PROF532 – 15C
The Professional Practice of Tertiary Teaching:
Task Two

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INTRODUCTION: THE CONTEXT FOR THE INITIATIVE

In 2014 the Centre for Health and Social Practice (CHASP) in collaboration with the Waikato District Health Board (WDHB) and the nursing Professional Development Unit (PDU) opened a Dedicated Education Unit (DEU) in one ward of the Older Persons Rehabilitation Service (OPRS). Following the success of this joint venture it has been decided that in March 2015 a further two DEUs will open in the OPRS. I have been appointed as an Academic Liaison Nurse (ALN) in one of these wards. The role of the ALN is to assist student nurses to integrate theory into clinical practice. The ALN monitors student progress, supports students to question practice, communicates closely with the Clinical Liaison Nurse (CLN), undertakes student clinical competency assessments, and educates and supports staff around the Bachelor of Nursing (BN) curriculum (Canterbury District Health Board, 2013; Ranse & Grealish, 2007).

Prior to my appointment to this role I was an Academic Staff Member at Wintec then a Nurse Educator in the Waikato District Health Board. I feel this background gives me a unique perspective in terms of my knowledge of the Bachelor of Nursing programme and the associated student expectations, as well as an understanding of the registered nurses role in student nurse education within the WBHB.

RATIONALE

A key contextual factor is that this initiative is a pilot and a number of factors affect its aims, such as:

- This will be the first time that this ward has been run as a DEU
- This will be the first time that this ward has had second year nursing students completing a mental health clinical placement
- This will be the students first exposure to the Competencies for Registered Nurses (2012) which is the tool that is utilised in their summative clinical placement assessment
- An increase in student numbers – the matrix for this ward has previously been four students per rotation, this will increase to ten students in the DEU model
EXPLICIT REASONS FOR CHOICE AND AIMS OF INITIATIVE

Clinical practicum is a significant component of the Bachelor of Nursing programme with students required to undertake a minimum of 1100 hours of practice prior to completing their Degree and sitting the Nursing Council State licensing exam (Wintec, 2014). During these clinical placements it is vital that students are adequately supported to ensure the consolidation of learning into their clinical nursing practice (Grealish, Bail & Ranse, 2010; Murray, Crain, Meyer, McDonough & Schweiss, 2010; Ranse & Grealis, 2007). The DEU Model aims to provide the support required to ensure this theory-to-practice consolidation occurs. Following a focused literature review three major themes have emerged regarding developing the support that students need in this process, these will be discussed further.

Application of Social Theory in Nursing Student Education - Dedicated Education Unit Model

The DEU model is largely underpinned by Communities of Practice (CoP) theory (Grealish, Bail & Ranse, 2010; Wenger, 2009; Wenger, 1998). Wenger (2006) summarises CoP as “... groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly” (p. 1). To constitute a CoP Wenger (2006) states that three components must be present: firstly there needs to be a shared domain of interest, secondly a community needs to already exist, finally members of the CoP need to be practitioners who over time have developed a shared collection of resources to support their practice. This concept informs the way in which the DEU is structured and the overall aim of enhancing the partnership between the WDHB and Wintec through collaboration between clinicians and academics while supporting student learning (Grealish, Bail & Ranse, 2010). The idea of ‘situated learning’ is another component of CoP theory which plays a significant role in bridging the theory-to-practice gap mentioned earlier (Lave & Wenger, 1991). Cope, Cuthbertson and Stoddart (2000) explored the idea of situated learning in clinical placement and concluded that for knowledge to be consolidated it needed to be situated in authentic contexts and that for learning to take place students needed social support and reassurance throughout the placement (Berry, 2011). This is supported by Grealish and Ranse (2010) who suggested that the DEU
model was more beneficial to student learning than the traditional preceptor/mentorship model. This was due to the nature of the learning activities in that students worked with staff and with other members of the healthcare team while experiencing a wide range of practice situations (Berry, 2011; Grealish & Ranse, 2010). These opportunities enabled the students to test their theoretical knowledge in practical situations. The students in the OPRS DEU Model will also be supported through their placement by a comprehensive orientation, regular contact with the Academic Liaison Nurse, and daily tutorial sessions to develop their practice. This additional support has been shown to add substantial quality to the students learning experience (Grealish, Bail & Ranse, 2010; Ranse & Grealish, 2007).

The importance of feedback in student learning and for nurses
Communities of Practice are based on the belief that reflective practice and feedback are necessary in the delivery of competent knowledge-based care (Wenger, 1999). Berry (2011) identified that through communal reflection and communication tacit knowledge can be made explicit. The concept of peer support between students has been recognised as a significant factor in reinforcing theoretical learning and building confidence in clinical practice (Ranse & Grealish, 2007). This support allows students to share their experiences and learn from each other, through a process which supports the student’s on-going development and provides direction as well as helping to increase motivation (Clynes & Raferty, 2008). One way in which students can share these experiences and knowledge with each other is through a process of peer-feedback. Clynes and Raferty (2008) define feedback as an “interactive process which aims to provide learners with insight into their performance” (p. 405). There are a number of methods that can be utilised when providing feedback, however Clynes and Raferty (2008) identified informal on-the-spot feedback as being the most successful for students. This method can be used to provide situation-specific feedback during clinical practice, while ensuring that key elements are not forgotten. In addition throughout this process discussion of evidence-based practice concepts can also be encouraged (Clynes & Raferty, 2008; Ranse & Grealish, 2007; Boud, Cohen & Sampson, 2001). The preparation required to support students when providing feedback will be identified and discussed in the section: Planned Initiative.
Best practice strategies for supporting peer-feedback in clinical placement

The literature provides a number of strategies regarding ways to support students as they develop their competence. Strategies that include scaffolding, fading, reflection and articulation were identified in a number of studies (Grealish, Bail & Ranse, 2010; Cope, Cuthbertson & Stoddart, 2000; Clynes & Raftery, 2008). The notions of scaffolding and fading are interconnected in that students are shown and assisted with the completion a task, then as their confidence increases the coach slowly withdraws their support in a way that enables the student’s competence to develop (Clynes & Raftery, 2010; Cope, Cuthbertson & Stoddart, 2000). Lave (1999; Lave & Wenger, 1991) adds to this suggesting that peer collaboration within a ‘community of practice’ allows learners to gain a range of skills that they would often be unable to attain alone. Reflection and articulation encourage students to critically think about clinical practice situations and to make the knowledge and understanding they have gained through this process explicit (Clynes & Raftery, 2010; Cope, Cuthbertson & Stoddart, 2000). These are key aspects that are required when giving and receiving peer-feedback. Boud and Falchikov (2008) outline that for peer-feedback to be effective; the giver of feedback needs to be able to identify opportunities to provide coherent feedback while the receiver needs to be able to identify and articulate the learning that has taken place as a result of receiving this feedback. Boud and Molloy (2013) further suggest that for feedback to have a positive and sustained impact on students learning teachers need to ensure that the feedback loop is completed. They suggest that students need to be provided with strategies and monitored to ensure that the feedback they are receiving is being used to improve their overall performance (Boud and Molloy, 2013).

A number of barriers to giving and receiving feedback were also noted in the literature, these included preparation for giving feedback, ways of delivering feedback and perceived difficulties around personal relationships (Clynes & Raftery, 2010; Boud & Falchikov, 2008; Dohrenwend, 2002; Boud, Cohen & Sampson, 2001; Cope, Cuthbertson & Stoddart, 2000). These will be discussed further.
Preparation for Giving Feedback
The value of thoroughly preparing students in methods of giving and receiving feedback has been identified by a number of authors (Clynes & Raftery, 2010; Boud & Falchikov, 2008; Boud, Cohen & Sampson, 2001; Cope, Cuthbertson & Stoddart, 2000). Clynes and Raftery (2010, p. 408) add that further elements which need to be addressed when coaching students in providing feedback include “…timing of the feedback, the language and format used and the readiness of the student to receive feedback”. During student preparation it is also important to discuss personal experiences of receiving feedback, while identifying the positive and negative aspects of these experiences (Clynes & Raferty, 2008; Boud, Cohen & Sampson, 2001). This process helps students to consider what constitutes valuable feedback and methods of delivering feedback that they found effective.

Methods of Delivering Feedback
The environment in which feedback is delivered as well as the manner in which it is presented are important factors that students need to be educated on when proving feedback. Feedback should be given in a private setting rather than in the busy clinical environment and adequate time needs to be allowed for clarification and discussion (Clynes & RAFerty, 2010). The way in which feedback is delivered is also important. Feedback should be specific and describe what actually occurred including examples from practice. It should be clear and focus on clinical performance not on the student’s personal character (Clynes & Raftery, 2010). Hattie and Timperley (2007) have developed a Model of Feedback to Enhance Learning. Within this model they identify that for feedback to be delivered effectively three questions need to be answered: “where am I going? How am I going? Where to next?” (Hattie & Timperley, 2007, p. 86). This process involves feeding up, back and forward to ensure the student has sufficient information to allow them to make changes to their practice and enhance their performance.

Personal Relationships
During their research Clynes and Raferfy (2010) discovered that students would often avoid giving negative feedback for fear that it could affect their personal relationship
with their fellow student. This is an important consideration during the implementation of my initiative. Dohrenwend (2002) suggested that by encouraging students to communicate any negative feedback directly to their registered nurse preceptor this situation may be avoided. This is of particular significance given the importance of offering students constructive feedback and the possible consequences of not proving this feedback (Dohrenwend, 2002).

DESCRIPTION OF PLANNED APPROACH
The initiative that I plan to implement is a peer feedback model in which the students will be buddied in pairs and coached on requirements associated with giving and receiving feedback. Falchikov (2005) states that performance assessments must be able to be contextualised by students and they must be integrated into the learning experience. Therefore I will focus my discussions with the students on the Competencies for Registered Nurses (2012) as this is the summative assessment tool that is used to evaluate the student’s success in a clinical placement. Hattie and Timperley (2007) support this approach by suggesting that incorporating self-assessment strategies into this process allows students to reflect on the task criteria rather than on the task itself. My aim is that through education, reflection and discussion a culture of feedback can be created that will enable the students to identify key learning moments in each other’s practice and then relate these to the Competencies for Registered Nurses. I plan to support and engage the students through group and individual sessions while ensuring that the clinical competencies are meet during their four week placement. To enable me to focus my plan I have conducted a review of the literature focusing on student learning in the DEU environment, methods of learning through peer-feedback and the importance of feedback for students and nurses.

INITIATIVE IMPLEMENTATION PLAN
In order to implement the planned peer feedback initiative I undertook a number of steps during this process. My personal reflection and observations are outlined and discussed in relation to the literature in the following section.
Student Orientation Session - 16/03/15

As a component of the student orientation day to the DEU I spent two hours with the OPR4 students going through placement specific information. An element of this was a preparation session on feedback (Appendix A). This session covered important factors such as; What is feedback? Why do it? What does it relate to? By thoroughly preparing the students in the process of giving and receiving feedback I aimed to adequately prepare them for this component of the clinical placement (Clynes & Raftery, 2010; Boud & Falchikov, 2008; Boud, Cohen & Sampson, 2001; Cope, Cuthbertson & Stoddart, 2000). During this discussion a number of student understandings were highlighted:

I was paired with another student in my last placement and I enjoyed it as she had previously been a healthcare assistant and she showed me how to support patients during personal cares (Student R, personal communication, March 16, 2015)

I like the idea of being paired up because it will give me more confidence when I’m talking to the patients (Student L, personal communication, March 16, 2015)

I don’t really understand the clinical competencies, so I’m looking forward to being able to learn about them with my peers (Student S, personal communication, March 24, 2015)

I’m looking forward to being able to learn from my peers during this placement. Sometimes in placement in feels like we are encouraged to work separately from other students (Student C, personal communication, March 24, 2015)

I also asked the students to share their previous feedback experiences. Clynes and Raferty (2008) and Boud, Cohen and Sampson (2001) identified the importance of discussing students personal experiences of receiving feedback in their research. Through this process of sharing experiences I aimed to help the students to identify
the positive and negative aspects of these past experiences. A number of student feedback experiences were highlighted during this discussion; both positive and negative:

I was paired with another student in my last placement and I enjoyed it because we got to share our knowledge and learning with each other (Student C, personal communication, March 24, 2015)

In my last placement a nurse told me that I was doing something wrong, but she didn’t tell me how to do it correctly. I found this confusing (Student R, personal communication, March 24, 2015)

Daily Meetings with Students (Monday to Thursday) - 17/03/15 – 09/04/15
At these daily meetings I discussed the clinical competencies and reflected on the students understanding of these. I ascertained this information by asking them to share their current clinical experiences and think about which competency each experience could be an example of. I also discussed the peer feedback experiences that the students were having during their placement. During these conversations a number of student experiences were highlighted:

I have found giving and receiving peer feedback has helped me to always be thinking about the clinical competencies (Student S, personal communication, March 24, 2015)

It has been helpful to talk to my students peers and spend time discussing how a particular patient experience could fit into the competencies (Student L, personal communication, March 26, 2015)

I have enjoyed hearing other students clinical experiences and learning from what they have been doing, as well as being able to relate this to the competencies (Student C, personal communication, April 2, 2015)

These daily meetings with the students have enabled me to implement a number of strategies such as scaffolding, fading, reflection and articulation to support the
students learning within this process. This initiative has also increased the students awareness of the clinical competences and there relevance within nursing practice, while assisting the students to increase their clinical competence through utilisation of peer feedback (Grealish, Bail & Ranse, 2010; Cope, Cuthbertson & Stoddart, 2000; Clynes & Raftery, 2008).

**Summative Clinical Competencies**

Having been able to read the students clinical competencies I have been able to observe how these experiences of peer feedback have equated in examples within the students summative work. For example during an informal discussion with a pair of students they told me how they had read an article that I had given them on low mood and had noticed the signs and symptoms in a patient they were caring for. They explained that after discussing the situation together they reported their findings to the registered nurse (RN) that they were working with. Following this discussion the RN passed the information onto the doctors caring for the patient. One of the students had reflected on this situation in their clinical competencies:

A student peer and I were discussing with our RN the low mood and anxious state of a client. Our RN suggested we bring this to the attention of the medical team caring for this client. We brought this to the attention of the responsible House Surgeon; I added to the discussion she was anxious about coping at home. Our RN summarized the discussion using the SBARR format and requested perhaps the team could consider the use of SSRI medication to support her mood. The response from the House Surgeon was positive and that she would bring it to the attention of the consultant caring for the client. The medical team noted our concerns and upon their investigations the client was prescribed an SSRI medication to support her mood (Student R, personal communication, April 2, 2015)

This summative process has ensured that the feedback loop was completed (Boud & Molloy, 2013) by allowing the marker to review the students understanding of their performance through reflective self-assessment based on task criteria rather than on the task itself (Hattie & Timperley, 2007).
Placement Farewell and Debrief Session – 09/04/15

I held a farewell and debrief session on the final day of the placement. This session involved an informal discussion held in the staff room in which I encouraged the students to share the experiences they had encountered during the placement and their thoughts on the feedback initiative. During this discussion a number of student experiences were highlighted:

I think the feedback process has helped me to always be thinking about the clinical competencies which has helped me to better understand them (Student L, personal communication, April 9, 2015)

Being encouraged to talk to my students peers has meant that I can better relate my clinical experiences to the competencies (Student R, personal communication, April 9, 2015)

Placement Evaluation Form (Appendix B) - 09/04/15

The final component of the implementation on this initiative was the placement evaluation form. I encouraged the students to reflect on their experience of the feedback initiative by asking the question: How has the use of peer-feedback helped you to apply the Nursing Council of New Zealand Competencies for Registered Nurses (2012) throughout this placement? This evaluation has provided a valuable insight into the student’s experience of the feedback initiative:

Peer feedback has been very helpful. It makes you confident you are on the right track and if you need to improve any areas (Student L, personal communication, April 9, 2015)

Peer feedback has been amazing. I learn best from talking things out (Student C, personal communication, April 9, 2015)

It has been really helpful having feedback so I can improve in areas (Student S, personal communication, April 9, 2015)
Great to hear others ideas and the way they view their experiences (Student H, personal communication, April 9, 2015)

Great to see different views of competencies and how they might be interpreted in different situations (Student O, personal communication, April 9, 2015)

It helped to know if I was writing the correct things for the competencies. In a way it felt like being handed a light in the dark (Student R, personal communication, April 9, 2015)

Biggs and Tang (2011) strongly support formally evaluating any new initiative to ensure that is working as planned; and if not to make sure that corrections can be made to remedy this. This feedback will help to shape the way this initiative will be implemented in the future. These modifications will be discussed further in the following section.

FUTURE REFINEMENTS
The aim of this initiative was to support the students to develop their understanding of the Nursing Council of New Zealand Competencies for Registered Nurses (2012) through use of a peer-feedback process. This process was introduced to the students on their orientation day and was encouraged and supported during daily meetings with the students throughout the clinical placement. Following the results of both the informal and formal evaluations I feel that the feedback initiative has been successful. This is evidenced by the positive feedback from the students and from the integrated nature of the student’s summative clinical competencies, which have allowed me to see the fruition of their peer-feedback discussions. I feel the success of this initiative in developing the students understanding of the clinical competencies is highlighted in Student R’s formal evaluation comment “... In a way it felt like being handed a light in the dark” (personal communication, April 9, 2015).
The sole refinement that I plan to make to the initiative is to introduce a Model of Feedback to the students during their orientation session. By providing a framework the students will be guided by a clear process when giving feedback to their peers, which can help to minimise comments focused at the person rather than the performance (Hattie & Timperley, 2007). Hattie and Timperley’s (2007) Model of Feedback to Enhance Learning identifies three questions that need to be answered in order for feedback to be delivered effectively: “where am I going? How am I going? Where to next?” (Hattie & Timperley, 2007, p. 86). Implementing this model will help to ensure that students will have sufficient information to allow them to make changes to their practice and further enhance their performance.

Placement Evaluation Form (Appendix B) - 04/06/15

The final rotation of students through the DEU for Semester One were encouraged to reflect on their experience of the feedback initiative by answering the question: How has the use of peer-feedback helped you to apply the Nursing Council of New Zealand Competencies for Registered Nurses (2012) throughout this placement? This evaluation has provided a valuable insight into the student’s experience of the feedback initiative following three consecutive rotations of students through the DEU:

- It allowed us to discuss everything we needed to know. It’s been great to be a member of a number of students at this placement (personal communication, June 4, 2015).

- Allows you to see how what you are doing fits into the competencies. Just having peers to discuss experiences and competencies with helped me have a better understanding (personal communication, April 9, 2015).

- Working with one RN and another student nurse is very beneficial as you are able to bounce ideas off each other and it gives you confidence especially when beginning (personal communication, June 4, 2015).

- Gave me a new perspective. Gave a larger view and new ideas (personal communication, June 4, 2015).
It helps me know what I need to improve on (personal communication, June 4, 2015).

It has been useful to discuss our different opinions during placement (personal communication, June 4, 2015).

Helped me to hear how others thought about things. Good to have discussions about how we are all going (personal communication, June 4, 2015).

It gave more perspective around what to write and allowed other ideas to be incorporated (personal communication, June 4, 2015).

I feel that this feedback highlights the students continued engagement in the initiative and the initiatives success.
REFERENCES:


APPENDIX A:

STUDENT ORIENTATION SESSION

WHAT IS FEEDBACK?
- Feedback can broadly be defined as "reflective information provided to an individual, to facilitate self-improvement and learning performance/potential." [Feedback]
- Feedback is important to consider:
  - Enriching the feedback
  - Formative learning
  - Improvement of the learner
  - The language of feedback is crucial

WHY DO IT?
- Feedback support learners to improve their critical competencies
- Motivates the learner through positive feedback
- Helps in improving critical competencies through reflection on mistakes and improvements

WHAT DOES IT RELATE TO?
- Key Principles of NZC Competencies for Professional Practice
  - Constructive Assessment for Learning Enhancement
  - Generic Core Competencies
  - Professional Development
  - Commitment to Excellence, Professional Development
  - Community Involvement/Probationary Period

PREVIOUS FEEDBACK EXPERIENCES
- Reflects your past experiences in giving or receiving feedback
  - Positive experiences
  - Negative experiences
- Reflects your ability to value the feedback received
  - Providing feedback is essential to support teacher improvement
APPENDIX B:

OPR4 Placement Evaluation Form

Please take a few minutes to evaluate your placement experience in OPR4.

We would appreciate your honest feedback in order to ensure that we capture your experience and learning. This will enable us to be responsive to your needs and make changes to the placement where appropriate, as well as giving us useful information to evaluate the overall student placement experience.

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Thank you for completing the evaluation form
We appreciate your feedback