Nurse Education in Practice xxx (xxxx) xxx–xxx

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/locate/nepr

Clinical education

The importance, impact and influence of group clinical supervision for graduate entry nursing students

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A B S T R A C T

This paper will report on an evaluation of group clinical supervision (CS) facilitated for graduate entry nursing (GEN) students whilst on clinical placement. The literature suggests educational forums which enable GEN students to engage in critical dialogue, promote reflective practice and ongoing support are an essential element of GEN curricula. The model of supervision employed was informed by Proctor's three function interactive CS model and Inskipp and Proctor's Supervision Alliance. Both emphasise the normative, formative and restorative functions of CS as task areas within an overarching humanistic supervisory approach. The three-function model informed the design of a questionnaire which intended to measure their importance, impact and influence through both structured and open-ended questions. Findings suggest the restorative function of supervision is most valued and is facilitated in an environment where humanistic principles of non-judgement, empathy and trust are clearly present. Also the opportunity to learn from others, consider alternative perspectives and question personal assumptions regarding capability and confidence are a priority for this student group. It is suggested that the restorative function of CS should be prioritised within future developments and models which view this function as a key purpose of CS should be explored.

1. Introduction

Graduate Entry Nursing refers to pre-registrations students who enter their nurse education at post graduate level due to already holding a non-healthcare degree. The literature relating to Graduate Entry Nursing (GEN) presents an established and consistent picture in relation to GEN as a successful recruitment strategy internationally (Everett et al., 2013; McKenna et al., 2015). Furthermore, the attributes of GEN students are desirable in terms of retention throughout the program, transition to practice and intension to remain in nursing as a long-term career (Shatto et al., 2016). There is agreement that GEN students can achieve and excel in the levels of knowledge and clinical competence required for registration within a shorter timeframe which is attributed to their attitude and aptitude for learning (Ziehm et al., 2011).

To respond positively to graduate attributes the literature suggests that curriculum design should by underpinned by a student directed philosophy which acknowledges and builds upon their prior knowledge and experience (Stacey et al 2014). In relation to this however, is the acknowledgement of the need to ensure intensive instruction and support around clinical skills which is consolidated through significant and early exposure to the clinical environment. Furthermore, considering the personal and social pressures associated with the demographic applying to GEN (Weitzel and McCahon, 2008), a robust support structure should be embedded within the programme. This should promote cohort cohesion and enable flexibility in response to external demands. It is recognised that these requirements result in a highly resource intensive program when compared to traditional undergraduate studies (Pellico et al., 2012).

Support structures are particularly relevant as research suggests students quickly recognise the potential for resistance from the established nursing profession (Stacey et al., 2016) and faculty (Rico et al., 2010) if they publically express alternative perspectives, question the quality of their educational experience or promote the value of their prior experience in education and practice (Cangelosi, 2007; Neil, 2012; Stacey et al., 2016). The consequence of this is increased stress levels (Yousseff and Goodrich, 1996)

In recognition of the potential and unique challenges encountered by this student population, educational strategies which enable critical dialogue, reflective practice and ongoing support are viewed as an essential element of GEN curricula (Stacey et al., 2014; Aubeeluck et al., 2016). This paper will report on the findings of an evaluation of the integration of group clinical supervision into a GEN program as a means of providing an educational forum which achieved these outcomes.

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https://doi.org/10.1016/j.nepr.2017.11.015
Received 22 March 2017; Received in revised form 23 November 2017; Accepted 23 November 2017
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2. Background

It is recognised that there is some conceptual confusion around the term clinical supervision (White et al., 1993; Lyth, 2000) therefore to aid clarity, discussion here concerns regular, protected time reflection, after-the-event and away from practice, by groups of students facilitated by their university employed nurse educators. The students are additionally supported on practice placements by identified mentors who are employed by the NHS Trusts and who oversee the student's day to day clinical development.

Literature concerning group clinical supervision in pre-registration nursing students has demonstrated that over a period of time students learn to; incrementally hone their reflective and critical decision making skills (Arvidsson et al., 2008; Carver et al., 2014), find working with peers is strongly linked with their growing self-awareness and empathic understanding of others (Holmlund et al., 2010; Holm et al., 1998), are able to normalise shared practice experiences (Carver et al., 2014) and perceive CS as supportive and restorative (Lindgren et al., 2005). Whilst a goal of several studies in the literature was to bridge the theory practice gap and promote the integration of knowledge with practical understanding none of them demonstrate this satisfactorily (Lindgren et al., 2005; Arvidsson et al., 2008). What does seem clear is that the many positive findings of group CS are enhanced when the learning environment feels safe and is sensitively facilitated (Lindgren et al., 2005; Arvidsson et al., 2008; Carver et al., 2014).

A literature review made prior to implementation of group CS underpinned the consequent goals. These were to; provide a safe environment for reflective learning and support whilst the students were out in practice, raise their self-awareness and acknowledge the values, attitudes and assumptions that underpin practice and explore the first two components within the context of the nursing professional role and responsibilities.

Models in the nursing literature relating to CS have been described as falling into different psychological and therapeutic orientations (Farrington, 1995; Bond and Holland, 2010), for instance Psychoanalytical, Humanistic, or Behavioural. However, whilst a plethora of models exist within each tradition, Dilworth et al. (2013) suggest most are ill defined. Nethertheless, Proctor's three function interactive CS model (Proctor, 1986) was selected as the theoretical model which would best underpin the chosen goals for group CS on the GEN course. This was chosen because; the three functions have transferable application in different contexts including pre-registration health professions training (Gillieatt et al., 2014) and is the most frequently applied model in wider settings (Pollock et al., 2017), it allowed sufficient flexibility for students and supervisors in the three nursing fields involved (Child, Mental Health and Adult) to incorporate field specific themes or techniques whilst still adhering to the underpinning principles of the model and essentially the model takes a humanistic stance which was a shared philosophy by both the supervisors and the course aims. However, this needs contextualising as the model sits within a wider theoretical approach, developed over time, which is apt to cause conceptual confusion. The three-function interactive CS model (1986) was reframed in Proctor's later writing as part of the Supervision Alliance Model (Proctor, 2001; Proctor and Inskipp, 2001) and for supervision in groups the Group Supervision Alliance Model (GSAM) (Proctor, 2008). Nevertheless, it is Proctor's 1986 model that is most often cited in wider literature as underpinning clinical supervision in nursing and the allied health professions, and the Supervision Alliance model is sometimes cited as a separate approach (Pollock et al., 2017). The later Supervision Alliance model changes the language applied to the earlier functional model and identifies the three functions as 'task' areas (Proctor, 2001, p31). Proctor suggests these are part of the supervision alliance responsibilities of supervisor and supervisee i.e. Normative (monitoring and self-monitoring, standards and ethics), Formative (learning and facilitating learning) and Restorative (support and refreshment) and should be considered as a framework within the overall conceptual model (Proctor, 2008). The task is to address the inherent tension in balancing these foci within supervision in the spirit of exploration, collaboration and enablement rather than direction and instruction.

At its conceptual heart, the Supervision Alliance model is rooted in humanistic values and attitudes, emphasising the value of respect, empathy, and personal and professional authenticity (Proctor, 2001). Additional complexity is set out when considering group CS, and aspects of the Alliance model are delineated in a further set of frameworks including group management, supervision and participation skills (Proctor, 2008). The focus upon support and reflection in the supervision alliance may draw upon a supervisee's feelings to help access an understanding about parallel processes or attitudes. In addition, the model underlines the importance to the supervisee of feeling heard before they may be able to move on to cognitively process situations (Proctor, 2001). Proctor highlights that these two components might not sit comfortably with supervisees that do not appreciate how this helps the supervision process, potentially causing resistance and guardedness. Proctor suggests that given time and a conducive learning environment within group CS, the group itself becomes the supervisor, supervisees internalising and applying supervisory responsibility. This makes the premise of group CS more complex still (Proctor, 2008). Critics of Proctor's model as described in the 1986 article, suggest that it is too vague and offers little in the way of guidance in how to offer helping interventions in each functional area (Sloan and Watson, 2002). Nethertheless, this very criticism may be the reason for its popularity as it identifies the task areas and general underpinning principles of interaction without being prescriptive in the way this is achieved.

The Supervision Alliance model and application of the three functions/task areas might best be understood in a brief descriptive illustration of how this was applied in practice. Students attended group CS once every two weeks when they were on their practice placements. They were allocated to mixed field groups in the early part of their programme, changing to field specific groups later. They were allocated to groups of around eight or nine participants and were supervised by one of their university nurse educators. The activity was not mandatory but they were expected to attend. This allowed for some flexibility around logistical difficulties concerning travelling in from far flung placements. Sessions would last for around 2 h. Supervisors, negotiated with students how time would be allocated during the session, but a typical arrangement would be for each student to briefly check in and say a little about how they were feeling, where they were on placement and anything problematic or interesting from their clinical experiences that they wanted to share with the rest of the group. Emphasis was upon the complexity and challenges of clinical situations and practice, not just problems. Proctor's three functions were a foundation for understanding the relative responsibilities of students and supervisor as previously described. After a first round of contribution, issues that emerged from this would be prioritised by agreement and more time then spent on helping students reflect upon these. Discussion was not confined to situational analysis and personal introspection but often the wider implications and insights for the other participants. Group cooperation and collaboration shaped the learning climate. Sometimes action planning was an outcome of the discussion and dependent upon the issue, would need to be reviewed at the next session. Students were encouraged to take increasing responsibility for the supervisory process leaving the supervisor to attend to more structural and process related responsibilities such as time keeping, managing the group learning climate, interpersonal dynamics and supporting reflective learning.

Shared understanding for CS should be embodied in a learning contract devised by both supervisees and supervisors which makes explicit the context and content for activity in group CS. The contract should include; reminding everyone about the organisational and professional context for CS i.e. professional ethics, codes of conduct, policies and procedures for practice and education, functional components such as group ground rules for working together respectfully,

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