Evaluation of clinical teaching models for nursing practice

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Summary  Clinical placements provide opportunities for student nurses to learn experientially. To create a constructive learning environment staff need to be friendly, approachable, available and willing to teach. There must be adequate opportunities for students to develop confidence and competence in clinical skills with a focus on student learning needs rather than service needs of facilities.

A popular model for clinical teaching of nursing students is the preceptor model. This model involves a student working under the supervision of an individual registered nurse who is part of the clinical staff. This model was failing to meet students’ needs in acute nursing practice areas, largely due to Registered Nurse staff shortages and demanding workloads. The students’ evaluations led to the trial of a ‘cluster’ or group model of eight students, with a clinical facilitator who is paid by the university, in each acute nursing ward.

Evaluation of twenty nursing students’ perceptions of their acute nursing practice clinical placements was conducted using a mixed method approach to evaluate the two models of student supervision. Results indicate that the students prefer small groups with the clinical facilitator in one area. Thus evaluation and feedback from students and the perceptions of their clinical placement is essential.

Introduction

A popular model for clinical teaching of nursing students is the preceptor model, which involves a student working under the supervision of a Registered Nurse (RN) who is part of the staff in a nursing area (Mills et al., 2005; Baltimore 2004). This RN is employed by the health service and super-
vises the students’ practice and assists students with debriefing. Whilst this model proved successful for first year students, in small rural health settings and for more experienced third year students in specialty health settings, it was failing to meet student needs in acute nursing areas in both metropolitan and rural hospitals. This was largely due to RN staff shortages and increasingly demanding workloads.

Anecdotal reports from undergraduate Bachelor of Nursing students at an inland University in NSW undertaking acute nursing clinical placements and prior clinical placement evaluations focus on the experiences of students being positive if the RN was happy to teach a student. However, many students reported being delegated repetitive basic care such as showering, bed making and observations, which they agreed were very much part of the nurses’ role but left little or no opportunity to practice or observe more complex care and skills such as aseptic technique, medication administration, intravenous (IV) therapy and more advanced nursing skills, such as, catheterisation. Practical experience was not correlating to the theoretical preparation they had received prior to the placement. There were frequent reports from students of RN’s who ‘hid’ from them or told them they were ‘too busy to have a student’. These reports led to the trial of a ‘cluster’ or group model in which up to eight students were placed in one clinical ward/unit with a clinical teacher, or clinical facilitator, an RN from the clinical setting where the students were placed. The RN is paid by the university and is familiar with the staff, ward environment and policies and procedures of the area. The students work under the direct supervision of the clinical facilitator who has the responsibility to allocate patient care to students.

In essence the aim of the study was to evaluate a practice initiative, namely trialling a group model of facilitation as compared to the current preceptor model, to facilitate students’ learning in the clinical setting. The clinical placements for this group encompassed four weeks in an acute nursing practice area. The participants were asked to rate each model with regard to its suitability in providing opportunity to achieve clinical objectives and practice clinical skills. Students were also asked to rate the availability of the preceptor or clinical facilitator and comment on the level of support and clinical instruction provided. The survey asked students to state their preference between the models and to explain their choice. The results were collated and coded by themes.

**Literature review**

The review of the literature was performed through a search of nursing specific data bases, including Cinahl, Informit, Ebscohost, Ovid and education databases from 2006 to 2007. The literature related to the importance of models of clinical practice for undergraduate Bachelor of Nursing students undertaking clinical placements. It included key terms such as clinical placement, mentoring, facilitator, clinical teacher, preceptor, cluster models and clinical facilitator models.

In the policy paper *Our Universities: Backing Australia’s Future (DEST, 2005)* nursing has been identified as a national priority by the Australian Commonwealth Government. This is evidenced by course contribution schedule fees not being increased for undergraduate nursing degree courses, as well as the provision of additional funding for extra places. This has been acknowledged by the Australian Commonwealth Government who has increased its contribution to the cost of clinical placement per full time student from $690 to $1000 per year in 2007 (*Media release 8/4/06*). This funding has been allocated to offset the costs associated with clinical placements.

The National Review of Nursing Education (DEST, 2002) document again emphasises the nursing shortage and the ageing nursing workforce of nurses in all specialty areas. These shortages have far reaching consequences, such as the demands impacting on the staff having ‘little time or energy to take on professional roles with students’ (2002, p. 6). This review identified clinical education as an ‘integral and essential component’ (2002, p. 14). It further cited that the ‘actual exposure to nursing in its various settings is essential to their understanding of the profession and to the development of competence at the beginning practice level for registration’ (DEST, 2005, p. 4).

Clinical learning provides students with the opportunity to learn experientially in the clinical setting. The theoretical underpinnings of workplace learning are described by Garrick and Kirkpatrick (1998) as being based on the theories of adult learning, incorporating ‘reflection in action, critical reflection and experiential learning’. Student nurses are required, as part of their learning, to practise ‘genuine’ nursing, actually undertaking activities in a clinical setting (*Ohrling and Hallberg, 2000*, p. 22). Nursing students want to practice the skills needed for their future role, learn the routines, develop an awareness of the politics of the health system and develop relationships with staff and patients (*Chapman and Orb, 2000*).
Clinical learning can be described as an apprenticeship, incorporating both cognitive and social contexts (Hoffman and Donaldson, 2004). This incorporates the acquisition of knowledge and language, nursing skills and problem-solving strategies as well as immersion in the culture of nursing. Lave and Wenger (1991) argue the importance of learning in context. They state that learning is a result of the activity, context and culture in which it occurs. Learners are described as becoming enmeshed in the practice, acquiring beliefs, practices and behaviours promoted by the professionals in the practice area.

The capacity of new graduates to adjust to the clinical role is chiefly dependent on the quality of clinical experiences they have had in their undergraduate program (Reid-Searl and Dwyer, 2005; Mills et al., 2005). This means that the role of the nurse responsible for supervision of the students in a clinical setting is paramount. The role of the clinical teacher is a major determinant to creating a supportive learning environment (Davies et al., 2004). Familiarity of the clinical teacher with the clinical environment is identified as being a significant aspect in the success of the placement from the students’ perspective. It is much easier for the students to fit into an area and increases confidence if the clinical teacher can assist the students to integrate into the setting. Commitment to the teaching role, clinical competence and credibility, and the capacity to relate theory to practice is valued characteristics of a clinical teacher and essential components to a successful learning experience for students.

The role of the RN in the clinical setting can be viewed as creating space for learning (Ohrling and Hallberg, 2000). This is supported by Morgan (2002) who claims this RN must be interested in ensuring students feel they are part of the nursing team and act as a role model for the student. Jones (2000) describes the students’ behaviour of learning in a clinical setting as taking on the role of the nurse through observing the RN role, experiencing what the role involves and practicing independently. This view is reinforced by Chapman and Orb (2000) who discuss students developing a professional self-image from role models. These could be the clinical facilitator, preceptor and staff.

There is much discussion in the literature as to the terms that are used to define the role of the RN who supervises the clinical practice of a student nurse. For the purpose of this study the terms are defined as follows. The term preceptor is assigned to ward staff who supervise student learning in the clinical setting (Lambert, 2005). A preceptorship usually involves a one-to-one working relationship of an RN supervising and working with one student while also accepting their normal workload (Mills et al., 2005). The clinical facilitator has supernumerary status and their time is dedicated to teaching and supervising students’ practice as they deliver direct patient care. The facilitator is responsible for a group of students (Lambert, 2005; Mannix et al., 2006).

A review of literature has reinforced the importance of clinical learning. Several themes have been identified. Staff who are friendly and competent is a defining factor in determining a ‘good’ venue, as is the availability of an RN who is willing to teach. An important aspect of learning is to have an appropriate role model and feeling part of the nursing team. The clinical teacher/facilitator/preceptor was identified as playing a significant role as a resource and support for the student.

In view of the nursing shortage presently being experienced, it is essential that clinical placements offer students the greatest learning opportunities and benefits (Cleary and Happell, 2005). To this end it can be advocated that the evaluation of clinical placements and models by students to improve the experience is vital (Mannix et al., 2006; Reising and Devich, 2004; Penman and Oliver, 2004; O’Flanagan, 2002).

**Evaluation of clinical teaching methods**

A common evaluation tool was used to elicit the student’s perceptions of clinical supervision models. The objective of this study asked nursing undergraduate students to compare the preceptor and ‘cluster’ or clinical facilitator models after their acute care nursing clinical placements with a view to evaluating the two models. The study design comprised a mixed methodology, with interviews based on a questionnaire with Likert scale responses and open ended short answer responses gathering both qualitative and quantitative data through a triangulation approach.

Twenty (20), out of a possible 22, second year undergraduate nursing students enrolled in a Bachelor of Nursing course who had completed their acute care nursing placement in 2006 voluntarily chose to participate in the study. The students were invited to complete the questionnaires on completion of their acute care nursing clinical placement; the questionnaires included with their clinical placement forms. Thus a convenience sample was utilised where student’s participation was voluntary and data was non-identifiable and confidentiality was maintained.
Evaluation of the students’ perceptions of their acute nursing practice clinical placements was conducted using a combination of yes/no responses, Likert scale responses and open ended short responses in the form of a student’s perception questionnaire. This questionnaire was designed by the researchers with the objective to gain insight into students’ thoughts and experiences of this phenomenon.

Participants had experienced both the preceptor and cluster or facilitator models of supervision. They were asked to rate each model with regard to its suitability in providing opportunity to achieve clinical objectives and practice clinical skills. Students were also asked to rate the availability of the preceptor or clinical facilitator and comment on the level of support and clinical instruction provided. The survey asked students to state their preference between the models and to explain their choice. Use of the mixed methodology tool allowed the researchers to triangulate the data from the students.

Ethics approval was sought and granted by the CSU Human Ethics Committee. Each participant was fully informed of the study and voluntarily completed the questionnaire. Confidentiality and anonymity was guaranteed as no identification was included on the forms and they were received through a closed box that is emptied by an administrative assistant.

Data analysis was undertaken through thematic coding that emerged from the responses. Responses were collated under major themes related to factors that enhanced or hindered the participant’s experience of the two clinical models. The coded themes were then examined further to identify additional emerging themes. These themes correlated with anecdotal data supplied by the participants. As the sample size of the study was small this could impact on the ability to replicate the findings and thus the validity and transferability of the findings.

Findings and discussion

The cluster or group model demonstrated higher ratings in questions relating to achieving objectives and this is demonstrated in the table below; opportunities to practice skills; support from a clinical facilitator and sufficient one-on-one instruction from the clinical facilitator.

<table>
<thead>
<tr>
<th>Student’s preference for clinical model</th>
<th>Group or cluster model strongly agree or agree</th>
<th>Preceptor model strongly agree or agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunity to achieve clinical objectives of the placement</td>
<td>93%</td>
<td>88%</td>
</tr>
<tr>
<td>Opportunity to practice clinical skills</td>
<td>86%</td>
<td>76%</td>
</tr>
<tr>
<td>Degree of support from clinical facilitator/preceptor</td>
<td>100%</td>
<td>58%</td>
</tr>
<tr>
<td>Opportunity for one-on-one instruction from the clinical facilitator/preceptor</td>
<td>80%</td>
<td>70%</td>
</tr>
</tbody>
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The main themes within the qualitative data were:

- The role and support of the clinical facilitator/preceptor.
- Staff interaction and staff attitudes in the clinical setting.
- Opportunity to practice clinical skills.
- Student confidence.

The degree of one-to-one instruction, and time that was available to spend with students were other themes that were identified in the students’ responses.

The role and support of the clinical facilitator/preceptor

The role and support offered to students by the clinical facilitator/preceptor was the most significant aspect of the students’ comments. The literature identifies the importance of various personnel in providing a supportive clinical learning environment (Lambert, 2005).

In reference to the cluster model, comments from the students included:

- Opportunity to achieve clinical objectives of the placement.
- Opportunity to practice clinical skills.
- Degree of support from clinical facilitator/preceptor.
- Opportunity for one-on-one instruction from the clinical facilitator/preceptor.
'allows you to access someone who can take you through a clinical procedure if other staff are busy or unwilling. The group model also allows the facilitator to observe student clinical skills up close and give direction as needed...to have someone who can source other clinical experiences for you is excellent.'

'Hearing a facilitator on the ward is excellent as there is always someone to address the present time.'

'The facilitator is good and makes you get involved in everything.'

'Facilitators are fantastic to have close by as their knowledge about clinical placement and the ward is great to question.'

'Some nurses are not ready or willing to teach students that’s why it is handy to have someone there that wants to teach us.'

In reference to the preceptor model;

I feel I can also complete my clinical objectives in this model. This helps with independence and the ability to independently learn.

I enjoyed this model. I think it’s better because you can get to do the full care for one or more patients, while working with the ward staff. It shows you better time management skills, is more organised, not all trying to do the same job at once. You get to see more things and have 1 on 1 learning.

Prefer preceptor this way students that are quieter can be noticed and not slip through.

I felt it gave me the opportunity to become more confident in my practice.

The responses from the students identified lack of time for the preceptor to spend with the student. This was also highlighted as a factor that impacted on student learning;

'I did not like this model, the preceptor was stretched and you could not bounce ideas off your peers.'

Some students felt the preceptor model failed them. Responses included;

'At times it was hard to find your preceptor.'

'Absolutely useless – not there when we need them and the staff are always too busy to show us something new or different. I was just in the way and was used as a cleaner/social worker.'

'The preceptor...wasn't there sometimes to instruct. Staff members didn’t like taking you on.'

'I didn’t really get much instruction from the preceptor and felt like a lot of the time I was just sitting around.'

Staff interaction and staff attitudes in the clinical setting

A common theme in the literature is that the morale of the team determines a good learning environment. O'Flanagan (2002, p. 33) describes a staff that is 'student friendly', as including the student in activities, wanting to teach, friendly and approachable. The learning environment is required to nurture ‘meaningful learning and optimal performance’ of students (Penman and Oliver, 2004, p. 2). Students reported that opportunities to learn were dependent upon a willingness of staff to allow them to participate as part of the team (Chapman and Orb, 2000).

The adequacy of staff numbers in a clinical setting is a factor that warrants attention. A ward/unit needs to have adequate levels of staff in terms of numbers but also in terms of 'skill mix' (O'Flanagan, 2002). A decreased level of RN’s in the skill mix and the substitution with Enrolled Nurses (EN) and undergraduate Assistant in Nurses (AIN) may make it difficult for students to be teamed with an appropriate clinical partner. The students may be partnered with a staff member whose scope of practice is not in line with the clinical objectives for the student. This can lead to confusion of the role expectation of the student. The student may face conflict between their learning needs and the care or activities that are delegated to them (Holland 1999). Staff can also experience ‘role overload’ when the demands of the clinical workload, combined with that of the clinical supervision of a student for a shift exceeds the time needed to fulfil both roles (Langan, 2003). This was supported in a study by Shannon et al. (2006) in which RN’s reported shortage of time to preceptor and practise simultaneously as the most trying feature of the experience. As clinical experience is limited in undergraduate programs, it is essential that the time available is focused on the students’ needs rather than service needs.

In this study the willingness of staff to welcome students was reported to be a positive influence on learning. Time was recognised as an essential determinant of whether staff were willing and able
to teach and supervise their practice. Students stated:

'Sometimes staff are too busy to sit down and go through each little aspect of nursing care...They will always answer questions and they seem to try their best to help you get the most out of your prac.'

'Staff on the ward were unhelpful and always too busy to show me something different.'

'Some staff don’t like you being put with them.'

'These preceptors also need to stop and take time with the student.'

'at times when working with staff members while my teacher was not there I did not feel comfortable.'

Staff were also identified as being important to learning as they acted as role models:

'...you can learn easily by observing them work.'

Opportunity to practise clinical skills

Clinical practice allows students the opportunity to create a connection between the theory taught in university and the practice involved in the care of patients (Chapman and Orb, 2000). The importance of clinical placements in providing an opportunity for 'hands on' experience was articulated by students. It provided them with the opportunity to put what they had learnt in the clinical lab classes into practice. The importance that students place upon clinical skills is clearly supported, as is the acknowledgement that opportunities to practice skills and develop competence are limited (O'Flanagan, 2002).

Both models elicited positive comments regarding the ability to have hands on experience.

'The group model also allows the facilitator to observe student clinical skills up close and give direction as needed.'

'I feel able to complete my clinical objectives.'

'The teacher is there all the time and is able to answer questions any time and help you through your practice.'

'Able to achieve more hands-on as if something different is happening everyone is able to participate in the learning process.'

There were some negative feelings expressed by the students in reference to the ability to practice skills under the preceptor model.

Student confidence

There is some uncertainty of the role of the student. There may be conflict between meeting the learning objectives of the student and meeting the service needs of the organisation, with the student being viewed as an extra pair of hands and so delegated repetitive tasks without the learning support or the opportunity to be involved in new learning activities (O'Flanagan, 2002). Confidence is also influenced by the students need to feel accepted. Nolan (1998) argues that students cannot engage in learning if they do not feel accepted in the clinical setting as much of their energy is directed toward 'fitting in'.

Students reported increased confidence with both models provided they felt supported during the placement and comments regarding the cluster model included:

'I really felt more confident in the group model.'

'Working with class mates is very effective as you are able to support each other.'

'I feel able to complete my clinical objectives in this model.'

'This helps with developing team skills in a clinical setting.'

Clinical learning models

When pre-registration education moved into the tertiary sector, there was discussion as to whether the students received less support while on their clinical placements (O'Flanagan, 2002). This author links this perceived lack of support to attrition rates and recruitment and retention issues in the health system. Students on clinical placement are in a supernumerary role. They do however make a significant contribution to service needs of the facility (Chan, 2002). It is difficult to achieve the balance between students feeling like, and being part of, a clinical setting while focusing on the specific learning needs of the students.

Students’ comments pertaining to positive aspects of the cluster model that enhanced learning in the clinical setting included comments such as;

'I was able to ask more question and get better feedback on my practice.'

'This model allowed you to work with the facilitator who provided extra education along with practical experience and I feel I learnt a lot this way.'
'This was more collaborative and you could bounce ideas off your peers, it was more a learning environment.'

'Learn a lot more.'

'The teacher is there all the time and is able to answer questions any time and help you through your practice.'

'Able to achieve more hands-on as if something different is happening everyone is able to participate in the learning process.'

'The facilitator has more time to spend with students when she isn't running around to different wards.'

'I felt I had learnt a lot more having the facilitator with me.'

'In the group model you have more support when needed and you feel you can ask questions more freely.'

The preceptor model did meet some of the students’ needs as students saw positive aspects of the model that enhanced learning in the clinical setting. One aspect of this method of supervision was the one-on-one learning opportunity that proved positive for two of the students;

'Preceptor model more 1:1 with the staff can provide a better understanding.'

'Found it easier to understand as was asked 1:1 do I understand. Not left at the back of the group.'

Others thought the group model would be more effective with fewer students in each group.

'The group model is fine although I think smaller groups puts less workload on the facilitator.'

'8 students for 1 facilitator is too many.'

'A group model is great but more time needs to be spent with each student.'

Conclusions and recommendations

Student comments clearly identify the importance of clinical placements in the process of developing competency as an RN. Students want opportunities to utilise the clinical teacher’s skills and knowledge. This reinforces the use of the cluster model where the clinical facilitator is working with the students in a ratio of 1:8 or less and allocates patient care to the students. The students are in one clinical area with the clinical facilitator, not spread across several wards, as this enabled more interaction with the clinical facilitator. This increases students' confidence and ability to work as part of a team. The cluster model also allows the students to support each other. The preceptor model increases in effectiveness when the preceptor has the time to spend assisting the students. Often this is not the case and there is inequality with the assistance provided to the students by preceptors.

Universities need to ensure that the funding for clinical facilitation is delivered to nursing schools to distribute for clinical placements and not allow it to be utilised for other purposes. Clinical placements are an integral and defining component of the Bachelor of Nursing course. Further research from the students’ and the preceptor/clinical facilitators’ perspectives will enable a clearer picture of where this process can be improved. Research and feedback from the ward staff will also help facilitate understanding of clinical placements and highlight strategies that are successful.

References


