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Samples, Jayne and Marshall, Joyce

Skills to facilitate learning in clinical practice

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Mentorship: is the fourteenth series of 'Midwifery basics' targeted at practising midwives. It aims to provide information to raise awareness of the impact of the work of midwives on student learning and ultimately on women's experience and encourage midwives to seek further information through a series of activities. In this second article Jayne Samples and Joyce Marshall consider some of the key issues that can affect student learning in clinical practice. Midwives are encouraged to seek further information through a series of activities.

Scenario

Suzanne has recently completed a mentor preparation course and is about to meet her first student Annabel who is a Year 2 student midwife. She is keen to ensure that Annabel has a positive learning experience. She has just started working with Annabel and they meet to discuss what Annabel would like to achieve in this postnatal ward placement.

Introduction.

Mentors have a responsibility to plan and co-ordinate students' learning experiences (Nursing and Midwifery Council 2008). However, using routine clinical experience alone is not enough. Students are likely to be aware that they have a lot to learn, but may be unaware of the scope of this and how to achieve it. They can easily miss subtle or significant learning opportunities, particularly when they are new to the course or a specific placement area and there is much to learn (Ironside *et al.* 2014) therefore effective mentor guidance is essential.

Identifying the student's current level of learning

Gaining an accurate understanding of a student's level of training, progress to date and their prior knowledge and skills at the beginning of a placement is vital to identify appropriate learning opportunities and provide relevant levels of supervision (Löfmark & Wikblad 2001). It is important not to have preconceived expectations about the level of their learning needs or to assume that students will know what they need to learn. Therefore early discussions, to review specific outcomes and the written comments of previous mentors will help to understand a student's particular strengths and areas for development (NMC 2008: Kinnell & Hughes 2010) and will lead to a realistic action plan and identification of relevant learning opportunities. Feeling respected and that mentors are interested in their learning can encourage the student to question and test out new skills (Stalmeijer *et al.* 2009). However, it is important to be careful to avoid making the student feel they are being questioned simply to expose weaknesses, since this can create vulnerability and impair development (Stalmeijer *et al.* 2009). Establishing clear ground rules at this first meeting can be mutually beneficial to identify expectations and avoid misunderstandings.

Learning must be pitched and supported at an appropriate level to effectively enable students to incorporate new skills and knowledge into what they know already. Whilst students may be eager to succeed and moderate degrees of anxiety may promote learning, where expectations are too high students will lack the capacity to understand and work towards achieving these (Melincavage 2011). This can make students feel overwhelmed, inadequate (Licqurish & Seibold 2008) and anxious to such a level that they make mistakes diminishing their confidence further (Killam & Heerschap 2013) or they may be so afraid of doing the wrong things that they do not take any initiative. Consequently they may be perceived as lacking in knowledge, skills or enthusiasm. Conversely, where participation is restricted and students work only within their comfort zone they will learn nothing new, leading to frustration. Having a good understanding of the expected levels of achievement, a student's current level of learning and providing good support is essential for learning to progress.

Activity 1

Identifying learning opportunities: think about and write down everything you do. These are skills that students need to learn. Next, identify ways that these skills can be developed. For example, documentation skills may be developed through being conversant with the NMC (2010) record keeping guidance, discussing appropriate structure and content, observing and participating in (paper and electronic) record keeping, self-auditing records, and finding out about storage of records and strategies for data protection.

Facilitating development

Learning occurs when students are supported into an unfamiliar community, such as a new placement area with its unique knowledge practices and cultures, by being fully engaged in providing care with their mentor. The level of participation must be appropriate to the student's prior knowledge, skills and readiness to learn. This may begin where the mentor talks through their actions with the student observing and then participating. As the student's confidence grows their level of participation should increase with the student being able to talk through what they are doing and with the mentor working alongside. Encouraging students to think aloud can help to increase their familiarity with an activity as well as gaining confidence with the meaning and use of professional and technical language (Spouse 1998).

If a student appears to be having difficulty in following instructions or performing a task the mentor should review their expectations, the level of complexity of the task or consider an alternative way of communicating this to the student. Breaking a task into smaller more manageable chunks and then building on this will enable the student to feel that they are progressing. Giving students responsibilities within a supported practice setting appropriate to their level of knowledge and skills is likely to increase their competence and confidence since this will provide them with the opportunity to practice and develop decision-making skills and participate at an increasing level.

Role modelling

Students recognise the importance of a good role model and according to Hughes and Fraser (2011) perceive this as an evidence—based, reflective practitioner who advocates for women. Mentors should recognise the potential impact of their behaviours on student learning since observations form a significant aspect of learning and enable students to incorporate witnessed behaviours and attitudes into their own practices. Where students lack insight into their mentors thought processes, they may imitate behaviours, learning only superficially rather than remembering, thinking about and applying what they have learned in a more critical and considered way. Mentors can facilitate this insight through reflecting together after an event to ensure that the student is able to gain a more comprehensive insight into the event and the midwife's related clinical reasoning processes (Löfmark & Wikblad 2001). In this way role modelling will have a more positive impact.

How students learn

Students will each have different preferred ways of learning, so taking the time to discover these and adapting strategies for facilitating learning may help students to learn more quickly and gain more confidence in their skills and knowledge.

Activity 2

Return to your list of practice skills and learning opportunities. Using the learning styles in table 1, identify some activities that would suit students with each of these learning preferences.

Table 1. Honey and Mumford's (1989) learning styles.

Learning style	Learning preferences
Activist	Prefers to be actively involved in learning; enjoys learning by doing; eager to
	try things out; may benefit from problem solving tasks
Theorist	Prefers to understand and incorporate concepts into knowledge; works best in
	a logical order; likes to discover information
Reflector	Stands back observing and reflecting; prefers to think and discuss before
	participating immediately; likes to consider all possibilities before acting

Pragmatist	Likes to experiment with new ideas; enjoys problem solving and applying new
	knowledge to practice; receptive to role modelling; prefers to act without
	lengthy discussions

Students learn from the people in the environment, their skills, behaviours and attitudes (Stuart, 2013). All members of the team contribute to the learning environment and where team working and consideration of others needs are apparent the potential for learning may be enhanced. Signposting or negotiating access to a range of opportunities can help the student to develop a broader and more critical perspective. Observing, working with and talking to other members of the multi-disciplinary team, women and their families can help students to understand issues from a range of different viewpoints. However, the student's named mentor is accountable for any decisions to let the student work independently or with others (NMC, 2008) therefore careful consideration of the student's competence and any potential problems are essential when planning such learning opportunities. Clarifying goals and boundaries with the student and other team members is essential.

Student mentor relationship.

The need to belong is universal, influencing emotions, behaviours and health. According to Maslow's theory of human motivation (1954, cited in Stuart, 2013) the need to belong and feel safe are greater than the need for esteem and self-actualisation (learning and development). Where students feel included in a placement team and where mentors are perceived to value their mentoring role, this may reduce student anxiety, increase self-esteem and eagerness to learn (Melincavage 2011). Conversely feeling excluded, unwelcome or inadequate can result in low student self-confidence, motivation and ability to learn (Levett-Jones *et al.* 2009). For these students attempting to fit in can use energy, restricting their potential for learning. Feeling isolated and intimidated, these students may be reluctant to ask questions perpetuating their isolation and lack of development further. It is important therefore to treat students with respect, introducing them to the team, valuing their position as a learner and making them feel welcome (Webb & Shakespeare 2008).

Organisational concerns can negatively impact on a students' potential to learn and may be due to a lack of continuity of mentor, limited time for discussions or practising clinical skills (Killam & Heerschap 2013). A minimum of 40% of the student's time in practice must be supervised by a mentor (NMC, 2008) and good continuity may be particularly important for students who are new to the course or the environment. If the placement area is very busy making time after care has taken

place to discuss and reflect on events can ensure that valuable learning opportunities are not lost (Andrews & Roberts 2003).

Activity 3

List the factors that might positively or negatively affect a student's ability to learn in practice.

Consider your responsibility with regards to each of these. What actions do you need to take? What actions would you expect the student to take? Who else might you need to involve?

OR

If you are a student consider the resources available to help you to learn in the clinical environment. Can you identify any barriers to your learning? If so, consider how you might overcome these.

Feedback

Providing regular and constructive feedback is essential to enable students to gauge their learning, be aware of any areas of concern and use this information to develop an appropriate action plan to progress (Webb & Shakespeare 2008). Feedback may be informal or formal as mentors work with, observe and explore issues with students. Timely, honest and objective feedback about the student's performance identifying what was done well and areas for further development with clear examples to support judgements may enable students to manage their learning and development more positively. Clearly documenting discussions and key issues is important in building a record that can be used to evaluate and demonstrate progress and support assessment decisions (NMC, 2008).

The way feedback is shared with students can influence their perception of this information and their ability to use this constructively. Students may respect feedback more positively where they consider that their mentor knows them well. Where feedback is provided in a kind and helpful manner with the opportunity for reflection, confidence, motivation and skills may improve (Licqurish & Seibold 2008). Confident students may seek feedback more regarding their abilities and view constructive feedback as an opportunity to improve. Conversely, overt criticisms, particularly in front of others, can lead to students feeling vulnerable and intimidated by being observed. This may create a culture of fear whereby students learn to conform in order to avoid problems rather than developing a confident and questioning approach (Melincavage 2011).

Mentors may avoid giving 'negative' feedback through fear of harming their relationship with the student (Clynes & Raftery 2008). However this can lead to superficial learning and impact on the quality of care. Mentors should develop a critical and reflective approach to their own skills as a mentor and asking for feedback about this can be helpful in gaining insight and refining these skills.

Reflection on the scenario.

Getting to know students, their learning needs and preferred ways of learning and using this knowledge to develop a clear action plan can assist Suzanne to facilitate effective learning. Co-ordinating a range of learning opportunities and building on learning in manageable chunks can help students to gain a broad understanding without feeling overwhelmed.

Conclusion

Midwives' are responsible for facilitating a positive clinical learning experience. This relies on effective and open communication between the student and mentor. Discovering, respecting and addressing students' individual needs and careful observation of their abilities can enable mentors to monitor progress and co-ordinate meaningful opportunities. Meanwhile regular, honest feedback enables students to gauge and expand their learning.

References

- Andrews M & Roberts D (2003): Supporting student nurses learning in and through clinical practice: the role of the clinical guide. *Nurse Education Today* **23**, 474-481.
- Clynes MP & Raftery SEC (2008): Feedback: An essential element of student learning in clinical practice. *Nurse Education in Practice* **8**, 405-411.
- Honey P & Mumford A (1989) The Manual of Learning Opportunities. Peter Honey, Maidenhead.
- Hughes AJ & Fraser DM (2011): "There are guiding hands and there are controlling hands": Student midwives experience of mentorship in the UK. *Midwifery* **27**, 477-483.
- Ironside PM, McNelis AM & Ebright P (2014): Clinical education in nursing: Rethinking learning in practice settings. *Nursing outlook* **62**, 185-191.
- Killam LA & Heerschap C (2013): Challenges to student learning in the clinical setting: A qualitative descriptive study. *Nurse Education Today* **33**, 684-691.
- Kinnell D & Hughes P (2010) Mentoring Nursing and Healthcare Students. Sage, London.
- Levett-Jones T, Lathlean J, Higgins I & McMillan M (2009): Staff student relationships and their impact on nursing students' belongingness and learning. *Journal of advanced nursing* **65**, 316-324.
- Licqurish S & Seibold C (2008): Bachelor of Midwifery students' experiences of achieving competencies: The role of the midwife preceptor. *Midwifery* **24**, 480-489.
- Löfmark A & Wikblad K (2001): Facilitating and obstructing factors for development of learning in clinical practice: a student perspective. *Journal of advanced nursing* **34**, 43-50.
- Melincavage SM (2011): Student nurses' experiences of anxiety in the clinical setting. *Nurse Education Today* **31**, 785-789.

- Nursing and Midwifery Council (2008) Standards to support learning and assessment in practice: NMC standards for mentors, practice teachers and teachers. NMC Publications, London.
- Spouse J (1998): Scaffolding student learning inclinical practice. Nurse Education Today 18, 259-266.
- Stalmeijer R, Dolmans DJM, Wolfhagen IAP & Scherpbier AJA (2009): Cognitive apprenticeship in clinical practice: can it stimulate learning in the opinion of students? Advances in Health Sciences Education 14, 535-546.
- Webb C & Shakespeare P (2008): Judgements about mentoring relationships in nurse education. Nurse Education Today 28, 563-571.