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The influence of the Art of Clinical Supervision program on nurses' knowledge and attitude about working with students

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Title of the article

The influence of The Art of Clinical Supervision Program on Nurses' Knowledge and Attitude about Working with Students

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Title: The Influence of The Art of Clinical Supervision Program on Nurses' Knowledge and Attitude about Working with Students

Abstract: The Art of Clinical Supervision program was developed, implemented and evaluated, to determine nursing staff knowledge and attitudes towards nursing students and the clinical supervision thereof. A key point of the program was the inclusion of strategies to promote one's attitude towards working with students. A mixed methods approach of surveys, online reflections and interviews, was used to determine the programs effect. The findings highlighted a positive impact on participants' self-knowledge and attitudes towards students and student clinical supervision.

Introduction

The role of supervising a student's clinical practice is complex. Nurses need to understand a student's scope of practice and be able to teach and communicate effectively, all while working under time constraints, as patient care needs to be prioritized. In Australia the term 'clinical supervisor' is used to describe the role of a health service employee who is allocated a student nurse for their clinical rotation. The skill set required for clinical supervisors, or allocated nurse partner, is distinct to the skill set required for nurses providing clinical care. Clinical Supervisors provide an effective learning and teaching environment for students' clinical development. Thus, clinical supervisors require specific education and guidance to fulfil the role. This article evaluates the *Art of Clinical Supervision (ACS)* program, developed for registered nurses in Western Australia, to support them in their professional development as a clinical supervisor. In particular, the program focused on participants' attitude towards students and strategies to improve students' clinical learning.

Background

As a practice-based profession, it is only through effective supervised clinical practice that student nurses learn to apply the essential knowledge, skills, and attitudes required for the profession (Dimitriadou, Papastavrou, Efstathiou & Theodorou, 2015). In accordance with the

Australian Registered Nurse Accreditation Standards, pre-licensure nursing students in Australia complete a minimum of 800 clinical hours (Australian Nursing and Midwifery Accreditation Council, 2015). In Australia the healthcare nurse allocated a student is termed a 'clinical supervisor'. Clinical supervisors are healthcare employees who during the course of their role supervise a student's learning experience. The literature identifies this role also as a preceptor, clinical coach or mentor (Dimitriadou et al., 2015; Manninen et al., 2015). Their role, as described by the Australian Federal Government (HWA, 2011), is to advocate for opportunities for the student to practice procedures and processes, within a safe and evidence based framework, and to provide guidance, feedback and assessment of practice.

Effective clinical supervision provides nursing students with an invaluable opportunity to learn (Dimitriadou et al., 2015) and gain insight into how their actions can affect those in their care. At the same time students may experience stress and anxiety, feel vulnerable and be strongly affected by the communications and attitudes of those around them. The attitudes of staff (positive and negative) can considerably affect nursing students' learning. Thus, effective clinical supervision is vital to students' learning (Matthew-Maich *et al.*, 2015).

The literature identifies nurses' feelings of being ill-prepared for the supervisor role or student preceptor role (Andrews et al. 2006). Nursing professional development (NPD) educators, and their departments, play a significant role in supporting staff, though education and strategies that promote a workplace environment conducive to learning. Developing effective professional relationships with students creates an environment in which students feel valued and are comfortable questioning practice to enhance understanding and learning (Levett-Jones & Lathlean, 2009). Such an approach can aid nursing students as they strive to synthesise classroom theory with the complexities of nursing practice. Without it, there is a risk that the next generation of nurses will lack the professional attributes necessary to become effective team members. A lack of staff support for student learning may in turn have a detrimental effect on safe and effective healthcare delivery and patient outcomes (Dimitriadou et al., 2015).

The Art of Clinical Supervision Program

The purpose of this research was to develop, implement and evaluate an intervention to address the fundamental concerns identified in the literature about student nurses negative clinical placement experiences. Following a review of the literature, the ACS program was developed. The principles of adult learning and various learning theories (behaviourist, cognitivist, constructivist) were all considered in the development of the program. Theories of attitude, notably based on persuasion, were incorporated to promote a positive attitude towards the clinical supervisor role (Katz, 1960; O’Keefe, 2002). In particular, the use of storytelling to articulate both positive and negative student nurse experiences and its impact on learning and student continuation with studies provided powerful examples of the clinical supervisor’s influence on students.

Experts (comprising five nurse educators from the university and hospital sector) were engaged to test the ACS program’s content validity. Additionally, two pilot presentations to nurses employed with the Western Australian Health Department were conducted to obtain participant feedback and slight modifications to the program were then made. The ACS comprised a one-day program, as outlined in Table 1.

Insert Table One: ACS Program with Teaching Outline

Throughout the ACS program participants were encouraged to reflect on their attitude towards students and the nature of the profession’s engagement with students. The linking of student learning to the attainment of belongingness and acceptance in the clinical setting was a key message throughout the day-long program. Discussion and the development of strategies to improve student learning was a main component. Attendance was restricted to 15–20 participants per session to promote group interaction and discussion.

Research Study

The purpose of this study was to develop, implement and evaluate the effect of the Art of Clinical Supervision program on participants’ knowledge and attitudes towards clinical

supervision as measured both before and after attending the program. This study used a mixed methods approach of qualitative and quantitative data collection and analysis to determine the effect of the ACS program on the knowledge and attitudes of participants and also on their practice. The Human Research Ethics Committee of the University of Notre Dame Australia granted approval for the study. Participants were provided with an information sheet, and informed consent was obtained from all participants, who were voluntary, and free to withdraw from the study at any stage.

Method

A convenience sample of nurses who directly supervise or precept nursing students was used for the research; enabling the effect of the program to be measured. Flyers advertising the program were forwarded to healthcare facilities in Western Australia. Participants were selected to attend in order of their date of application, with sessions held both in the metropolitan and regional areas. One hundred and ninety-nine participants met the criteria for inclusion and were asked to participate in the study, as described in table 2.

Insert Table Two: Participant Demographics compared with National Demographics

Participants had an average of 17 years nursing experience with a range of 2 to 44 years. Fifty-one percent of participants had received no prior education in clinical supervision of students, with 40% having attended an informal study day/short course.

Data Collection

Creswell's (2014) description of a convergent parallel design was used to conduct both the qualitative and quantitative phases of the research. The two data sets were obtained to confirm and corroborate findings. Priority was given to both data sources with individual findings reported prior to the integration and comparison of findings.

Participants both pre-and post-program completed the knowledge survey, developed to determine the participant's understanding of clinical supervision of students. Questions related

to the participant's demographics were included in the pre-attendance knowledge survey only. This information assisted with the review of data according to the subgroups of participant age, area of employment, years of nursing, frequency of clinical supervision and previous supervision education. Both the pre-and post knowledge survey included content questions related to clinical teaching, feedback, reflection, critical thinking and competence; with additional open-ended questions included to determine the impact of the training in the post program knowledge survey, (Table 3).

The nurse educator expert group provided the face validity of the pre-and post knowledge survey and 30 registered nurses confirmed the reliability by completing a test and re-test of the pre knowledge survey (two weeks later). Further, an Intraclass Correlation Coefficient (ICC) of 0.976 confirmed the reliability of the survey. On average the print based survey required 15-20 minutes to complete.

Insert Table Three: ACS Knowledge Survey – summary of key points

A second survey, Stagg's (1992) attitude survey, was used to measure the participants' attitudes of working with nursing students. Stagg's survey was deemed relevant to contemporary issues with clinical supervision; permission was obtained to use the survey with slight modifications made to suit the local context. The attitude survey comprised 39 questions and used a five point Likert scale (see Table 4). A combination approach of analysis was used including reviewing each questions descriptive statics, and the overall score allocation for the survey.

Insert Table Four: Stagg's (1992) attitude survey, adapted for ACS

Participants were invited to provide reflections online and were emailed weekly for eight weeks by the author with an opportunity for them to provide a written reflection. Reflections could include summaries of shifts or a particular example of teaching, providing feedback or examples of interacting with students and/or staff. Participants were asked to consider whether these experiences related to their development as clinical supervisors. These reflections provided rich

examples of participant engagement with student clinical supervision and the impact of the ACS program on their practice.

Finally, face to face interviews with individual participants were conducted to gain further insight into their clinical supervisor practices. Interviewees were selected based on their involvement in clinical supervision, as indicated on the eight-week survey. Interviews were between 20 minutes and one hour long, they were recorded and transcribed with copies provided to the participants for confirmation of content. A semi-structured list of questions was used to determine the participant's application of the ACS training and as such their development as a clinical supervisor. Participants were encouraged to provide a narrative of clinical supervision experiences.

Data Analysis

The survey data (knowledge survey and attitude survey) were reviewed from several perspectives to determine whether any population characteristics affected the level of knowledge or attitudes of participants both before and after attendance to the program. Both the knowledge survey and attitude survey included a range of scores for responses to allow for a comparison of findings. One hundred and ninety-nine (100%) pre-surveys, 198 (99.5%) immediate post-surveys and 71 (35.5%) eight-week post-surveys were received. All surveys submitted were fully complete.

The qualitative data analysis involved a thematic analysis whereby the researcher identified, analysed and developed themes describing participants' relationships with the phenomena (Clarke & Braun, 2013). In addition to the open-ended questions in the knowledge survey, ninety-four (47%) participants provided 117 online reflections over eight weeks. Of the participants contacted for interviews, the first twelve were interviewed as the researchers felt that data saturation had occurred by then.

Findings

Improved mean scores for the knowledge and attitude surveys and the words of participants suggest that the ACS program had a positive effect on participant views of clinical supervision and students. Many described the program as a positive learning experience that should be made available to all nursing staff as a strategy to improve clinical supervision. The overall theme from the data was 'extending oneself and others', with seven identified subthemes.

1. Improved Self-confidence, Knowledge, Attitudes and Enthusiasm

The knowledge survey results showed the mean scores for participants on these items improved from pre-program (42.5%) to immediate post-program (58.7%) to eight-weeks post-program (68.3%). A paired sample t-test compared the knowledge scores both at the pre and immediate post survey and the pre and eight weeks post survey. In both cases a p value of < 0.001 indicated a statistically significant difference suggesting that participating in the ACS may have contributed positively to participants' knowledge about the concepts of clinical supervision as examined in the pre and post knowledge survey. This increase occurred across all subgroups. Notably, participants who were 41 years or older, had 21–30 years of experience and were employed in the metropolitan/public health care service had the highest mean scores and were the most involved in clinical supervision. Figure 1 displays this improvement across the three phases of data collection per years of nursing experience.

Insert Figure One: Mean Knowledge score across the Research Phases with Years of Nursing Experience

A paired sample t-test analysis of Stagg's (1992) attitude survey showed a statistically significant positive change in the attitudes of participants regarding clinical supervision post participation the ACS program. Additionally, a statistically significant difference was found between the pre-program survey mean results of 83.4% and the immediate post-program survey results of 87.2% (p value <0.001) and the eight-week survey results of 86.3% (p value 0.004). The slight drop in the mean from the immediate post-program survey to the eight-week

survey was not statistically significant ($p = 0.699$). Thus, it appears that the ACS program may have positively affected attitudes of attendees.

No statistically significant differences were found in the results from the Stagg survey between the participants according to their demographics. It was noted, however, that those employed at metropolitan/public health care settings with less than ten years nursing experience had the highest attitude mean scores towards students. Participants who supervised students 'some days' each week had the most positive results across all three phases. Figure 2 depicts attitude score results across the three phases of data collection per years of nursing experience. Of note, in contrast to the knowledge survey, those with the least experience had the most positive attitude towards students. NPD educators should consider these findings and the importance of involving younger nurses to promote student engagement with their colleagues.

Insert Figure 2: Mean Attitude score across the Research Phases with Years of Nursing Experience

The qualitative statements of participants, including comments relating to confidence, knowledge, attitudes and enthusiasm, reflected improvements. Participants described feelings of renewed energy and understanding of the role of the clinical supervisor and the impact that nurses have on a student's development and career progression. One participant wrote in the post knowledge survey "After the study day I realised that I have the capabilities of assisting students achieve their clinical placement objectives, and aid in their career development". A greater sense of responsibility and importance of the role was described in the following online reflection, "I came away from the day with feeling how much of an impact the role of the supervisor can have on a student nurse both positive and negative". Several participants commented about their own view of students and how the ACS program had made them realise that their own actions and lack of attention to the role did not support student learning. One commented: "I found after your study day that I now see the student as a help not a hindrance...it was a nice experience".

2. Improved Understanding of the Current Context of Nursing Education

A 'bigger picture' session examined the current context of nursing education in Australia. The results showed that many participants were not aware of nursing education requirements, including the hours of clinical practice, types of clinical placements and the expectations that universities had of clinical supervisors. Participants felt that understanding the system enabled them to appreciate their role in assisting students through this learning experience, as reflected in the participant comment,

"...they (staff) need to understand about the clinical tools, the curriculum...staff need to understand the difficulties that perhaps some of them go through as well".

3. Concerns related to Current Staff Knowledge, Attitudes and Education

Participants were concerned with the lack of clinical supervision education and also that nurses did not perceive students positively or as their responsibility to educate. "... (students) don't feel comfortable with their supervisors...some of them get really nervous". Participants provided examples of poor clinical supervisor practice towards students and shared that this was not an isolated issue. Participants felt that students were already overwhelmed by the intensity of the clinical environment and that this negative attitude affected the students' perception of nursing as well as their ability to learn. One participant wrote: "The more people that (sic) get to attend, the easier it will be to establish a culture suited to students".

4. Perceived Lack of Support

Participants' shared a number of stories and statements suggesting that support was needed from the hospital professional development department and the university.

"I had two patients who required 'MET' [Medical Emergency Team] calls... I was able to explain the process to the students, reflect on the experience and go through the learning ... I would have appreciated a visit from a clinical coordinator".

Other participants expressed frustration about organizations. In an online reflection a community nurse, wrote:

“New student this week—very nervous and excited. A little hiccup because we weren’t aware of her pending arrival [as] is often the case”.

Other concerns raised by participants related to a lack of time or space to meet with students, a lack of education and support for the role and a lack of enforcement to ensure that everyone supported student nurses. Participants raised concerns about the different levels of support provided by the various Schools of Nursing in Western Australia and the lack of consistency across the schools in managing student issues.

5. Embracing the Power of Belongingness

During the ACS program, participants had the opportunity to explore the literature on belongingness, including its application and benefits. Research led by Levett-Jones (2008, 2009) highlighted the effect of belongingness on students’ wellbeing and ability to learn, and showed that a lack of belongingness resulted in anxiety and feelings of dread that reduced learning (Levett-Jones & Lathlean, 2009). For many participants the application of a term to this feeling provided greater meaning to its importance.

“Belongingness, I really didn’t appreciate that so much before. And I think even though you go through the motions, just having the words attached to it actually gives it more meaning”.

Other participants discussed how belongingness was not a concept that they had thought was important to students or a necessary feeling to engage in learning. One stated,

“I’ve never actually connected the need for belongingness on a ward and feeling part of a team to allowing the student to then actually go to the next level...that was the most outstanding thing for me”.

Participants shared experiences of where belongingness had been absent in their own learning or professional experiences and expressed frustration that such a basic human feeling was so difficult to cultivate, with many noting that staff actions demonstrated no concern about the impact of decisions on student’s wellbeing.

“The message that resonated the most for me ...related to belongingness. It hit me during the course of a student orientation day...students were issued with new rosters (work schedule)...I couldn’t help but wonder what sort of impact it had on students”.

Participants also shared examples of how they had encouraged belongingness in their workplace. Others noted that students could play a part in its promotion

“I’m very much making them feel part of the team, I’m also giving students ideas of how they can promote that belongingness, sort of initiating it if it’s not being offered”.

6. Improved Communication

Participants linked teaching and learning to good communication. Good communicators were seen to provide students with opportunities for critical thinking, clinical reasoning, reflection and feedback. However, many participants stated that they often lacked confidence as communicators.

“Well I know giving feedback is an essential skill...[the] course we did actually helped me change myself for the better... I have now developed self-awareness”.

The ACS program provided practical strategies to promote effective communication; for example, Gibbs’ (1988) Reflective Cycle was used to promote reflection through examples of practice that students may find difficulty, and Levett-Jones et al. (2010) Clinical Reasoning Cycle, which provides a cyclical approach to determining best practice, was used with application examples and probing questions.

In the eight-week survey, a participant wrote,

“I particularly enjoyed the styles of learning and ... how to promote clinical reasoning, critical thinking and reflection in practice...it will certainly aid me in trying to ascertain how my students learn best and adapt my supervision to optimise their learning”.

Prior to the ACS, many participants felt that they did not have a thorough understanding of or confidence to apply effective communication. In the eight-week survey, one wrote,

"I have learnt a lot about how to help students...about how to provide feedback.... I used to find giving negative feedback extremely hard ... it has become a little easier".

One participant in their reflection discussed how her approach to engaging with students had changed and how this resulted in her uncovering that the students she was supervising had witnessed several poor clinical practices. The ACS program enabled her to take action and empower the students as patient advocates,

"Had I stopped at 'how is prac(ice) going for you' and the response 'good' I would not have received the true and honest response of how they were really going".

7. Students' Learning Journeys

Participants noted that understanding the learning journey of students gave them an insight into the factors (e.g., degree requirements, previous experiences, social/work commitments) that could promote or negatively affect students' learning. For example:

"There's (sic) so many different ways that we all learn. And I have really taken that back into the clinical environment in trying to not extract from my students but just trying to gauge from them how it is that they learn best and how they retain information the best".

A number of participants reflected on their own learning journey, what had and had not worked, appreciating from the ACS program that individuals learn differently, yet naturally teach how they learn. Participants shared that since attending the day they took more time to talk to their students and ask them how they would like to learn,

"...understanding where they're at and what do they want to get out of the day. What has been their past experiences...what's been a good thing, a good way ...so I can try and make it comfortable for them".

Participants were surprised by the amount of student commitments, both at university and in their home life (e.g. work, childcare). An appreciation for the student role and their clinical placement highlighted that expectations of students were often unrealistic. Participants wrote of

a need to understand each student's experience so that the placement could provide for their development as a nurse.

"I enquired on what previous placements they had been on, what units they had covered ... To gain an idea at what level of knowledge base and competency skills the student should have".

Discussion

This study described that nurses' knowledge and attitude towards students and clinical supervision changed significantly in some respects after attending the ACS program. Further, the results indicated that in addition to learning about the theory of clinical supervision, participants gained a better understanding of the current context of nursing education in Australia and students' learning experiences, which in turn enabled them to better understand students and develop a clinical-supervisor relationship with them. Similar to previous research, this study showed that nurses require further education to assist them in their role as clinical supervisors (Manninen, Henriksson, Scheja & Silen, 2015; Moonaghi et al. 2015). As noted by Andrew et al. (2006) and shown in the descriptive statements of the participants in this study, nurses often feel that staff are ill prepared and perceive a lack of support from health services and education providers. NPD departments have a key responsibility to ensure that students are welcomed and provided with opportunities to practice and learn. This commences with pre arrival information and communications, a site and unit orientation and a clinical area welcoming of their presence.

Belongingness (Levett-Jones 2008, 2009) was identified as a key theme for a successful learning experience. Participants provided accounts of how the concept of belongingness affected them and gave them a simple strategy to promote student success. It was described as a strategy that could be adopted to promote interpersonal relationships with students to develop a positive workplace culture that many participants felt was currently lacking. The literature identified belongingness as a prerequisite for learning, and that a lack of such relationships with

staff can have detrimental effects on the students learning experience (Moonaghi et al. 2015; Papastavrou et al., 2016). The NPD nurse can play a significant role in the introduction of belongingness strategies that may not only influence student learning but also members of the workplace to improve culture and practice.

This study highlights the essential role of NPD nurses in providing education and support for nurses to assist them in their role of clinical supervisor. NPD nurses need to ensure that strategies are in place to support staff and students. There is a need for both formal staff education and the implementation of supportive ward strategies. NPD Departments must advocate for these programs and strategies to promote staff engagement. Only then can workplace cultures adapt to acknowledge the important role they play in student development. Of significant importance, NPD nurses must ensure that their own knowledge and attitude towards students is supportive.

Future Considerations

The ACS, introduced in 2013, has been delivered to over 3,000 nurses in Western Australia. Developed as a PhD intervention strategy, the ACS today is provided by nursing academics from the School of Nursing and Midwifery at The University of Notre Dame Australia, on-site at participating health services. Whilst the ACS program continues to be contextualized to meet the needs of each audience, the fundamental teaching remains unchanged due to on-going positive participant feedback.

Limitations

Various data sources were used to enhance the trustworthiness of the study overall, which indicated a change in knowledge and attitude, however this may not have transcended to a change of practice. The researcher considered the inclusion of fieldwork to observe these nurses in practice, however due to the many uncontrollable variables, this was not undertaken. Instead, the use of the online reflection provided access to the participants' thoughts and stories of student engagement.

Conclusion

The ACS program was well received by participants and the research demonstrated that it provided clinical supervisors with a forum to develop, reflect and improve their clinical supervision practice. The participants endorsed the ACS program as a valuable resource that supported their professional development as clinical supervisors. However, the ACS program is but one part of the equation. On-going support by healthcare facilities and education providers is essential to achieve cultural change in organisations and consolidate the role of clinical supervisors. Without such steps, changes in participants' knowledge and attitudes may not result in long-term change. NPD nurses should review these findings and implement strategies to support clinical supervision education and clinical supervisors to improve student outcomes.

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Figure 1: Mean Knowledge score across the Research Phases with Years of Nursing Experience



Figure 2: Mean Attitude score across the Research Phases with Years of Nursing Experience

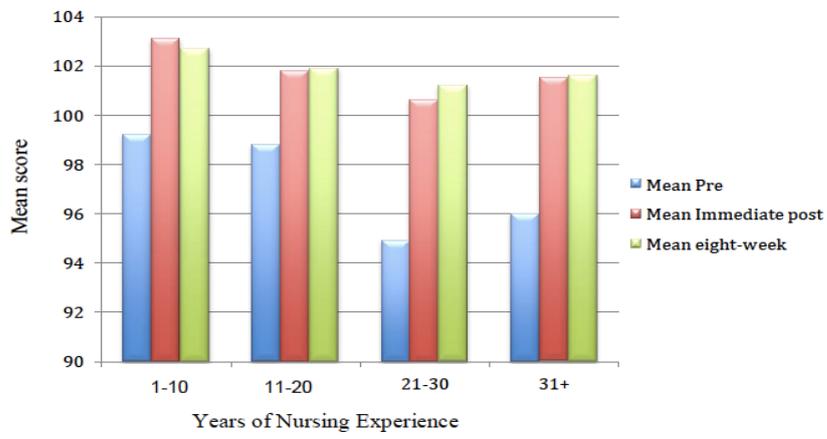


Table 1: ACS Programme with Teaching Outline

Teaching Content	Content
<p>Role & Expectations of the Clinical Supervisor Role (60 mins)</p>	<ul style="list-style-type: none"> • Role Definition • Expectations – university, student, supervisor • Breaking down the barriers • Tips for success
<p>Student Learning Journey/ Nursing Curriculum (60 mins)</p>	<ul style="list-style-type: none"> • Clinical learning journey – e.g. Types and length of placements, competing factors for students time • Adult learning styles and their application • What can students do – legislation, policy • Clinical teaching tips
<p>Critical Thinking/Clinical Reasoning and Reflection (60mins)</p>	<ul style="list-style-type: none"> • Definition and application to teaching and learning • Clinical reasoning cycle – theory to practice • Closing the learning loop – guided reflection
<p>Belongingness (90mins)</p>	<ul style="list-style-type: none"> • Definition & Relationship to learning • Accent to Competence Conceptual Framework • Group – strategies for success
<p>Assessment & Competency (60mins)</p>	<ul style="list-style-type: none"> • What is competence & how do we achieve it • Student assessment tools • Role of the clinical supervisor, student and university
<p>Feedback (60mins)</p>	<ul style="list-style-type: none"> • Learning through feedback • Tips for providing feedback • When to include the university in feedback discussions

Table 2: Participant Demographics compared with National Demographics (n= x)

Characteristics	ACS Demographics (%)		National Demographics (%)
Gender	Female (94)	Male (6)	Female (91)
Area of employment	Metropolitan (75)	Rural (25)	Metro (7)
Type of employment	Hospital (82)	Community (18)	Hospital (63)
Employer	Public (65)	Private (35)	Public (65)
Age in years	20 - 30 (12) 31 - 40 (22) 41 - 50 (30)	51 - 60 (31) 61+ (5)	Not available

Table 3: ACS Knowledge Survey – summary of key points

Topic	Content
Clinical Teaching	<ul style="list-style-type: none">• Definitions and application to teaching and learning – multiple choice (MC) and short answer (SA)
Feedback	<ul style="list-style-type: none">• Definition and example of application – MC and SA• Strategies to provide feedback - SA
Reflection	<ul style="list-style-type: none">• Definition and stages of reflection – MC and SA• Application strategies - SA
Critical Thinking, Clinical reasoning	<ul style="list-style-type: none">• Definition and example of application – MC and SA• Application strategies - SA
Competence	<ul style="list-style-type: none">• Definition and elements of competency – MC and SA

Table 4: Stagg's (1992) attitude tool, adapted for ACS

1. I believe nursing students respect nurses as practitioners
2. Nurses consider nursing students as part of the nursing team
3. The nursing students are too friendly with their instructors
4. With nursing students who are new on the unit, nurses have time to do other things
5. Nursing students accept constructive criticism
6. With nursing students who are familiar with the unit, nurses have time to do other things
7. We were all students once, so we should be nice to nursing students
8. You cannot tell nursing students anything because they know everything
9. Nursing students willingly help nurses to get things done
10. Nurses should not have to do the teaching that clinical instructors are paid to do
11. Nursing students become overwhelmed if they have to care for more than 1 or 2 patients
12. There is too much to do to have to worry about students
13. Nursing students ask too many questions
14. Nursing students rely on their instructor more than the ward nurses
15. Nursing students are too dependent on the ward nurses
16. Nursing students are too chummy with the doctors
17. Nursing students help other students to get things done
18. Nursing students do not have enough confidence in themselves
19. When I was in nursing school, I had more clinical experience than the students do now
20. I enjoy working with nursing students
21. Nurses learn new information from nursing students
22. I had it tough in nursing school, so nursing students of today should too
23. Nursing student's questions stimulate new ways of doing things
24. Today's nursing schools provide quality education
25. Overall, nursing students provide good patient care
26. Decisions are made too hastily by nursing students
27. I would never have dreamed of calling my instructors by their first name
28. Nursing students ask good questions
29. Nursing students are more trouble than they are worth
30. I would not have to spend extra time with students, if the instructor would supervise the students
31. Nursing students look professional
32. Nursing students have time to attend to patients needs
33. Nursing students are eager to learn
34. Nursing students do only what they are assigned
35. Nursing students lack in common sense
36. Nursing students admit when they do not know something
37. It is about time instructors eased up on the nursing students
38. Nursing students practice assertiveness
39. Nursing students do not get enough clinical experience