

## Perspective paper

# Clinical supervision of nursing students: challenges and alternatives

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Clinical supervision is described as a formal process of professional learning support in the clinical practice. The goal of clinical practice is to prepare nursing students develop and apply the necessary theoretical and empirical knowledge and skills in order for them to practice as safely and effectively as professional nurses. Accordingly, the clinical environment is vital to the nursing education for the achievement of clinical learning outcomes, including enhancement of the students' competence. It is conceded that professionalism even among student nurses can increase the clients' acceptance and trust and thus provides more opportunities for students to practice such activities as history taking, physical examination, nursing procedures, and communication with the clients. This paper describes the views of the authors who have served as student nurse supervisors, as pertains to clinical supervisory challenges and possible models for enhancement of support for student nurses in Rwanda.

**Key Words:** Clinical supervision, student nurses, clinical supervision models**Introduction**

Clinical supervision is a formal process of professional learning support, which enables the individual practitioner to develop their knowledge and competence. Student nurses, prepared with the appropriate knowledge and support, are generally able to make appropriate and effective clinical decision-making. Clinical placements provide student nurses with the opportunity to connect theory to practice, as they are able to readily apply their newly acquired knowledge and skills in the realistic clinical environment (McSherry, 2002). The clinical environment, therefore, remains crucial to the development of student nurses' competence and fulfillment of intended clinical learning outcomes (Dunn & Hansford, 1997). This connection between theory and clinical practice requires a different approach to teaching than the method used in the classroom. Franklin (2013) describes five clinical supervisory models to help prepare student nurses as competent graduate nurses: preceptor; facilitation/supervision; facilitation/preceptor; dedicated education unit; and mentor model. 1. Preceptor is the most common clinical supervisory model, whereby the student works side-by-side with the preceptor on a daily basis 2. Facilitation/supervision model utilizes the registered nurse to directly and indirectly supervise a group of students typically at a ratio of 1:6 or 1:8. The facilitators are either faculty or hospital employed staff. Both of the aforementioned models have the preceptor/supervisor responsible for formative and summative assessments, and both form the third model 3. Facilitation/preceptor is a combination model, whereby the facilitator supervises the group of students and the preceptor provides individual support to the student 4. Dedicated education unit is another combination of preceptor and facilitator model with the added benefit of a Clinical Nurse Educator who coordinates the clinical learning environment with the university 5. The Mentor model is less common for undergraduate nurses and typically is a long-term relationship between a registered nurse preceptor and a graduate student. The clinical supervisory model has a significant impact on the professional development of students, teachers, and preceptors, and therefore, the clinical content should be supported by professional development, pedagogical competence, research and development activities, and inter-disciplinary collaboration (Häggman-Laitila, Elina, Riitta, Kirsi, & Leena, 2007) data were collected by means of a literature review and focus group interviews. Secondly, the data were analysed and described in expert groups, and finally the model itself was evaluated by 23

nursing experts. The data of literature review and focus group interviews consisted of 27 studies and four groups from three organisations: nurses (n=7. Häggman-Laitila and colleagues (2007) asserts that effective clinical supervision can significantly increase students' motivation to learn, enhance their attitude towards the nursing profession, and strengthen their professional identity as nurses.

To assist the student nurses' transition from class to clinical setting, the students should arrive at the clinical learning environment with requisite knowledge and a set of skills acquired in the classroom and simulation laboratory. Important factors to consider for classroom learning include the curriculum, academic level of the nursing program, and the intended clinical learning outcomes, which provide the focus and boundaries of the scope of nursing practice. The University of Rwanda, which offers a Bachelor of Science in Nursing with Honours degree has a modern simulation laboratory which serves as a bridge between the classroom and clinical milieu. Students have the opportunity to learn and practice techniques and procedures in an almost real but low risk environment, with support and immediate feedback from supervisors. The combination of classroom and simulation laboratory experiences improve the student's ability and confidence and allow the supervisory staff to evaluate the students' skills prior to going into the actual clinical environment.

In this paper, we highlight the current challenges met in the clinical supervision of student nurses in Rwanda and propose clinical supervisory models that could enhance student nurse support in the clinical learning environment.

**Challenges to students**

Student nurses are active participants in the learning process and are required to come to a clinical setting prepared in a way that enables them to adapt fairly smoothly to the high demands of nursing care. However, Students who for some reason may join the clinical setting short of the basic skills obtainable in the simulation laboratory, are likely to fall behind the others since experienced staff in the clinical setting are too occupied to go into what the student ought to have learnt at the college. There are also many challenges when student nurses begin working with clients in the clinical setting, including the preference by most clients for staff nurses, leaving the students to miss the opportunities of learning to practice nursing care.

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After having rendered client care in the clinical setting, students are required to write a detailed reflection of a particular case of interest. The student would normally need to delve into the literature to deepen their knowledge about the specific case received, observed, and/or managed. The reflection also involves a self-evaluation of the applied nursing techniques compared to the evidenced-based practice (EBP) standards. In Rwanda, students who do have computers and are located where internet service is provided can access the various electronic resources through HINARI (Health Internetwork Access to Research Initiative, supported by WHO). Nevertheless, some other students who find themselves without such amenities tend to cope with difficulty particularly considering that it is becoming increasingly hard to access up-to-date hard copies of various resources. Nursing is a discipline that needs ongoing access to evidence base for required competences to be realized during the training and eventually for the students to qualify as registered nurses.

While to some students it may seem to be unnecessary or optional, the regular use of skills checklist, or completion of the clinical logbook indicating proof of observed/practiced techniques or procedures is mandatory as it forms the basis for evaluation by supervisors, and hence must be diligently complied with.

### Challenges for staff nurses

Even though nurses in the different health facilities are primarily recruited to provide nursing care to clients, they are also expected to assist students to meet their clinical learning objectives in the clinical settings. Student nurses normally should be trained under the direct supervision of experienced nurses who were 'trained to train' states (Myrick, 1988). According to Häggman-Laitila et al (2007) continuous professional development in Evidence Based Practice, teaching methodology and inter-disciplinary collaboration are extremely essential for the hospital staff to fully provide the skills and competences to the student nurses. Opportunities for such trainings may not always be available for the supervisors, and thus entailing that they apply what is available at hand. Efforts to forge formal partnerships between the University of Rwanda and various clinical setting have been made to that there is a closer participation of clinical supervisors in the University continuous professional development activities, as well as for information sharing.

Another significant challenge for the staff nurses in Rwanda is the high nurse to client ratio.

In 2012, the annual report of the Ministry of Health (MOH) indicated a nurse to population ratio of 1/1,291 (MoH, 2012). Staff nurses working under these busy conditions are obliged to contend with the dual responsibility of client care as well holding discussions as trainers with the student nurses, which is sometimes hard to balance the two.

### Clinical supervision in Rwanda

Clinical supervision is faced with many challenges and should follow one, or a combination of models, in order to support supervisors and students achieve the intended clinical learning outcomes. The authors of this paper propose two clinical supervisory models that could be adapted using the available resources within the Rwandan context to develop and improve the students' experience in the clinical learning environment.

Based on the Rwandan health system and nursing context, the authors propose the following models to assist in the delivery of supervision in the clinical learning environment. The most common and probably the best model for Rwanda

is the facilitation/supervision model, in which facilitators are university-employed faculty who are responsible for both students' summative and formative clinical assessments. In this model, a facilitator directly and indirectly supervises a group of students with facilitator-student ratio of 1:6, or 1:8 or more. Faculty are responsible for facilitating active learning through fostering critical thinking skills, reflection and exchange of nursing experiences (Kristofferzon, Mårtensson, Mamhidir, & Löfmark, 2013). A second model that would work well in Rwanda is the facilitation/preceptor model, which is a combination of preceptor and facilitation/supervision model. Here, the faculty member facilitates a group of eight students or more and the students are then assigned to work with registered nurses who are routinely involved in the clinical decision-making in a specific clinical setting. The literature shows that student nurses are satisfied with this model as they feel supported by the preceptors (Kristofferzon et al., 2013).

### Conclusion

There is always a need for well-qualified nurses to improve client health outcomes, so it is our goal to recruit and retain good student nurses during their education and training in the clinical learning environment. In Rwanda, the two top clinical supervisory models to best facilitate clinical education in student nurses are the facilitation/supervision model and facilitation/preceptor model. There are many challenges in the clinical setting for both the student nurses and staff nurses to be worked on for improvement in order for all Rwandans to have better nursing care and health outcomes. The efforts of both the University and the Rwanda Ministry of Health of striving to remove bottlenecks in the clinical supervision not only of student nurses but of all trainees in health care are appreciated and will hopefully result in better outcome.

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