



Comparison of three clinical facilitation models for midwifery students undertaking clinical placement in south Australia

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ABSTRACT

Clinical placement is a core feature of Australian midwifery education programs, with clinical supervision acknowledged as a key component for student success. The aim of this study was to evaluate the clinical facilitation models in South Australia, specifically the quality of clinical supervision to facilitate learning, and key stakeholder satisfaction. A mixed method evaluation research design was used to compare three models of clinical facilitation for midwifery students undertaking clinical placement across five venues.

Midwifery students (n = 174), across two universities completed an anonymous e-survey utilising the validated Clinical Placement Experience Questionnaire. Midwives (n = 149) across five venues completed an anonymous purpose-designed questionnaire on their experience providing clinical supervision to midwifery students and Clinical Facilitators (n = 8) representing three facilitation models completed a self-report e-diary for two weeks and engaged in a focus group.

Few differences were identified between the quality of student support and learning opportunities. Students in all models were well orientated and prepared for the clinical environment. Clinical Facilitators were supportive, educative and valuable for the students to achieve their learning objectives. One significant difference was that facilitators employed in the 'Shared' model were more able to provide support to midwives supervising students and maintain good liaison with the universities.

1. Introduction

Midwifery is a practice-based discipline with a need for high quality clinical learning opportunities. Consequently, clinical placement is a core feature of midwifery education with clinical supervision acknowledged as a key component. However, there is a concern across the midwifery profession as well as higher education providers with respect to the challenges of providing high quality learning opportunities for students in the clinical environment. There have been a number of studies considering the needs of nursing students in clinical placement but there remains a paucity of research that specifically focuses on the needs of midwifery students in practice.

2. Background

In 2002, a number of universities across Australia implemented undergraduate Bachelor of Midwifery programs in which students could study midwifery without a nursing background. Concurrently, a

National Review of Nursing and Midwifery Education was undertaken providing substantial evidence for the program but highlighted potential challenges in providing quality student learning in the clinical environment (Leap et al., 2002). This review recommended close collaboration between universities and industry, noting that while hospital education had been problematic, "health industry 'ownership' of midwifery education meant students achieved workforce and clinical competency requirements" (Leap et al., 2002, p. 10). The need for appropriately trained Clinical Facilitators and preceptors for midwifery students was highlighted.

More recently, literature acknowledges the need for optimised learning opportunities while on clinical placement, so that health care students can competently translate theory to practice (Henderson and Tyler, 2011; Roxburgh and Conlon, 2012). Hall-Lord et al. (2013, p. 506) assert that "collaboration between universities and clinical placement has repeatedly been highlighted as a weak point" and describe this as a serious problem. They advocate that this is due to supervision of students being the responsibility of the clinicians who are often

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overwhelmed with clinical care and “insufficiently prepared for the role and unaware of educational goals” (Hall-Lord et al., 2013, p. 507). O'Brien et al. (2014, p. 20) described the clinical settings for students as “multifactorial, varied and complex.” Specifically, they identified that the clinician at the bedside was not necessarily equipped to teach students in regards to specific professional skills, such as reflective practice. They also acknowledged there was limited support for these clinicians and that communication between industry and university was lacking. They asserted that investing in appropriate clinical supervision, as well as training of clinicians that enhanced the teaching experience for both students and clinician was essential (Hall-Lord et al., 2013; O'Brien et al., 2014).

Over the last few years a renewed focus on clinical supervision for health care students resulted in a review of clinical supervision by Health Workforce Australia (HWA) (Siggins Miller Consultants, 2012). This review and subsequent collaboration was extensive and recognised that quality clinical experience for students was one of the most difficult aspects facing health care education providers (Siggins Miller Consultants, 2012, p. 3). The review underpinned the development of the *National Clinical Supervision Support Framework* (NCSSF) (Australia, 2011) with the aim to “promote high standards of clinical supervision, to expand capacity and to cultivate public trust in the education and training of health professionals” (Australia, 2011, p. 1). Alongside this, HWA identified a need for innovative responses from universities and industry working together to ensure that the objectives of the strategic frameworks could be met.

In late 2013, a South Australian working group was formed to propose a best practice clinical facilitation model for midwifery students, which would promote high quality clinical learning opportunities and could be shared amongst multiple education providers. The working group consisted of stakeholders from universities, healthcare providers and government. The group identified a number of key challenges, including the midwifery program accreditation requirements (ANMAC, 2014) for midwifery students to undertake 50% of their program as clinical experience and to complete continuity of care experiences (COCE) outside of standard clinical placement. COCE require students to follow women through their pregnancy, labour birth and postnatal period. These requirements have significant implications, as students depend on quality learning opportunities while in the clinical environment to prepare them for the real world of midwifery practice and graduate employment. At a local level students have reported that clinical supervision and support of a facilitator significantly influenced their clinical placement experiences and subsequent learning. Specifically, student feedback suggested a lack of consistency across placement sites and personnel with regards to clinical facilitation and learning opportunities. Given this, there was an identified need to evaluate the current South Australian clinical facilitation models for midwifery students. These models include:

- a) Shared model in which a fulltime Clinical Facilitator is employed by one hospital and funded by both South Australian Universities. This role involves working with staff and students from both universities to ensure that there is consistency and compliance with the university curriculums and learning objectives across the venue.
- b) Hospital Seconded model in which a midwife is seconded from their ongoing position within the hospital, and allocated shifts to undertake clinical facilitation dependant on student numbers.
- c) University Contracted model where individual universities contract a midwife on a casual basis to facilitate the students. The midwife may or may not be concurrently employed at the venue they are facilitating.

The aim of this study was to evaluate the three different clinical facilitation models, particularly in relation to the quality of the clinical placement and key stakeholder satisfaction.

3. Method

The project adopted a sequential mixed method evaluation research design, undertaken in three sequential phases (Miller and Fredericks, 2006). Phase one included a self-report diary completed by clinical facilitators and different e-surveys for students and midwives respectively. Phase two involved a focus group with Clinical Facilitators and phase three provided opportunity for triangulation of data and review and recommendations by the reference group.

The research team consisted of academic staff from both universities and a research assistant. A reference group was also established reflecting the diversity of stakeholders. The participants were midwifery students studying at two universities in South Australia, Clinical Facilitators and midwives from across five hospital venues; three large tertiary public hospitals and two private hospitals, representing the three facilitation models. This paper reports phase one of the project.

4. Phase one

Clinical Facilitator self-reported diary: Clinical Facilitators representing the three models were asked to keep a self-report diary for a two week period, detailing their engagement and activities undertaken with students and midwives throughout the placement period. The self-report diary captured the day-to-day activities, mode of contact and time taken to facilitate midwifery students over a typical two-week period. The data were then coded and analysed using the program IBM SPSS Statistics 21.

Midwifery students e-survey: Students (n = 298) that had completed a placement across one or more of the five hospital sites were emailed an information sheet and invited to complete an e-survey. In total, 184 students completed the survey representing a 61.7% response rate. The e-survey was based on a version of the validated Clinical Placement Experience Questionnaire and administered using the ‘Survey Monkey’ software (McBurney, 2013). It included demographic, open, closed and semi structured questions relating to the participant's clinical experience, learning/teaching opportunities and overall satisfaction. The data were analysed using descriptive statistics and thematic analysis.

Midwives survey: Midwives who worked with students during the clinical placement period were also invited to undertake a purpose designed anonymous questionnaire. This questionnaire was distributed electronically and in hard copy to midwives across the five hospital sites. An information sheet was distributed to each hospital and the ward areas in which students were placed. Hard copy questionnaires were collected by the unit manager or in a designated return box. The questionnaire included demographic, open, closed and semi structured questions and sought feedback on the midwife experience in relation to clinical supervision and the role of the Clinical Facilitator. It also sought to obtain feedback regarding midwives experiences of supervising students on placement and how clinical facilitation influenced this experience. The data were analysed using descriptive statistics and thematic analysis.

5. Ethics approval

Ethics approval was gained from the SA Health Ethical and Scientific Review of low and negligible risk (LNR) committee (HREC/15/WCHN/93) and both University' Human Research Ethics Committees (No. 0000034563). Site specific approval was also gained from each hospital (SSA/15/SAC/379).

6. Results

6.1. Clinical facilitator activity diary

The diary was provided as an electronic spread sheet with

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