GUIDELINES ON THE KEY POINTS THAT MAY BE CONSIDERED WHEN DEVELOPING A QUALITY CLINICAL LEARNING ENVIRONMENT

1st Edition - April 2003

An Bord Altranais

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1. Introduction.

An Bord Altranais is the statutory body responsible for the regulation of the practice of nursing and midwifery in Ireland. The general concern of An Bord Altranais is the promotion of high standards of education, training and professional conduct among nurses and midwives. The purpose of this document is to provide nurses and midwives with professional guidance and support on matters relating to the creation and maintenance of a quality clinical learning environment and the assessment of nursing/midwifery students in clinical practice. This document has been developed subsequent to a recommendation of the Nursing Education Forum agreed by the National Implementation Committee.

The aim of clinical practice learning is to enable students develop the domains of competence (An Bord Altranais 2000) and become safe, caring, competent decision-makers willing to accept personal and professional accountability for evidence-based nursing/midwifery care.

This document has been developed with reference to research evidence on the pivotal role of the clinical nurse manager in the creation and maintenance of a clinical learning environment, students' perception of the factors that enhance and inhibit clinical learning, clinical audit and the support mechanisms to facilitate the maximisation of students' clinical practice placements. Cognisance has been taken of the *Requirements and Standards for Nurse Registration Education Programmes* and the *Requirements and Standards for the Midwife Registration Education Programme* (An Bord Altranais 2000). Section 3 of both documents details the standards for the approval of *Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration. Standards 3.2.3.1 to 3.2.3.9* specifically address the clinical practice experience. "Clinical practice experience provides learning opportunities that enable the achievement of competence in clinical nursing skills and stated learning outcomes" (An Bord Altranais 2000 p. 22, 48).

The broad standard for the clinical practice placement is that the placement must provide *experience* and *supervision* commensurate with enabling students to meet the learning outcomes of the programme. Experience, supervision and support are fundamental to learning in practice. Students learn primarily through the care experience that they encounter and the extent of support provided to them. The clinical learning environment can significantly impact upon student learning and it is possible to facilitate quality clinical learning and discourage factors that restrict learning.

Each registered nurse/midwife has a duty to provide students with clinical support to help them question, analyse, reflect upon their practice and develop autonomy in decision-making to enable them become safe, caring competent nurses/midwives.

2. The Code of Professional Conduct

The Code of Professional Conduct for each Nurse and Midwife, April 2000, published by An Bord Altranais states, inter alia, that:

"*Each nurse has a continuing responsibility to junior colleagues. He/she is obliged to transmit acquired professional knowledge, skills and attitudes both by word and example. The nurse must not delegate to junior colleagues tasks and responsibilities beyond their skill and experience.*

The nurse is responsible for the overall care provided by students. The nurse's responsibility in transmitting knowledge, skills and attitudes and in maintaining standards of care extends to student nurses wherever their learning activity occurs".

Clinical practice experience, whether in the hospital or in the community care setting, forms the central focus of the profession and is an integral component of the educational programme.

Clinical practice experience provides students with:

- the opportunity and privilege of direct access to patients/clients

- the opportunity to experience the world of nursing and midwifery and to reflect on and to speak to others about what is experienced

- the reference system for the student to critically evaluate practice, to predict future actions and through reflection, reveal the thinking that underpins nursing actions

- the motivation essential to acquire the skills critical to the delivery of quality patient/client care

- the environment to enable them understand the integrated nature of practice and to identify their learning needs

- opportunities to take responsibility, work independently and receive feedback on their practice (Löfmark et al 2001).

Central to the practice of adult learning is the necessity to provide an environment of mutual respect, partnership, support and trust.

3. The Clinical Learning Environment

A quality clinical learning environment is influenced by:

• dynamic, democratic structures and processes

• a ward/unit area where staff are valued, highly motivated and deliver quality patient/client care

• supportive relationships, good staff morale and a team spirit

• good communication and interpersonal relations between registered nurse/midwife and student

• acceptance of the student as a learner who can contribute to the delivery of quality patient care.

Research (Orton 1981, Ogier 1982, Craddock 1993, Fretwell 1983, Hart & Rotem 1995, Wilson Barnett et al 1995, Dunn & Hansford 1997, Nolan 1998, Spouse 1998a, 1998b, Shung-kit CHAN 1999) on students' perception of the clinical learning environment has provided insight into factors which facilitate and inhibit learning during clinical practice placement.

Facilitating Factors	Inhibiting Factors
An empowering clinical nurse/midwife manager	Hierarchical structure Rigid ward routine
Positive ward climate	Lack of team spirit and commitment to teaching student nurses/midwives
Devolved decision-making, team work orientated to continuity of care	Task allocation
Supportive, positive relationships	Low staff morale
Atmosphere of trust	Student feeling that supervisors do not rely on him/her
Student involved and participating as an active member of the team	Student not being accepted as an active participant in patient/client care
Student and registered nurse/midwife working together	Inadequate supervision of student, little opportunity to observe or work with registered nurses/midwives

Figure 1: Factors that can facilitate and inhibit learning in practice.

4. Designing and Managing the Clinical Learning Experience

Each clinical nurse/midwife manager has a professional responsibility to ensure that the facilitating factors for providing a quality clinical learning environment are supported, to enable the student learn the practice of nursing/midwifery. The student must have an opportunity to experience direct patient/client involvement with the guidance of a registered nurse/midwife. Participation in care is a major factor in the maximisation of learning opportunities. Active participation in patient/client care allows the student to develop the ability to critically analyse and to solve clinical problems. This will require the allocation of the student and the preceptor/named registered midwife to a patient/client caseload. Such a strategy is fundamental to avoid the risk of nursing/midwifery care being viewed as a set of technical tasks. Opportunities in the clinical practice area that may permit the supervised/supported student appreciate the multidimensional aspects to the provision of care include some of the following examples:

- supervised access to patients'/clients' records

- supervised ward reports

- supervised clinical rounds

- clinical tutorials

- clinical case conferences

- shadowing

- assessing patients/clients under supervision and with support

- engaging in practice with supervision at a distance, when the supervisor is satisfied that patient/client safety is not compromised

- project work.

Student Support and Supervision

Each student should be assigned a named preceptor during clinical practice placement (Nursing Education Forum 2000). A preceptor is "a registered nurse who has been…prepared to guide and direct student learning…"(An Bord Altranais 1994 p.26). The preceptor develops a relationship and works with the student throughout the placement. Successful preceptorship has a significant influence on student development (Spouse 2001).

The Role of the Preceptor

Supervision, teaching, assessment and the giving of continuous ongoing feedback are incorporated within the preceptor role.

The preceptor orientates and socialises the student to the clinical practice environment. She/he identifies the student's learning needs, plans the learning experiences with the student, demonstrates best practice and shares clinical expertise. The preceptor acts as an effective role model and plans continuity of support for student learning. Confidentiality regarding a student's progress must be maintained.

Preceptor selection may be guided by the following criteria

- Clinical nurse/midwife managers are responsible for preceptor selection having assessed the registered nurses/midwives availability to adopt the preceptor role.

- Roster schedules may necessitate the need to appoint a primary and an associate preceptor, who will communicate and ensure continuity in student supervision and support.

- Preceptors will have attended the teaching, assessment and preceptorship course and have completed the *E-Learning programme* © An Bord Altranais 2002.

- The clinical placement co-ordinator and the link lecturer/midwife tutor should provide appropriate guidance and support.

The creation and maintenance of a quality clinical learning environment demands that all registered nurses and midwives maintain and enhance the development of the following fundamental factors:

- The philosophy of nursing/midwifery held within the clinical area should be explicit and the model(s) of nursing/midwifery care utilising a systematic approach should frame the assessment/nursing diagnosis, planning, implementation and evaluation of care.

- Policies, protocols and guidelines, evidence based care and research based standards of care should be evident.

- It should be evident that the clinical practice area complies with all health board/hospital and health and safety policies.

- Appropriate structures in relation to staff development, in-service and continuing professional education should exist.

- Learning opportunities, outcomes or objectives that are appropriate for the clinical practice area are available and revised as necessary.

- A written, structured and facilitated student orientation to the clinical practice placement must be in place.

- Hard copy/IT database learning support should be available in all clinical practice areas.

- Students should learn through, and from practice, with the supervision of registered nurses/midwives.

- An explicit philosophy of learning, congruent with the philosophy of care, is required in the clinical learning environment (partnership approach). The philosophy should support the acquisition of caring, analytical, critical thinking, problem solving, decision making and reflective skills in relation to the art and science of nursing.

- Structured learning opportunities should be available in all clinical practice areas.

- To support the achievement of learning outcomes, at all times, there must be sufficient registered nurses/midwives to facilitate the supervision of students during practice placement.

- Apart from that time when students are engaged in rostered service they are always to be regarded as supernumerary to the ward/unit/area staffing.

- Supernumerary status features are operationalised in relation to the student when not engaged in rostered service (Appendix 1 An Bord Altranais 2000).

- Preceptorship is utilised in support of student learning.

- Reflective practice is facilitated both in and on practice.

- The clinical placement co-ordinator and the link lecturer/midwife tutor are central to the supported experience of students.

- Student evaluation and participation in audit of the clinical practice placement should be in progress.

Assessment is central to any programme of education in order to ensure that those who become registered nurses/midwives are safe and competent practitioners.

5. Clinical Learning and Assessment

The learning and assessment process relies on the opportunity afforded to build on previous learning experiences but to do so with sufficient flexibility to meet the students' learning needs. Students need to develop the ability to self-assess as well as to be assessed. Learning must be active and interactive in order to question and to be questioned to increase insight and understanding. Learning must be transferable, students need help to see the relevance of their experience and connect it to relevant theories applicable to practice.

Assessment in Clinical Practice

An Bord Altranais (2000) requires assurance and evidence that the student is competent to practice and demonstrates the skills of a safe, caring and competent decision-making practitioner, willing to accept personal and professional accountability for evidence-based nursing/midwifery practice. Assessment has a gatekeeper function in that those qualified practitioners who have the authority to assess a student's competence to practice regulate entry to the Register of Nurses. Assessment helps maintain standards, it can predict future behaviour and potential, monitor student progress and it can also encourage students to develop the skills of self-assessment. By identifying students' strengths and areas for improvement, assessment can be a motivating factor (Rowntree 1977).

The key concepts associated with clinical assessment are:

- Assessment must judge the student's abilities in clinical practice

- It must include an opportunity for self-assessment

- It must make explicit expected outcomes and criteria

- Feedback must be included.

What is Being Assessed?

Assessment must include the observable behaviours, interactions, performances and procedures demonstrated by students. It must also include the covert or implicit decision-making processes involved in making judgements whether they are clinical or ethical as well as the underlying attitudes/values, cultural influences and the use of evidence. Competency based assessment is not a checklist of behaviours, it is a student-centred assessment strategy designed to elicit performance, potential and evidence of attitudes/values and knowledge. The integration of knowledge, attitudes/values and skills in practice underpin competency assessment; this implies that assessment involves **questioning** and **feedback.**

Good feedback is:

- Specific - it is focused on behaviours not personalities or subjective data and includes suggestions for development

- Immediate - given at the earliest opportunity

- Balanced – does not overload, offers guided choices and includes positive feedback as well as areas for improvement.

6. Student Documentation and Records

The gathering of evidence in relation to clinical experiences is a critical factor in the learning process. As a method of learning, the portfolio may include diary work, journals, records of learning incidents supported by rationale and with reference to theory and research which students may be encouraged to keep in a form best suited to themselves. As a record of student development, the portfolio has the potential to bring learning and assessment together. A portfolio can provide both direct and indirect evidence of student practice; direct evidence refers to the student's nursing/midwifery activities in practice and should include a record of the knowledge and rationale for actions; indirect evidence refers to portfolio entries written after the experience. It is recommended that the portfolio is student centred, that it records critical learning instances, that it is guided by ethical considerations and the obligations of the Freedom of Information Act (1997). The portfolio design, formal learning and assessment process will be guided by the third level institutions' guidelines and should include a statement of purpose.

7. Conclusion

The concern of An Bord Altranais is the promotion of high standards of professional education, training and practice and professional conduct among nurses and midwives thus ensuring the protection of the public. An Bord Altranais, in keeping with its policy to develop, extend and strengthen the principle of partnership with all parties to the educational experience has identified some of the factors which contribute to the creation and maintenance of a quality clinical learning environment and to the assessment of students.

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