STAKEHOLDERS' VIEWS IN RELATION TO CURRICULUM DEVELOPMENT APPROACHES FOR AUSTRALIAN CLINICAL EDUCATORS

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ABSTRACT

Objective::

Clinical educators in nursing perform a crucial role in facilitating effective learning for students of nursing. They have the potential to act as a catalysing agent for learning – motivating students to make links between theory and practice, moving students safely from the known to the unknown, developing clinical skills and reflective practice. Whilst their role is extremely important, clinical educators in Australia are undervalued and under-supported. They are isolated and fragmented, and lack a unifying professional body and infrastructure to assist them in education, research and practice development. This paper reports on a study to explore what educational solutions could help to resolve the problem.

Design:

A qualitative design utilising snowball sampling and semi-structured interviews was conducted.

Setting:

The study took place in Queensland and thus results are limited to the needs identified in this region of Australia.

Subjects:

Ten participants provided their views about educational innovations.

Conclusions:

There is strong support for a curriculum focused on clinical education and centred on the concept of a learning community in order to provide community and build capacity in the specialty group so that they become self-reliant and their achievements and contributions are sustainable.

INTRODUCTION

In 2003, the authors secured an internal university grant to explore the need and the content of a new university course directly targeting clinical educators. A clinical educator (also known as facilitator and teacher) is defined in this paper as teachers employed by the university to assist in the off-campus clinical learning experiences of Bachelor of Nursing students. Skilled clinical educators are crucial to facilitating learning and skills development in students of health professions. Maintaining educational quality in this area is challenging because of many issues (Clare, White et al 2002). The role requires specialised education knowledge, skills and attributes, in particular clinical teaching skills and educational research competence. Yet there is lack of consistency in relation to the role of clinical educator (Adams 2002). Schools and universities may have different requirements, as may the various health services that make use of clinical educators.

Curriculum philosophies that take a humanistic approach may require clinical educators to emphasise generalised support and guidance. Others that emphasise cognitive and technical skill competence may require clinical educators to assess technique and knowledge more closely, and thus clinical educators need to be familiar with varied educational philosophies and processes and skilled in those relevant to specific curricula and schools.

This paper presents the findings of a systematic inquiry into the learning needs of a specific group of clinical educators and the potential that a learning community might have in the supported development of this important role.

BACKGROUND

In Australia many clinical educators lack qualifications perhaps because of role overload and minimal incentives

to undertake graduate study (N3ET 2005). There are few educational pathways for clinical educators and many lack professional support, identity and recognition. According to some university and health service providers, there are shortages of suitable clinical educators and minimal structures to support or develop their roles (Clare, Edwards et al 2002). Few clinical educators are engaged in research in the field and as a result (Clare et al 2002) the role is limited to teaching and learning and is therefore conservative rather than future-oriented and capacity building.

A future-oriented specialty group would perhaps be aiming for a future in which clinical education assumes its own unique professional identity within nursing, or health care, and for that self-reliance, a career path and sustainable processes for generating and accrediting new members would need to be established. Thus, in addition to teaching students, clinical educators need to be engaged in research and development activities, exploring, testing and disseminating knowledge of nursing practices, constraints and achievements so that the wider profession can acknowledge and respond to needs, and for nursing education to continue to develop and improve. Some need also to be involved in capacity building activities that will bring in resources to the sub-specialty, improving its collective influence, knowledge skills and effectiveness (Clarke and Ramprogus 2001).

Establishing a knowledgeable group of clinical educators is the first step toward establishing a unified collective who can then proceed to lobby for resources to be used for ongoing education, motivation, promoting achievements, monitoring and evaluation and establishing corrective mechanisms to ensure openness and accountability.

Recent state and national reviews relating to clinical education (Clare et al 2002; Clare et al 2003; Heath 2002) and the growing number of scholarly articles on the issues affecting clinical educators and health professional learning indicate that clinical education is now being appreciated as a significant area for research, innovation and development.

The Clare et al (2002) national report identified the need for greater linkage between learning that takes place within the university and clinical contexts. This report emphasised that clinical educators need to have the skills to respond to various learning styles and curriculum models: to encourage learning; provide feedback; develop currency in nursing knowledge; and integrate science, knowledge and reflective practice. Indeed, there is strong evidence to suggest that the relationship between clinical educator and student has a profound effect on student learning in nursing (Chapman and Orb 2000; Lo and Brown 2000). Lee, Cholowski and Williams (2002) in their survey of students and clinical educators' perceptions of effective clinical educators found that educators who value interpersonal relationships with students as well as competence were the most effective.

Familiarity of clinical educators with the health service areas, attendance at ongoing workshops and provision of detailed information about courses, objectives and assessments are each helpful to clinical educator's performance (Grealish and Carroll 1998).

On the other hand, clinical educator-student relationships, which are viewed negatively, actually impeded learning for students (Lofmark and Wikblad 2001; Nash et al 1998; Windsor 1987). Clinicians, who are poor teachers, over or under-protective, unfriendly or unsupportive, provide inadequate learning for students (Spouse 1996). Clinical education itself can be a negative and stressful experience for the clinical educator, particularly if they do not take on the role willingly, if they feel overloaded with competing roles, or if their role is not valued or accommodated (Andrews and Chilton 2000). Ferguson (1996) found that clinical educators who are employed on a casual basis may have little knowledge of the curriculum and no prior experience of the role, and this may lead to an undermining of trust from clinicians.

Several authors argue that to continue to be effective in the role, clinical educators should have more support in terms of role development, and better liaison and dialogue between universities and health services (Davies, Turner and Osborne 1999; Ohrling and Hallberg 2001).

A range of approaches to the provision of quality clinical education is needed, including peer support (McAllister and Osborne 1997); dedicated education units (Gonda, Wotton et al 1999); establishing a learning environment and a culture of research and development in clinical education (Wellard, Williams and Bethune 2000). Scanlan (2001) lends support to these innovations by arguing that clinical teaching in nursing is a complex phenomenon that lacks a coherent theoretical base and is perplexing to novices, who tend to teach as they were taught (p.240).

Improving the quality of, and access to, specialised education and training on clinical education is one way of transforming this situation and advancing nursing education as well as the sub-specialty of clinical education. Thus, in order to develop an education program that would be interesting and relevant to local clinical educators' needs, a needs analysis study was designed.

RESEARCH METHOD

The study was conducted in a major metropolitan university in south-east Queensland and aimed to provide a snap shot of views from stakeholders and potential clinical education students in answer to the following broad research question: *What are stakeholders' views about the content and process of a clinical education course?* Ethical approval for the study was provided through the university Human Research Ethics Committee.

Participants and Sampling

An introductory email was sent to a school staff email list inviting participation and asking individuals to identify other individuals to extend the scope of participants. This recruited a range of stakeholders, or those holding an interest in clinical education. Ten participants were selected through this process of snowball sampling, a method that involves using networks to identify the sample (Ritchie and Lewis 2003). Five participants were nursing academics, one was an administrator, two were clinical educators and two were clinicians. The research assistant (RA) trained in interviewing skills and in education, was not familiar with clinical education and this unfamiliarity allowed her to encourage open and critical dialogue. She was seen as impartial by stakeholders.

Data Collection

The RA conducted one interview with each participant using an interview guide constructed by the researchers as the basis for the interviews (see table 1). Interviews were approximately two hours in duration. Data were collected until the research team felt that no new insights about clinical education were revealed. Data were transcribed and the participant de-identified except for the type of stakeholder position. Data were analysed qualitatively using thematic analysis and compared with current clinical education literature.

Table 1: Interview schedule
What are the requirements of the clinical education role from your point of view (scoping across potential students, educators, academics, clinicians)?
What conditions (could) exist to support this role?
What is your view of the need for a course on clinical education?
If supportive, what would you like to see the course contain?
What issues exist as barriers and opportunities in relation to this?

FINDINGS

Five themes about clinical education and educational needs were extracted from the data and include:

1. characteristics of a good clinical educator;

2. factors impacting on effectiveness;

3. potential benefits of a dedicated curriculum;

4. content of a Learning Community curriculum; and

5. challenges to be overcome.

These themes are briefly explained in the following sections

Characteristics of a good clinical educator

Participants suggested that a good clinical educator is someone who is a good listener, great role model for students, can set the agenda, and is prepared to negotiate learning by listening to students.

A good clinical educator is not someone who necessarily puts themselves forward as an expert, but they are a good listener and great role model. They negotiate learning, and listen to students' concerns and agendas. These attributes need to be fleshed out and communicated to future clinical educators so that expectations are clear. (Academic)

Furthermore, participants recommended that this person would have knowledge to make the connection between the clinical placement and clinical learning on campus, capability to effectively assess students' clinical ability, and excellent clinical and communication skills.

Factors impacting on effectiveness

Participants suggested that the effectiveness of a clinical educator is impeded by the number of placements and number of agencies they are asked to work in, as well as not being familiar with the specific curriculum philosophy and processes.

Many of the clinical facilitators (sic) that we employ are also working for at least three other universities and working as a clinician. They only have a one day induction program into our university and so there is never much time to explain the curriculum. I think there is information overload in a very short space of time. (Administrator)

Potential benefits of a dedicated curriculum

Participants were favourable about the idea of a dedicated course, especially one that was offered flexibly and suggested a number of potential benefits. These included: the opportunity for networking and sharing of clinical teaching ideas with other clinical educators; reducing clinical educators' isolation through an improvement in communication between clinical educators and academic community; helping to engage clinical educators in the academic community, opportunities for problem-solving through sharing of information 24 hours a day, an avenue for up to date information and education; and a reduction in current duplication of paperwork and information. Other benefits described included a valuing of clinical educators' role, a focus on positive rather than negative strategies, an improvement in employment opportunities through education, and a potential certificate award.

Having a course aimed at clinical educators is a great idea and long overdue. This is a hidden career pathway for many nurses, so providing good education and training in the area will make this pathway more visible and open for development. (Clinical educator)

Content of a learning community curriculum

Participants identified a number of elements thought to improve the process of flexible learning. They included: information on how to use the web; and ideas of how to encourage participation through a sharing of this information with others. Information about the structure of the school was considered to be important, as well as profiles and photographs of academic staff, their roles, responsibilities and their area of research; and profiles, clinical interests and photographs of clinical educators. Additionally, the provision of an administration centre that includes clinical forms and policies for downloading, information about legal issues, links to professional websites, daily noticeboard information as required and seminar and professional development dates. One participant elaborated on a specific idea to promote critical reflection on present teaching practice. He (an academic) said:

I think it will be useful to use the Bachelor of Nursing curriculum itself as a case study for … students to critically examine. Students could use it to ask: What theories underpin the content? Is it sound educationally? Is there a clear philosophy?

Other specific teaching strategies were also identified and included provision of:

clinical vignettes; a tracking mechanism to be able to see each students' web activity; feedback or tips section for facilitators to share their experiences/ideas/solutions; role and attributes of a good clinical educator; and key lecture materials.

Challenges to be overcome

Participants were also able to identify some issues that could be overcome with pre-planning and foresight. They include the need to: encourage discussion so that topical issues are shared, rather than avoided or allowed to escalate; consider efficient use of time because the majority of clinical educators are in part time employment; provide on-line discussions as an adjunct to face-to-face contact rather than a replacement because benefits of both are not equivalent; and a need to overcome a teacher's unfamiliarity with, or reluctance to use, computer technology.

DISCUSSION

All stakeholders expressed a need for an educational course for clinical educators and could see potential benefits for students and the nursing profession. However, there were some methodological limitations to this study that are important to outline. Snowball sampling is a useful means of involving networks to identify the sample when the sample is difficult to access and time frames are limited. Even so, such a sampling method as used in this research offered the researchers convenience at the risk of sample bias. Furthermore, the small sample size in this research requires the results to be read with caution and the findings cannot be generalised to other populations. In spite of these limitations the study findings have generated areas of interest for clinical education and provide the basis for further study.

Participants emphasised the importance of introducing flexible study options, such as web-enhanced learning, to improve access for clinical educators. Participants felt that such a course would enable dedicated time and space to facilitate communication between clinical educators and university staff and that this would build familiarity and community. Therefore there is a need for a relevant, flexibly delivered and engaging course. An online component of such a course would offer the advantages of efficient use of time by the student clinical educator, and the capacity to work at the student's own pace. However face-to-face contact is also considered to be important to allow orientation to the use of web-based learning and to offer support, encouragement and sense of belonging.

Participants identified the issue of role overload when clinical educators are allocated numerous different clinical agencies in the course of their work which is perceived to hinder their effectiveness. Clinical Administration Offices could therefore aim to reduce the variety of agencies a clinical educator is asked to work in. Furthermore, discussing specifics of curricula in any future clinical education course could extend knowledge of the local curriculum. Thus, an activity that invites students of such a course to examine the local curriculum and compare its philosophy, content and processes with a contrasting curriculum is required.

In order to overcome the problem of isolation and lack of support that clinical educators can experience, a dedicated time and space within the timetable would offer opportunity for networking, sharing of ideas and resources. During such time, the course convenors role would be to encourage and enable participants to consider the establishment of a more enduring organisation. In this way, clinical education would be assisted to become future-oriented and engage in capacity building activities.

If participants seem interested, then information and expert guidance on how to establish a professional association could be provided. In the long term, such an organisation is likely to offer infrastructure to enable shared decision making and public information, as well as research and development on issues such as role definition, role expansion, standards, credentialing, mechanisms for accountability, and the accumulation of evidence based clinical education.

Further research is required to evaluate innovations to advance clinical education. In particular if a course is developed, a comprehensive plan to evaluate its impact from multiple points of view is recommended.

CONCLUSION

Clinical educators are crucial in facilitating the teaching and learning of clinical practice skills and development for students of health professions. The fundamental role of clinical educators may have been overlooked and this can result in limited access to specific educational programmes. This research supports the need for a program of continuing education for clinical educators and advocates a program to meet their specific education needs; one that is readily available through on-line learning and encourages communication between other clinical educators and university staff.

If clinical educators are given the opportunity to learn the theory of education, discuss creative approaches to clinical teaching and learning and be immersed within a culture of inquiry, then numerous benefits are likely to arise. Clinical educators may approach their role in a more optimistic and effective way. The isolation and fragmentation that currently weakens the role may be replaced with a more unified professional group. Students of nursing would receive a higher quality clinical learning experience. A stronger more effective clinical educator would also help to strengthen the university/clinical agency partnership, and thus the whole health/education interface is enhanced. This is likely to lead to significant long term benefits. Collaborative research might be more possible; higher student satisfaction with an education program's clinical relevance; and more work ready, effective graduates will be produced thus ultimately benefiting the health care provided to clients.

REFERENCES

Adams, V. 2002. Consistent clinical assignment for nursing students compared to multiple placements. *Journal of Nursing Education.* 41(2):80-82.

Andrews, M. and Chilton, F. 2000. Student and mentor perceptions of mentoring effectiveness. *Nurse Education Today.* 20(7):555-562.

Chapman, R., and Orb, A. 2000. The nursing students' lived experience of clinical practice. *Australian Electronic Journal of Nursing Education,* 5(2). www.scu.edu.au/schools/nhcp/aejne/archive/vol5-2/chapmanrvol5_2.html (retrieved 10 July 2004).

Clare, J., Edwards, H., Brown, D., White, J., van Loon, A., Malko-Nyhan, K., Leibbrandt, L. and Fahey-Shelton, H. 2003. *Evaluating clinical learning environments: Creating education: practice partnerships and benchmarks for nursing.* Australian Universities Teaching Committees Phase Two: Final Report, School of Nursing and Midwifery, Flinders University: Adelaide: http://www.autc.gov.au/projects/completed/clinical_env.pdf.

Clare, J., White, J., Edwards, H., and van Loon, A. 2002. *Curriculum, clinical education, recruitment, transition and retention in nursing.* AUTC Final Report. School of Nursing and Midwifery, Flinders University: Adelaide.

Clarke, C., and Ramprogus, V. 2001. Developing R and D capacity: strategic alliances between the NHS and Higher Education, *Nursing Times.* 97(19):37-38.

Davies, E., Turner, C. and Osborne, Y. 1999. Evaluating a clinical partnership for undergraduate nursing students. *Collegian.* 6(2):23-27, 40.

Edmond, C. 2001. A new paradigm for practice education. *Nurse Education Today.* 21(4):251-259.

Ferguson, D. 1996. The lived experience of clinical educators. *Journal of Advanced Nursing.* 23(4):835-841.

Gonda, J., Wotton, K., Edgecombe, K. and Mason, P. 1999. Dedicated education units: an evaluation. *Contemporary Nurse.* 8(4):172-6.

Grealish, L. and Carroll, G. 1998. Beyond preceptorship and supervision: a third clinical teaching model emerges for Australian nursing education. *Australian Journal of Advanced Nursing.* 15(2):3-11.

Heath, P. 2002. *Our duty of care.* National Review of Nursing Education. Department of Education, Science and Training and Department of Health and Aging. Commonwealth of Australia: Canberra.

Lee, W., Cholowski, K. and Williams, A. 2002. Nursing students' and clinical educators' perceptions of characteristics of effective clinical educators in an Australian university school of nursing. *Journal of Advanced Nursing.* 39(5):412-420.

Lo, R. and Brown, R. 2000. A clinical teaching project: evaluation of the mentor-arranged clinical practice by RN mentors. *Collegian.* 7(4):8-42.

Lofmark, A. and Wikblad, K. 2001. Facilitating and obstructing factors for development of learning in clinical practice: a student perspective. *Journal of Advanced Nursing.* 34(1):43-50.

McAllister, M. and Osborne, Y. 1997. Peer review: a strategy to enhance cooperative student learning. *Nurse Educator.* 22(1):40-44.

Nash, R., Fentiman, B., Mannion, J., Theobald, K., Lemcke,P. and Walsh, A. 1998. *Evaluating the quality and effectiveness of selected models of pre-registration clinical education.* Department of Employment, Education, Training and Youth Affairs (National Priority reserve fund). Queensland University of Technology: Brisbane.

National Nursing and Nursing Education Taskforce (N3ET). (2005). *Scopes of Practice Commentary Paper.* Victorian Department of Human Services: Melbourne.

Ohrling, K. and Hallberg, I. 2001. The meaning of preceptorship: nurses' lived experience of being a preceptor. *Journal of Advanced Nursing.* 33(4):530-540.

Ritchie, J. and Lewis, J. 2003. *Quality research practice: a guide for social science students and researchers.* London: Sage.

Scanlan, J. 2001. Learning clinical teaching: is it magic? *Nursing and Health Care Perspectives.* 22(5):240-246.

Spouse, J. 1996. The effective mentor: a model for student-centred learning. *Nursing Times.* 92(13):32-35.

Wellard, S., Williams, A. and Bethune, E. 2000. Staffing of undergraduate clinical learning programs in Australia. *Nurse Education Today.* 20(7):548-554.

Windsor, A. 1987. Nursing students' perceptions of clinical experience. *Journal of Nursing Education.* 26(4):150-154.