

1 Aim

The aim of this clinical supervision of students in practice guideline is to inform clinical supervisors and students of the expectation of the supervision of students in practice during their clinical placement within the Bachelor of Nursing Programme.

2 Objectives

This guideline has the following objectives

- Articulate the expectations for the supervision of students in practice during a clinical placement.
- Clarify the roles of registered nurses who supervise and work with students in practice.
- Outline the model of supervision for students in practice.
- Describe the 6 steps for the implementation of the model of supervision.

3 Definitions

Term	Definition
Clinical Supervisor	Internationally and within Australia there is no agreed model of clinical supervision for nursing students in clinical practice. UOW SN utilises the term Clinical Supervisors to define all registered nurses in clinical practice who take on the role of the supervision and assessment of students.
Clinical Facilitator	Clinical facilitators are registered nurses who are casual academics employed by UOW and have a role in the supervision and assessment of students in practice; they are allocated on a 1:8 ratio. Clinical Facilitators in this role are generally on a set shift of either day or afternoon shift, however this may include coverage across both shifts at times and this is called a through shift which covers 10am to 6.30pm. Where there are less than 8 students allocated the workload allocation is 5 hours per student per week.
Preceptor	Preceptors are registered nurses who work for our host health provider organisations and they provide the overarching supervision of students in practice. Within the preceptor model, a designated preceptor is assigned to the student for the duration of their clinical placement and assessment is generally shared between the preceptor and buddy registered nurses who work with students at the point of care. It is expected that supervision of students is allocated to the preceptor with a workload of 5 hours per student per week. UOW SN remunerates host healthcare providers who elect to work with the preceptor model at an agreed rate for five hours per student per week. This model should not be more than 2 registered nurses in any placement period.
Clinical Liaison Facilitator	Clinical Liaison facilitators are registered nurses who work for the university and provide overarching support of students placement in practice in partnership with the health service. Within this model the Clinical Liaison Facilitator provides support to the preceptor / registered nurses and students during a period of clinical placement. The host healthcare provider takes the responsibility for the assessment of the students' performance. This model is on a 1:16 ratio and there is no remuneration for the host healthcare providers for the supervision of students.
Buddy Registered Nurse	The buddy registered nurse is the registered nurse who works at the bedside with the student in practice for a designated shift allocation. This registered nurse negotiates their role on a daily basis with the clinical supervisor and the student. This RN may change on a shift-to-shift basis and may include a role in the assessment of students in practice.

4 Background

Students within the BN are required to undertake 840 hours of workplace experience to be eligible to register as a nurse at the completion of the degree. The SN is committed to providing high quality placements that enable students to experience a variety of areas within nursing practice. These workplace experience placements are undertaken with healthcare providers across New South Wales (NSW) and the Australian

Capital Territory (ACT). The SN also provides students with the opportunity to have bespoke opportunities with interstate and international health service providers by expression of interest.

Students are expected to navigate a broad range of workplace experience placements and integrated within their preparation for practice they are challenged to consider person-centredness and their role in influencing the creation of healthful cultures within the services they undertake their placement in (McCormack and McCance 2017). Healthful cultures in this context focus on wellbeing for all involved in the care process and the measurement of this as an outcome from all perspectives, creating the capacity to change how people, carers and health professionals influence and experience care (McCormack and McCance 2017). This concept of healthfulness is inclusive of all staff who are involved in the delivery of care and challenges students to consider the role and value of the person receiving care, their carers and the interdisciplinary team. Students are required within their ANSAT assessment (Standards 2.7-2.9) to understand the role of the nurse as well as the nurse's collaboration and engagement with other health care professions. Through these workplace experience placements students gain a deeper understanding of the health care team and the disciplines which combine to deliver individualised care. This clinical exposure to these interdisciplinary components and activities is underpinned by the interdisciplinary learning which takes place in subjects throughout the Bachelor of Nursing.

The curriculum for the Bachelor of Nursing has been designed to ensure that students' workplace experience is an independent subject and students are not undertaking other subjects at the same time. Within each session, students will undertake three subjects that combine online lectures, laboratories/simulations and tutorials that are designed to prepare students for their workplace experience placement and to assist in the application of theory prior to their placement. In responding to concerns raised by students in the current program, the design of the curriculum ensures that there are no assessments due while students are on a workplace experience. This allows students to focus fully on their placement experience and minimises the distractions of competing demands.

Students within the Bachelor of Nursing will be provided with a variety of workplace experience placements across their degree. Each student will undertake 840 hours of placement prior to the completion of their degree. This will be distributed across the three years of the degree as below:

- 1st year – 160 hours
- 2nd year – 320 hours
- 3rd year – 360 hours.

To ensure students have exposure to the reality of nursing practice and a variety of areas of clinical practice, their placement allocations will be mapped within SONIA (the electronic placement system used by UOW). This mapping will ensure all students complete the requirements of a workplace experience placement in a range of settings. These settings may include aged care, mental health nursing, primary and community nursing, acute care nursing and high acuity nursing.

5 Model of Supervision

The School of Nursing, Bachelor of Nursing curriculum is developed within constructivist learning theory, this is not one pedagogy rather it includes a wide ranging impact on learning theories. Constructivist learning approaches are embedded within active learning where clinical supervisors and students learn together and this learning is constructed from their experiences in the clinical environment. Within a constructivist leaning approach, clinical supervisors have a role in the facilitation of student learning enabling them to be experts in their own learning and bring together their learning from the classroom based subject to inform the development of new knowledge in clinical practice.

In determining the key elements for clinical supervision, 110 clinical supervisors participated in a creative exercise. The outcome from this was the development of the tagxedo, which is at the beginning of this guideline in the shape of a key and which highlights the key words the clinical supervisors believe should be included within our model of supervision.

To ensure we are true to the clinical supervisors' vision of respecting individuality and diversity within students and ensuring a positive learning experience, there are three key philosophical models that underpin the model of supervision: they include the Person-Centred Practice Framework (see appendix 4 – Person-centred framework) (McCormack and McCance 2017), solution-focused nursing (McAllister 2003) and Facilitation on the Run (FoR) (Hardiman 2017).

The model of supervision for students in workplace experience is underpinned by the Person-Centred Nursing Framework (McCormack and McCance 2017). Person-centredness within the framework is underpinned by the principles of human freedom, choice and responsibility, holism, different forms of knowing and the importance of time, space and relationship.

The definition of person-centredness has been broadened to consider humanising healthcare by McCormack and McCance (2017, p. 3) as:

... an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by the values of respect for persons, individual rights to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development.

Healthful relationships in this context are evident when decision making is shared, staff relationships are collaborative, leadership is transformative and innovative practices are supported. They are attributed as the ultimate outcome in developing workplace cultures that are person-centred (McCormack and McCance 2017, p.60).

Solution-focused nursing adds to person-centredness and provides the platform for working in strength based ways with students. This model comes from the perspective where clinical supervisors work with students through authentic engagement and consider them as the expert in their educational journey (McAllister 2003). Underpinning principles of solution-focused nursing is that the focus is on the person rather than the problem, language is hopeful and future focused, and issues identified are seen as temporary. Believing that people have the capacity to change to improve and that small change can bring about a profound difference is a fundamental premise of this model. McAllister (2005) argues that solution-focused ways of working are supported by transformational learning. Within this context transformational learning includes seeing and doing in effective ways, noticing the overlooked, seeing strengths and possibilities and acting with (not for) people.

FoR (Hardiman 2017) is underpinned by the person-centred practice framework and incorporates principles of solution-focused nursing in that it emphasises identifying strengths and valuing the person as an expert in their learning. The FoR model has been developed as 'stepping stones' for the development of facilitation skills from a novice to an expert critical companion. There are two key models within this. They are Critical Allies and Critical Friends (see appendixes 5 and 6). Significantly, clinical supervisors and nursing students need to work together collaboratively and determine the level of their relationship through consideration of how to establish the pre-requisites that are outlined in the framework. Pre-requisites are described for each of the models and are concepts that a facilitator of learning should focus on to ensure they have the groundwork in place to create an intentional relationship. Once the pre-requisites have been established the model provides guidance for the appropriate strategies that will bring about person-centred outcomes and assist in developing healthful relationships between students and their clinical supervisor.

6 Guidelines

The UOW SN has a 6-stage process for supporting students in practice. The application of this model needs to reflect the principles of our model for supervision, person-centredness, solution focussed ways of working and FoR. The following headings outline the process with information that should be considered, this is not an exhaustive list rather a guideline for good practice when working with students in clinical practice.

6.1 Meet and Check in process

There is no requirement to contact students prior to the commencement of the placement. Day 1 instructions are outlined in the facility information linked within SONIA for students and UOW Clinical Facilitators. For preceptored placements students will follow the instructions provided by each organisation for day 1. The provision of orientation is the responsibility of the health provider. Clinical Supervisors are responsible to ensure students receive orientation at the commencement of their clinical placement or as soon as possible on Day 1 of the placement. It is expected that the clinical supervisor will be present at the orientation process for students or to contact students Day 1 for placement of less than 8 students.

Within the check in process, it is expected that students and supervisor establish the pre-requisites of their facilitative relationship. Consider the establishment of critical allies (Hardiman 2017), mutual respect, shared values, preparedness and authentic presence as a minimum. Healthful relationships are to be explored in terms of shared decision making, and enabling safe spaces that address the equalisation of power in the relationship. Students should commence a conversation with their clinical supervisor where they will share

their values, feelings and expectations as a way of establishing ways of working (see appendix 1 – student led conversation form).

The initial conversation should include a strengths based approach to the self-assessment of where the student identifies their strengths and their opportunities for improvement are against the NMBA (2016) RN Standards for Practice. Following this conversation the setting of individual learning objectives for the student should consider both their strengths and opportunities for improvement. Encourage students to identify a learning outcome they would like to address and document this on the formative feedback form (see appendix 2 – Formative Feedback Form), which enables students to develop strategies to address this issue that are measurable and assist the student to meet their individual learning requirements.

The health provider should provide students an orientation to the ward or service prior to them being allocated to care for people.

6.2 Daily interaction and supervision

The daily interaction with students should include a conversation with the registered nurses they are working with and the student. Students should have the opportunity to identify their goals for the day with their clinical supervisor and buddy RN. Conversations should include critical questions and seeking examples of practice to explore. It takes courage to provide honest feedback and the conversations with both registered nurses and student's needs to enable the opportunity to provide honest feedback and comments.

Clinical supervisors should role model and articulate person-centred practice. Using gentle language with consideration of both tone and body language is encouraged. The focus of the strategies that clinical supervisors implement in daily interactions and supervision should be on achieving the outcomes of the FoR and person-centred frameworks. Consideration should be given to ensuring the pre-requisites of the critical allies and critical friends are still in place or if they need to be revisited. The strategies for the FoR (2017) model that best suit the relationship should be agreed to by the clinical supervisor and the student.

Daily conversations should include a strengths based approach to the self-assessment of where the student identifies their strengths and their opportunities for improvement are against the NMBA (2016) RN Standards for Practice. Review of the student's individual learning objectives should be included in the daily review of how the student is progressing. Any issues identified are to be raised with Subject Coordinator as soon as identified and the subject coordinator is to be seen as an internal stakeholder in supporting students to be successful within their placement

Formal feedback is to occur using the ANSAT assessment documentation at the midpoint and end of each placement period. Person-centred feedback should be given using a strengths based approach. Issues must be raised prior to the formative or final assessment with the student in consultation with the Subject Coordinator if they are to be included within any assessment.

6.3 In the moment feedback

In the moment feedback should be provided to students from their clinical supervisor on a daily basis in the clinical setting. It is important to provide feedback in strengths based ways that enables the student to lead the conversation and explore their strengths and opportunities for improvement. Examples of practice should be used to support feedback. Clinical supervisors should ensure the provide critical feedback that identifies where the student is performing well and their opportunities for improvement against the NMBA (2016) RN Standards for Practice.

This feedback should be given with gentle language that is hopeful, future focussed and suggests and problems identified are temporary.

6.4 Critical Conversations

Individual critical conversations should form part of the daily supervision and conversation between the clinical supervisor and student in a private location. The conversation should encourage the student to think out loud and identify strategies that will enable them to develop a deeper understanding of themselves, the nursing profession and the specialist area of practice they are currently experiencing. Clinical supervisors should use enabling questioning (see appendix 3 – enabling framework questions) with students to explore the issues raised. Where it is helpful to the student feedback should be documented in consultation with

the clinical supervisor using the Formative Feedback Form. This form should enable the student to identify their own strategies for improvement.

Any concerning issues identified are to be raised with Subject Coordinator as soon as identified and the subject coordinator is to be seen as an internal stakeholder in supporting students to be successful within their placement. This feedback should be documented as above and in consultation with the Subject Coordinator using the Formative Feedback Form.

6.5 Group debriefing

Group debriefing can only occur in placements where multiple students attend and should include a group of students meeting to explore practice issues and assist each other to develop solutions that are specific to the context of the care environment and that inform their future practice. These group debriefing sessions form an integral part of the facilitation of student learning in clinical practice. The timing of these sessions need to be negotiated with the wards / services and should be at least one per week. Students from a variety of years should be encouraged to attend.

The process should use the enabling framework of clarifying, reflecting, challenge and probing, and action. Time should be spent creating a safe space for students to share their practice experiences, each student should identify a challenge they have faced within practice, as a group there should be an agreement as to which practice example that will be utilised to explore. Students should lead the enabling framework being enacted. The observer should provide feedback and ensure that the conversation follows the enabling framework and that the student remains safe within the space. Once the conversation reaches a natural closure, a process check should be completed and the student who was responding should have the opportunity to provide feedback on how the experience was for them.

6.6 Check out and completion of placement

Towards the end of the placement students should receive all of the paperwork required. Students are responsible to ensure all of their requirements have been met and all of their assessments are complete and signed. Clinical Supervisors are responsible to complete all required paperwork and to communicate honestly with the student regarding the placement experience.

Clinical Supervisors are to have a conversation with students to conclude their placement. This should include both the student and clinical supervisor having the opportunity to provide feedback on the overall placement, how it felt and what their experience was. This conversation should be in a safe place where both parties have the opportunity to be courageous and honest in sharing their experiences. The conversation should start with what worked well and then progress to any challenges and barriers. Any issues raised that are not able to be resolved by either party should be referred to the subject coordinator for consideration and support.

6.7 References

Hardiman, M & Dewing J 2014, 'Critical ally and critical friend: Stepping stones to facilitating practice development', *International Practice Development Journal*, vol. 4, no. 1, pp. 1-19.

McAllister, M 2003, 'Doing practice differently: Solution-focused nursing', *Journal of Advanced Nursing*, vol. 41, no. 6, pp. 528-535.

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McCormack, B & McCance, T (eds) 2017, *Person-Centred Practice in Nursing and Health Care: Theory and Practice*. United States: John Wiley & Sons.

Nursing and Midwifery Board of Australia 2016, *Registered Nurse Standards for Practice*, Nursing and Midwifery Board of Australia, viewed 7/11/2018, <<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>>.

7 Version Control Table

Version	Release Date	Author/Reviewer	Approved By	Amendment
1	09/04/2018	Maria Mackay Director of Clinical Learning Carley Jans Deputy Director of Clinical Learning	Full name & title	Initial version.

