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Upskilling Australian registered nurses to enhance students' clinical placement experiences: a contemporary discussion

AUTHORS

COLLEEN RYAN RN, PhD¹

ROBYN CANT PhD²

LYNDA HUGHES RN, PhD³

ELISE LUDERS RN, RM⁴

SIMON COOPER RN, PhD²

CHRISTINE OSSENBERG RN, PhD⁵

DARRELLE AHCHAY RN, MEd⁶

MEGAN FITZGERALD Student Nurse⁴

1 Central Queensland University, School of Nursing, Midwifery and Social Sciences, Queensland, Australia.

2 Federation University Australia, School of Health, Victoria, Australia.

3 Griffith University, School of Nursing and Midwifery, Queensland, Australia.

4 Federation University Australia, School of Health, Victoria, Australia.

5 Princess Alexandra Hospital, Nursing Practice Development Unit, Queensland, Australia.

6 Prince Charles Hospital, Nursing Education and Workforce, Queensland, Australia.

CORRESPONDING AUTHOR

COLLEEN RYAN Central Queensland University, School of Nursing, Midwifery and Social Sciences, 160 Ann St, Brisbane, QLD, 4001, Australia. Email: c.l.ryan@cqu.edu.au

ABSTRACT

Objective: To present and discuss options for upskilling registered nurse supervisors to ultimately improve the quality and consistency of nursing student placements.

Background: Many studies have examined clinical learning in nursing, with evidence that student learning and registered nurse clinical supervision experiences can be improved. An independent review of nursing education in Australia confirmed gaps in the preparation and support of supervising registered nurses that may negatively impact students' learning.

Study design and methods: This paper discusses contemporary insights around 1) the current situation in Australian nursing student clinical placements regarding learning, 2) registered nurse clinical supervisor experiences and 3) professional options for recognising role excellence, offered by Australian and international nursing and healthcare specialities.

Discussion: Nursing students' placement experiences are at times sub-optimal. One way to improve learning experiences could be to offer clinical supervisors professional development programs. Now is the time to consider a certification process to recognise excellence in registered nurses' education capabilities and to better support students' clinical learning.

Conclusion: Upskilling registered nurses for clinical supervision may be assisted through formal and informal education programs specific to the professional nursing context in Australia.

Implications for research policy and practice: Upskilling registered nurse clinical supervisors should be a priority on the national agenda of improving students' clinical learning experiences. This commentary provides contemporary insights to the current situation regarding Australian students' clinical placement and supervisor experiences.

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The ways that some nursing specialities recognise excellence in practice are discussed as options for improving clinical supervision.

What is already known about the topic

- Nursing students' clinical placements need improvement; students continue to report less than optimal experiences.
- There are no requirements in Australia for registered nurse clinical supervisors to undertake assessment of capability for the role.
- National and international processes exist to recognise supervisor capabilities and role excellence.

What this paper adds

- Options for recognising capability and practice excellence in nursing clinical supervision.
- A discussion around clinical supervisors engaging with formal and informal education and processes that recognise excellence in role capabilities.

Keywords: clinical placements; clinical supervisors; credentialing; facilitators; nursing; preceptors

OBJECTIVE

This contemporary discussion provides commentary relating to nursing students' and registered nurse clinical supervisors' placement experiences and suggestions for improvement in the quality of clinical learning. The discussion introduces the concept of credentialing as one approach to upskilling registered nurse supervisors and for improving student clinical placement experiences.

BACKGROUND

Both in Australia and internationally, clinical placements are a mandatory component of education for any pre-registration nursing student.^{1,2} A registered nurse (RN) who supervises and assesses nursing students' clinical practice is referred to most commonly, as 'clinical supervisor', 'clinical facilitator' or 'clinical teacher'. Meanwhile, nurses who supervise students' practice while maintaining responsibility for a patient load, may be known as a 'preceptor', 'mentor' or 'buddy nurse'.³ For this discussion we adopt the term 'clinical supervisor' to refer to any RN, irrespective of title, who supervises nursing students' during a clinical placement.

Reports of student experiences of learning during clinical placement are key indicators of successes or barriers to clinical learning. A body of research has reported on the quality of nursing students' clinical learning experiences.⁴⁻⁶ In the Australian context, positive elements include adequate preparation for clinical placement such as orientation to the facility, the supervisor/s, and the work environment. Placements should offer a welcoming and inclusive environment and include supervision within an organisational culture that embraces clinical learning.⁷ Students believed that a lack of supervision and not being included were factors that negatively impacted their learning.⁸⁻¹⁰ An Australian qualitative study exploring student clinical learning experiences found students felt clinical learning was stressful because it is unpredictable, and they

needed to be included to learn.⁸ A separate Australian study further added students were bewildered and confused by university teaching and what eventuates in supervisory practice.⁹ Further, a 2021 review reported indifferent staff attitudes detracted from students' learning experiences.¹⁰ An earlier report on the future of nursing education in Australia indicated a need for education providers, placement organisation staff and RNs supervising students, to focus on prioritising planning and preparation of staff and students for clinical placements.¹¹

In Australia, the Nursing and Midwifery Board Standards for Registered Nurse Practice,¹² and Code of Conduct for Nurses,¹³ prescribe education elements related to RNs being prepared to educate, supervise, and assess others: Standard 3.3: "uses a lifelong learning approach for continuing professional development of self and others".¹² Similarly, the Australian Nursing and Midwifery Accreditation Council (ANMAC), responsible for nursing program accreditation, requires that education providers ensure students undertaking clinical learning experiences are supervised and assessed by "appropriately qualified and experienced RNs..." (standard 1.6).¹

The recent independent review of nursing education in Australia suggested variability in nursing students' clinical learning experiences could be affected by supervising RNs' levels of experience and role preparation.¹¹ This report further commented on an "untenable laissez-faire approach to clinical placement supervision" and recommended improved monitoring and "consideration of an accreditation system for clinical placements".^{11(p.ix)}

There are many reports of RNs' experiences of the clinical supervisor role, discussing the challenges encountered in managing the role. International works¹⁴⁻¹⁶ invariably conclude there is a need for further effort in preparing clinical supervisors for their role: a phenomenon generating recent interest in Australia.^{6,11,17-19} Thus, actioning this recommendation should now become a priority.

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DISCUSSION

Further to the introduction above, this discussion now turns to a deeper commentary around developing Australian RNs' clinical supervision abilities. This is one way the discipline could improve the quality of students' clinical learning experiences.

AUSTRALIAN CLINICAL SUPERVISORS' CHALLENGES SUPPORTING STUDENTS' CLINICAL LEARNING

Supervision is described as relationship-based education and training, that is work focused and which manages, supports, and develops supervisees' level of knowledge and current training and professional development.²⁰ Thereby the relationship formed between the RN and the student is key to students' optimal clinical learning. Understanding Australian RN clinical supervisors' experiences of challenges when supervising students may assist in informing how quality in clinical placements could be enhanced.

A scan of Australian RN studies identified long standing challenges for clinical supervisors. The administrative requirements of the job, completing students' clinical assessments, preceptor fatigue, poor recognition of the role and the disparity between stakeholder expectations of the role, were commonly reported.^{17,21,22} Role preparation, learning the role experientially, drawing on tacit knowledge, and working part-time in the role were also acknowledged

as challenges for preceptors.^{19,23} Such expectations require the RN clinical supervisor to negotiate, sometimes at an advanced level, with peers and nursing managers, in order to keep students and patients safe.¹⁹ As such, it appears RN clinical supervisors may benefit from some educational preparation for the role.

EDUCATIONAL PREPARATION OF AUSTRALIAN RN CLINICAL SUPERVISORS

Postgraduate study programs offer formal educational preparation of RN clinical supervisors. Australian university handbooks readily identify postgraduate studies in clinical education, health professions education, or clinical teaching at certificate, diploma, or degree level. Informal education may be offered through local and nationally designed education provider and healthcare organisations' training programs. Preceptorship,²⁴ organisational policies, advanced communication skills and feedback are common topics.^{22,23} Programs are available as open access, web based, or face to face programs.

Table 1 provides information about four Australian state and federally funded open access, community-based clinical supervision education programs, for any interested RN. Notably, the ClinEdAus program, under the auspices of the Australian Government, offers educational options related to clinical supervision across various practice settings, acute care, community, or mental health. Timely educational offerings are also available, for example the content on

TABLE 1 AUSTRALIAN NURSING CLINICAL SUPERVISION EDUCATION PROGRAMMES IN THE COMMUNITY

Programme	Access eligibility	Format and content
Best Practice Clinical Learning Environment (BPCLE) (2021) https://www2.health.vic.gov.au/health-workforce/education-and-training/building-a-quality-health-workforce/bpcle-framework Project funding: Victorian Health Department	Open access and also subscription-only resources	<i>Web based</i> topics include <ul style="list-style-type: none"> • Planning the placement • Supervisor duties • Delivering feedback • Developing service-education provider relationships • Creating positive learning environments
ClinEd Aus (Enabling Clinical Education Skills) (2022) https://www.clinedaus.org.au/ Project funding: Australian Government/ Queensland Government/ and six partner Queensland Universities	Open Access Online Modules and associated quizzes, blogs.	<i>Online</i> topics include <ul style="list-style-type: none"> • Communication • Assessment • Feedback • Clinical reasoning • Critical thinking • Reflective practice • Working with diverse students • Supporting students in complex practice contexts (e.g. NDIS)
Health Education and Training Institute (HETI) https://www.heti.nsw.gov.au/education-and-training/my-health-learning Project funding: NSW Health	NSW health employees only	Online and face to face Unable to access
Supporting Health Students in the Workplace (UTAS) (2014) http://www.supportingstudents.org.au/ Project funding: Australian Government (University of Tasmania)	Online	Online modules, videos and quizzes <ul style="list-style-type: none"> • Communication • Learning styles • Assessment • Constructive feedback • Positive learning environments

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National Disability Insurance Scheme (NDIS) on the ClinEdAus site, see Table 1. Thus, both novice and experienced clinical supervisors may benefit.

Although some studies have reported the impact of local training sessions on supervisor role satisfaction and working experiences, evaluations of these programs are rarely publicly available. A ClinEdAus site evaluation reported users found the content relevant for supporting student supervision.²⁵ An Australian local organisation training session did compare Australian preceptors who had completed facility only training, and those with formal educational qualifications, reporting little to no difference in the two groups' skills and knowledge.²⁴ In other reports RN supervisors have commented that the training content provided by education providers is not always meaningful to them.²³ Other studies have reported that programs offering supervisors' protected time to work with students and that develop supervisor confidence, motivation and attitudes for the role have proven successful.²⁶ Such findings suggest the next step could be to nationally explore RN clinical supervisors' motivations, barriers and challenges for completing formal and/or informal preparation for the role. This is important because recommendation 7 of the independent review of Australian nursing education calls for national nursing governing bodies, 'ANMAC and NMBA to implement accreditation systems'¹¹ (p.14) of host organisations offering nursing student clinical learning. If actioned, this recommendation could be costly,¹¹ particularly for healthcare organisations made to achieve accreditation through providing education for supervising RNs. A credentialing program is proposed as a cheaper and perhaps more effective alternative. Costs of educating every RN supervisor to meet accreditation requirements would be negated. Credentialing programs recognise both informal and formal educational preparation and could be more effective in encouraging RNs to voluntarily upskill for their clinical supervisor roles.

FORMALISING RN CLINICAL SUPERVISOR CREDENTIALS

In Australia, there are no known competency-based assessments for RN supervisors to complete prior to supervising nursing students' clinical learning.²⁸ However, a basic level of skill development is implied as necessary in the current national nursing undergraduate degree curricula, as per requirement 3.2 and 3.3 of Standards for Practice.¹² This aims for students to develop peer teaching skills and for RNs to take responsibility towards educating self and others; including students. RN seniority and length of time since qualification may lead to loss of some teaching skills, hence educational preparation is important, as shown by the variety of content in Table 1.

Credentialing is a formal, but often voluntary, process that some healthcare professionals can access to verify and certify documents related to their qualifications, experience, professional standing, professional development, and other relevant professional attributes. For instance, Credentialed Diabetes Educator® (CDE) is a trademark of Australian Diabetes Educators that indicates the professional association has certified the individual for their specialist knowledge and professional development in the field of diabetes education.²⁹ Australian mental health nurses are also able to achieve voluntary credentialing status through their college.³⁰ The following statement from Australian College of Mental Health Nurses justifies credentialing of mental health nurses:

A Mental Health Nurse recognises the qualifications, skills, expertise and experience of nurses who are practicing as specialist mental health nurses. It demonstrates to employers, professional colleagues, consumers and carers that an individual nurse has achieved the professional standard for practice in mental health nursing.³¹ (p5)

Regarding peak nursing education bodies, The North American National League for Nursing aims to support excellence in nursing education through a voluntary Certification for Nurse Educators (CNE), available to any RN educator. This certification denotes nursing education as a specialty area of practice and the credential is a mark of distinction for the individual nurse.³²

North American studies report CNE benefits are mostly intrinsic including recognition of advanced practice and specialised knowledge, professional credibility, a sense of role satisfaction and personal achievement. Extrinsic rewards included RNs' increased marketability and consumer/student confidence.³³

A reported barrier is the financial cost of the application for certification.³³ Interestingly RNs usually do not cite the time taken to prepare for certification was a barrier.³³ The impact of credentialed and non-credentialed RN supervision on students' learning is underexplored, however, students have been observed as more satisfied with their learning from credentialed nurse educators.³⁴ This is an encouraging finding. Perhaps this is a useful professional development exercise that could assist clinical supervisors to learn how to flourish in the role, thus offering students improved clinical learning experiences.

Although credentialing may not be a preferred option for every Australian RN clinical supervisor, given the identified benefits discussed here, the suggestion is worthy of serious consideration. This could be a positive step in upskilling Australian clinical supervisors to overcome the known challenges they are faced with when supervising nursing students, previously identified as requiring urgent attention.¹¹

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Certification could enhance recognition for the important role Australian RN clinical supervisors undertake, similar to that of other healthcare and nursing disciplines. We suggest that Australian RNs working in clinical supervision roles and assessing students' clinical performances, should, at a minimum, be encouraged and supported to complete appropriate professional development. Seeking recognition of their speciality role as leaders in nursing education and in preparing students for the healthcare workforce is equally as important.

Furthermore, the recognition of formal and informal professional development achievements may encourage more Australian RNs to seek to advance their clinical supervision capabilities, irrespective of the particular clinical supervision role. Such a move could also reduce the laissez faire approach to supervising students clinical learning identified as a priority area for improvement.¹¹ With no current minimum postgraduate requirement stipulated in Australia, this may help to address the identified gaps in clinical supervision for both supervising RNs and their students, and lead to more positive student experiences.

CONCLUSION

This commentary adds to the extant literature offering recommendations to address lingering problems of quality in nursing students' clinical placements. Australian nursing students continue to report some unsatisfactory clinical learning experiences, often related to educational unpreparedness of RN clinical supervisors. This discussion recommends ways RN clinical supervisors could prepare formally and informally for the role. There is a need for further investigation into RN clinical supervisor benefits for engaging with formal and educational preparation, and the impact such preparation has on student clinical learning. Credentialing could serve to identify RN clinical supervisors who can demonstrate advanced practice and capabilities in clinical teaching. Recognising excellence in clinical supervision through credentialing processes could improve nursing students' clinical placement experiences. Implementing credentialing or certification processes will only serve to benefit RN clinical supervisors and the nursing students they supervise.

Funding: This scholarly work received no funding support.

Conflict of interest: The authors declare no conflicts of interest.

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