning is an identified gap impacting on work integrated learning. The results indicated the need for a professional development workshop, to enable clinical supervisors to move beyond promoting a supervision model, towards a theoretical framework for assisting and guiding students to learn. Addressing this deficit will improve growth and change in student learning in the work place.

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### Introduction

Work-integrated Learning (WIL) is an essential component of the undergraduate Bachelor of Nursing (BN) degree and is considered important to address the need for integration of theory and practice since the transfer of nurse education to the university setting (Scully, 2011). WIL forms approximately one-third of the BN curriculum at this University (Mather et al., 2013). In the literature, supervision models are the focus when supporting students in the practice of learning in the work place. It appears that supervision models are established as a result of identified challenges in clinical education.

While models of supervision for student nurses during WIL are represented in the literature, very little is written about the professional development of registered nurses to support the learning of student nurses. This is problematic because there has been an increased number of undergraduates' requiring WIL and clinical learning is influenced by multiple factors including the preparation of the supervising nurse (Courtney-Pratt et al., 2012). The literature indicates weakness between universities and clinical placements with regard to student learning (Hall-Lord et al., 2013). The underlying research question to this project was "exploring whether the Clinical Reasoning (CR) cycle (Levett-Jones et al., 2010) (Fig. 1) was an effective resource for preparing supervising registered nurses to support student learning". This paper evaluates the registered nurses' own perceptions about their performance in the role of clinical supervision outside any model of supervision. It reports the clinical supervisor's perspective and confidence levels on delivering WIL prior to introducing the CR cycle.

In 2011 the CR cycle was introduced into the BN curriculum at this university. This strategy was implemented to guide the cognitive

\* Corresponding author.

E-mail addresses: [Carey.Mather@utas.edu.au](mailto:Carey.Mather@utas.edu.au) (C.A. Mather), [Angela.McKay@utas.edu.au](mailto:Angela.McKay@utas.edu.au) (A. McKay), [Penny.Allen@utas.edu.au](mailto:Penny.Allen@utas.edu.au) (P. Allen).

<sup>1</sup> Tel.: +61 03 6324 3149; fax: +61 03 6324 3952.

<sup>2</sup> Tel.: +61 03 6324 3487; fax: +61 03 6324 3952.

<sup>3</sup> Tel.: +61 03 6430 4550; fax: +61 03 6431 5670.

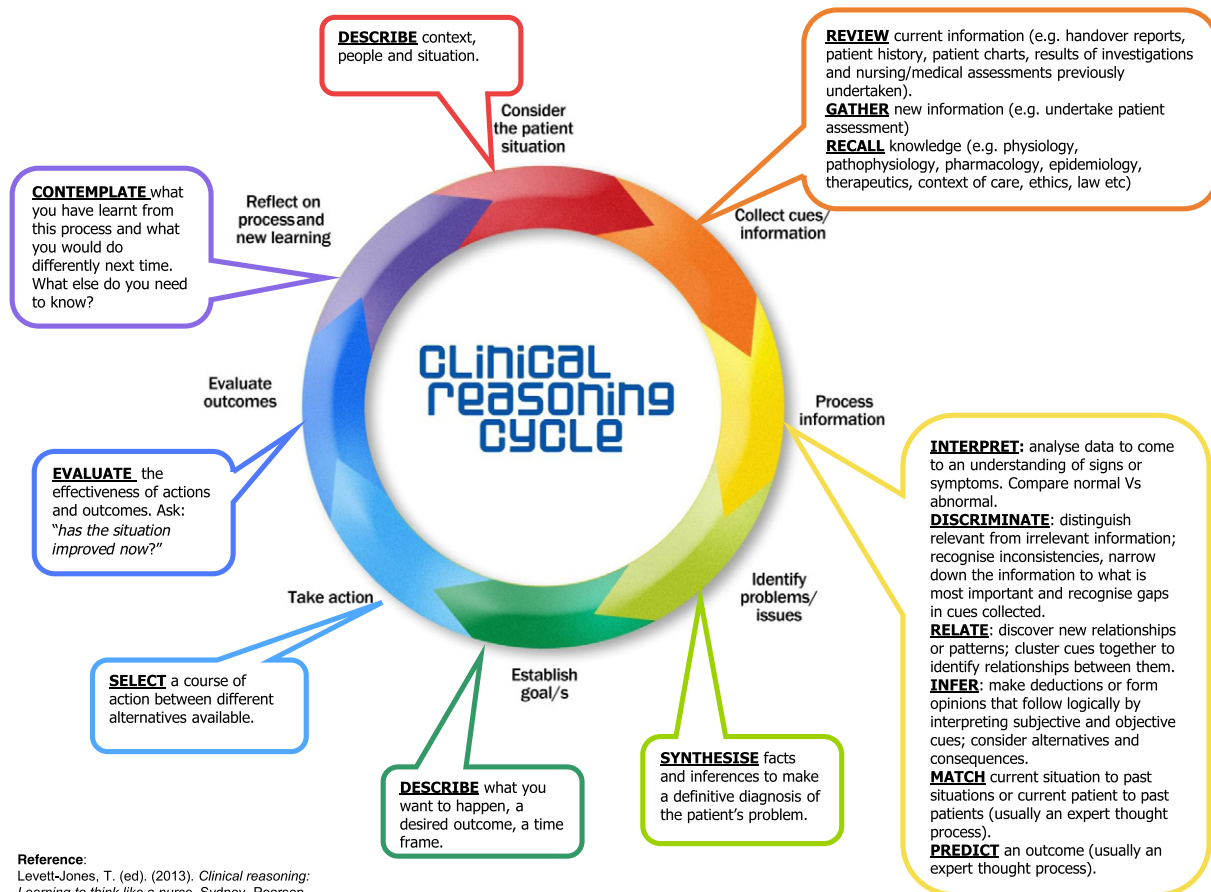


Fig. 1. Process information.

processes of students that impact on safe patient care. The CR cycle was embedded in curriculum content, assessment and simulation activities. This significant change in the theoretical component of the degree required preparation of clinical supervisors and staff in clinical settings, with the knowledge and terminology of CR, to continue the learning in context. Educational interventions in the form of workshops were developed with the understanding that it was important to support the supervisors to guide students' development of CR during WIL (Loftus and Higgs, 2008).

### Clinical Reasoning

White (2010) suggested that a theoretical framework was required for underpinning the WIL experience and support of clinical learning to improve the effectiveness of the nursing curriculum. The CR cycle is an existing framework that was developed as a strategy to guide learning and reasoning for nurse educators involved in curriculum delivery (Levett-Jones et al., 2010). Ryan and Higgs (2008) suggested that CR and its associated vocabulary should be facilitated and developed by the learner in the context of the work place. One of the best opportunities to develop the thinking framework of CR is during the socialisation of students alongside health professionals as activities during WIL (Loftus and Higgs, 2008). Consideration was given on how to disseminate CR in context to prepare and support supervisors in understanding, facilitating and teaching CR within their clinical environment. In order to link the educational curriculum regarding CR and the WIL experience a workshop was developed using CR as a model to support clinical supervisors. Simulation was used to demonstrate the way that the CR cycle can be utilised to support student learning and thinking development. Additionally, to augment their understanding of the student

experience, participants were exposed to learning and teaching methods currently used within the BN curriculum.

The workshop was developed using the principles of experiential learning that is aligned to the pedagogy of WIL and simulation-based education (Lisko and O'Dell, 2010). The workshop was based on active group work including simulation. The dynamic activities enabled social interaction among the participants and allowed sharing of experience as clinical supervisors. The workshop commenced with a review of the function of the clinical supervisor and the university resources available to support them in their role. The workshop was then divided into four main activities 1) Understanding learning; 2) Understanding thinking; 3) Using the CR cycle; and 4) Providing feedback. Clinical reasoning was the underpinning resource to be disseminated to the supervisors for supporting student learning in the practice setting. This CR framework was the foundational resource for the project. The workshops were evaluated before the introduction of the CR cycle. This paper reports the participants' perspectives and confidence levels about being a clinical supervisor prior to undertaking the workshop.

### Background

Supervision in the clinical setting is reported in the literature and tends to focus on those who provide clinical education (clinical educators, clinical facilitators, preceptors, supervisors, mentors) to individuals or groups of student nurses. Studies about the perceptions of the clinical supervisor, student supervision, or both, experiences were selected for focus. The titles given to registered nurses who supervise students in practice are also used to describe supervision models in nursing education. The term clinical supervisor is used to encompass the broad range of titles given to the role of registered nurses who support student learning. Clinical supervision is used to describe the role and function of

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