

**Clinical Facilitation in Nursing:
Does it meet re-entry and refresher
students' expectations?**

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SUMMARY

The aim of this study was to explore how effectively three models of clinical facilitation used to support students undertaking either a Re-entry or Refresher nursing program met their expectations. Re-entry (RE) and Refresher (RF) nursing programs are intended to prepare currently, or previously registered nurses to return to practice, and have been conducted by two teaching hospitals in South Australia since 2001. The three clinical support models used are 1) the Program Clinical Facilitator – Primary Hospital model, 2) the Program Clinical Facilitator – Off site model, and 3) the Local Facilitator – Remote Hospital model. The model used for each student is determined only by their clinical placement location.

Examining the appropriateness of using clinical facilitation as a model to support RE/RF students is valuable for four reasons. First and foremost, using a clinical placement support model designed for undergraduate nursing students, for either qualified, or previously qualified nurses' needs to be questioned. Secondly, whilst RF programs are not regulated per se as students are registered nurses, RE students are no longer registered, and therefore programs require accreditation by appropriate regulatory bodies. This distinction is important in the context of role responsibilities for clinical support and assessments, and for emphasising the importance of quality assurance processes in monitoring assessment of competence. Thirdly, in times of economic and fiscal restraint it is valuable to explore the validity of using a clinical support model, which some argue, is not economically sustainable (Mannix et al. 2006; Sanderson & Lea 2012), and exhibits major flaws (Andrews & Ford 2013). Lastly, and in support of the former points, the RE/RF student is considered a valuable human resource in times of workforce shortages (Durand & Randhawa 2002; National Nursing and Nursing Education Taskforce 2005; Asselin, Osterman & Cullen 2006; Elwin 2007; Long & West 2007; McMurtrie et al. 2014), thereby justifying research into this student cohort and development of a broader, and deeper understanding of concepts related to RE/RF students, in particular their clinical learning needs and support preferences.

In this exploratory study, a three stage qualitative interpretative approach was used to maximise both the richness of the data, and capture the diverse expectations and experiences of the clinical support students expected and received. A purposive sampling method was used to recruit study participants. A short demographic questionnaire and three focus groups were used to collect data. Two focus groups were conducted with students enrolled in a RE/RF program delivered in 2011. Focus group one explored students' expectations of the support they anticipate needing from the clinical facilitator, and focus group two reflected on how their experience matched their expectations. A third focus group explored the concepts raised by the student participants with clinical facilitators who provide support to RE/RF students while on placement. Data from all three focus groups was examined using a three stage thematic analysis approach. Analysis

indicated RE/RF students expected the clinical facilitator role may include activities grouped into four themes: a) guide their learning; b) facilitate clinical assimilation; c) provide advocacy and; 4) support. Focus group two and three reviewed these themes and identified whether students' expectations were met.

This study's finding highlighted four main points and provides direction for further research. Firstly the finding suggests RE/RF students were self-directed in achieving their learning and relied less than they expected on the clinical facilitator for their learning. Secondly, RE/RF students expected the clinical facilitator would play a role in their clinical assimilation and role transition; however, this was not the case for all students, particularly at satellite hospitals. Thirdly, the expectation that clinical facilitators would advocate on their behalf, both as an individual and learner was also not met in every situation. And Lastly, RE/RF students' expectations and needs being met were influenced by availability and accessibility of the clinical facilitator. Given these findings, and in recognition of the need to support the reintegration of RE/RF students into the workforce, further research exploring this student cohorts' learning needs and support preferences would seem appropriate.

Declaration

“I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by a person except where due reference is made in the text”

Helen Louise Hughes

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ABBREVIATIONS AND GLOSSARY

Definitions provided in the following glossary are not intended to be the definitive meaning of the term. The intention is to clarify and contextualise terms which are often ambiguous or modified to suit individual contexts. The definitions provided below are a lexicon of terms used in the context of the Re-entry and Refresher Program discussed in this thesis.

Clinical Facilitator (CF): The definition of Clinical Facilitator varies. In the context of the Re-entry/Refresher programs in this study, the clinical facilitator may be known as the Program Clinical Facilitator, or the Local Facilitator. A clinical facilitator is a registered nurse who is appointed to support Re-entry/Refresher students during their clinical placement. It is important to emphasise the role of the clinical facilitator varies according to student need, model of clinical facilitation used, and clinical setting. The CF may be required to provide support through debriefing, assist with student learning, or provide clinical support and/or information to clinical staff regarding the program and assessment processes.

Clinical Placement: The component of a health professional's education that is undertaken in the clinical setting. In this study, the Re-entry/ Refresher Programs clinical placement may be undertaken in a variety of venues including metropolitan or country hospitals, private hospitals, or aged care facilities.

Clinical Privileges: The Executive Director of Nursing of a health service is accountable for the standard of care delivered to patients in their health service. After meeting an organisation's set criteria, 'Clinical Privileges' are granted to Clinical Facilitators, not employed by the health service. These privileges give Clinical Facilitators the authority to support and supervise students in the clinical setting of the health service.

Clinical Supervisor (CS): In this study, the title "Clinical Supervisor" will be used to identify the registered nurse (RN) who is working directly with the student in the clinical setting. This term is interchangeable with that of "buddy", "allocated RN", "supervising RN" and "preceptor". Their role is to supervise, direct, assess, support and provide feedback to the student during the allocated shifts, while the student plans and delivers care to patients. This RN is also directly accountable for the care delivered to the patient/patients being cared for by the student under their supervision.

Local Facilitator (LF): 'Local Facilitator' is the title given to the RN, employed by and nominated by the health service to take responsibility for supporting Re-entry/Refresher students during their clinical placement. This RN is not program staff, but is nominated by the health service to take responsibility for supporting Re-entry/Refresher students during their clinical placement. The local facilitators are members of the local clinical staff and are nominated for the role by the local nursing management, without input from the Re-entry/Refresher program staff and are generally not supernumerary. As with the Clinical Facilitator, the role of the Local Facilitator varies according to the clinical setting. The Local

Facilitator is responsible for providing support to the RE/RF student (both academically and psychologically) and for assisting other clinical staff working with the student. They may or may not be responsible for either participating in, or taking complete responsibility for, assessing the competency of the RE student against the National competency standards for the registered nurse.

Local Facilitator - Remote Hospital (LF-RH): The term 'Local Facilitator – Remote Hospital' refers to the facilitator used to support students undertaking clinical placement at alternative health sites which are not affiliated with the primary hospital. This may include private or non-government facilities or, country health services. Students undertaking clinical placement in any of these health services are supported by a local facilitator remote to the program's primary hospital (LF-RH).

Preceptor: The definition of 'Preceptor' varies. It may be used by some individuals to identify the "clinical supervisor", "buddy", "allocated RN", or "supervising RN" who works with, and, supervises the Re-entry/ Refresher student. In this thesis 'preceptor' will be used to describe a designated person from the ward who is responsible for supporting the student throughout their placement on the ward.

Primary Hospital (PH): The 'Primary Hospital' is the site that delivers the Re-entry/Refresher program. Students attend workshops and may undertake clinical placements at this site. Both the Program Coordinator and Program Clinical Facilitator are based at the primary hospital.

Program Coordinator: The 'Program Coordinator' is the Nurse Educator responsible for all aspects of the Re-entry/Refresher Program development, evaluation and delivery. Their role includes curriculum development and review, administrative and management tasks, teaching, assessment of academic activities, and, supporting and guiding Clinical Facilitators and Local Facilitators in their role. Whilst they are not directly involved in the supervision of students in the clinical setting, they are responsible for the planning and provision of supervision, and/or remediation, or additional clinical support as required.

Program Clinical Facilitator (PCF): The 'Program Clinical Facilitator' is an RN employed by the health service delivering the Re-entry/Refresher Programs. Their role is to provide clinical facilitation (as defined above) to student undertaking clinical placement in the primary hospital as well as other hospitals affiliated with the primary hospital.

Program Clinical Facilitator – Primary Hospital (PCF- PH): The term 'Program Clinical Facilitator – Primary Hospital' refers to the model used to support students undertaking clinical placement in the primary hospital. This role is performed by the Program Clinical Facilitator.

Program Clinical Facilitator – Satellite Site (PCF-SS): The term 'Program Clinical Facilitator – Satellite Site' refers to the model used to support students undertaking clinical

placement at alternative health sites but which are affiliated with the primary hospital. This role is performed by the Program Clinical Facilitator employed by the primary hospital and is supernumerary.

Remote Hospital: In this thesis the term remote hospital is used to identify a hospital or health service that is not affiliated with the primary hospital. This may include private or non-government facilities or, country health services. Students undertaking clinical placement in any of these health services are supported by a local facilitator (LF).

RN Refresher Nursing Student (RF NS): A refresher nursing student is a person who is registered with the Nursing and Midwifery Board of Australia as a registered nurse. The individual undertakes the RN Refresher Program to develop a level of competency that will enable them to seek employment in their selected area of contemporary practice (Callaghan et al. 2009; SA Health 2014 p 187).

RN Refresher Program (RF): A RN Refresher Program is a program delivered to currently registered nurses wishing to return to work after a break, or up-skill and move to either the acute or aged care sectors. The refresher program discussed in this thesis is delivered over 14 weeks (SA Health 2013b).

RN Re-entry Nursing Student (RE NS): A re-entry nursing student is an individual who previously held registrations as a nurse, and who undertakes the RN Re-entry Program to develop a level of competence that will enable them to again meet the registration requirements of the Nursing and Midwifery Board of Australia (SA Health 2013a).

RN Re-entry Program (RE): An RN Re-entry program is an accredited program delivered to individuals who have been previously registered as nurses, and who wish to gain reinstatement to the register with the Nursing and Midwifery Board of Australia. The re-entry program discussed in this thesis is delivered over 19 weeks (SA Health 2013a).

Satellite Hospital: In this thesis the term 'satellite hospital' is used to identify a hospital that is affiliated with the primary hospital under the governance of the same local health network, but located at a different site. The context of this thesis there is one primary hospital and two satellite hospitals. The two satellite hospitals, are located five and eighteen kilometres from the primary hospital. RE/RF students attending clinical placement at either of these hospitals are supported by the program clinical facilitator (PCF-SS).