

Evaluating Clinical Learning Environments: Creating Education-Practice Partnerships and Clinical Education Benchmarks for Nursing

Learning Outcomes and Curriculum Development in Major Disciplines: Nursing Phase 2 Final Report

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Executive summary

Introduction

In 2001 the Australian University Teaching Committee funded several discipline based curriculum reviews aimed at improving teaching and learning across multiple disciplines. The nursing project undertook an extensive and in-depth exploration of the nursing discipline to locate best practice principles in nursing curricula, clinical education, and the recruitment, retention and transition of undergraduate nurses to practice. One key finding was that quality clinical education was profoundly affected by the state of the partnership between the health service and the university. Thus the second phase of this study sought to develop three site specific partnerships in three States of Australia between three universities: Flinders University, Adelaide, South Australia (FUAA), University of Technology, Sydney (UTS), and Queensland University of Technology (QUT), and three major public teaching hospitals, Flinders Medical Centre (FMC) SA, Royal North Shore Hospital (RNSH) NSW, and Royal Brisbane Hospital (RBH) Qld.

These partnerships were aimed to identify the elements of such alliances that optimise clinical learning and specifically identify areas of policy and work practice requiring reorientation to better manage clinical learning environments for undergraduate nurses. In this process six benchmarks were identified as standards against which these partnerships could be measured. Several of these benchmarks focus specifically on the academic/clinician interface in the workplace. Additionally, three site specific evaluation instruments were developed with clinical research partners that evaluate the clinical learning environment and the partnerships that influence teaching and learning within that environment.

Context

The research took place in a climate of tense and difficult work conditions, including industrial action in Queensland, and significant pressures on clinicians at all sites. Even in these trying workplace conditions there was enough goodwill and professional commitment between professionals, to work together to develop partnerships that foster quality clinical learning environments and provide nursing students with clinical experiences that nurture their professional development.

The Participatory Action Research process

This project aimed to construct and refine intentional actions and behaviours to develop these partnerships. Participatory Action Research (PAR) was chosen as the preferred research method because it had the potential to uncover social reality and shared meaning regarding partnerships, while developing and implementing action plans that would create the basis for quality partnerships to be constructed. The details of the research process are elaborated in Chapters 1 and 3 of this report. The generic process used by the three research teams included:

Introducing the project: Gaining in-principle support for the project, discussing data collection processes, and gaining access to potential clinical learning environment partners willing to join the (PAR) process.

Group formation: All sites developed PAR groups and reference groups of informants including academic, student, management and clinician perspectives.

Establishing the group: After ethical approval was received and consent obtained, agreed work patterns for data collection and reporting were established.

The PAR cycles: In each cycle the following phases of meeting, learning, focusing thoughts, engaging ideas, developing action plans and evaluating these actions continued until progress toward the desired outcomes were completed.

The anticipated outcomes: Three *Clinical Learning Environment Evaluation Tools* and benchmarks for successful partnerships between universities and health services that optimise clinical learning were achieved. The benchmarks need scoring criteria to be developed in the future, so they have meaningful application. Each site had their own specific methods of conducting the research process and these are detailed in Chapter 3.

Benchmark development and use

The term 'benchmark' describes the essential standards against which other standards may be measured (Ellis et al. 2000a; Ellis et al. 2000b). Consequently benchmarking is an ongoing and methodical exploration of, and execution of, best practice, which should lead to continuous quality improvement in performance (McKeown 1996; Mitchell 1996). As Day (2001 p. 39) notes, 'you cannot improve what you cannot measure'. The process this project used to develop the six best practice benchmarks is clearly outlined in Chapter 3 of this document.

The best practice benchmarks for partnerships that facilitate clinical learning are:

1. Partners will develop a shared formal agreement between a university and a health service regarding clinical education of undergraduate nurses.
2. There is effective and timely communication between partners.
3. The rights, roles and responsibilities of persons at every level of the clinical learning partnership are clearly defined.
4. Scholarly teaching by both partners occurs in the clinical learning environment.
5. The partnership elements that promote high quality clinical learning for students are provided within the clinical learning environment.
6. There is regular monitoring of agreed partnership elements that affect learning, teaching and progress of students.

The rationale, potential data source that can be used to verify each benchmark, along with the participants' good practice criteria are identified for each benchmark and presented in Chapter 4 of this report. The benchmarks have been developed on a platform of shared principles, mutual desired outcomes and commitment to values. Good practice criteria have been scaffolded onto this platform and the next phase of this process is to develop reliable and representative scoring statements for this framework, so benchmarks become measurable. Significant findings and foreseeable problems with the introduction of benchmarking are discussed further in Chapter 4 of this document, but three major concerns have been identified:

- lack of perceived benefit at the clinical interface of the partnership;
- dependence on the culture and climate of the Clinical Learning Environment; and
- unwillingness to share/disseminate innovation and best practice benchmarks.

Recommendations

A number of recommendations were made regarding partnerships that optimise clinical learning for nursing students based on the research findings and the literature on partnerships, clinical education and benchmarking. They are elaborated in Chapter 4 and include:

Right reasons

Universities and health services must recognise they have different purposes, goals and service drivers, therefore they must foster passion and enthusiasm for the partnership at every level, to promote the notion of joint professional responsibility for development of registered nurses and develop a shared vision for student education, and a joint commitment to student learning.

Increase the stakes

Stakes are already high for universities, but these need to increase for health services, especially at the level of the clinical learning environment. A few strategies to do this include: joint lobbying for increased funding for student placements; linking that funding to the quality of placements; and increasing shared use of resources, facilities, courses, lectures and continuing education for partnership staff.

Involve the right people

Choose the ‘best people’ and empower them to make decisions, manage student matters, monitor student progress, facilitate communication and resolve conflict if it occurs. Provide them with adequate time and support, commensurate to their workload, to ensure desired outcomes are effected.

Create a strong balanced relationship that is adequately resourced

The power relationships must be as equal as possible. Both partners should manage the relationship by troubleshooting quickly, cooperatively and with fairness, listening and responding to partners at every level of the partnership, recognising and accepting differences and maintaining flexible responses. Develop the partnership connections at many levels including research, management, education and training, sporting, social, political, media and lobbying. Ensure both partners provide the partnership with sufficient financial and human resources to meet the anticipated outcomes (negotiated at time of agreement). Promote the shared use of resources to sustain and support clinical

education and concentrate limited resources on improving the relationships that impact student learning the most.

Trust and respect your partner and your staff

Allow continuity of personnel because this develops mutual trust and reciprocity. Always behave with integrity and respect, and maintain confidentiality. Acknowledge and if possible reward staff of both partners. Aim to understand the pressures and workloads of your partner at every level of the partnership. Search for ways to minimise work and maximise results within the time and resource constraints of both systems.

Ensure good communication

Partners at all levels must be accessible and informed. This is done by developing ways to manage communication such as sharing ideas, exchanging information, sharing contact details at all levels - e-mail, phone, fax...etc. Try to understand each partner's priorities and make an effort to educate both partners regarding desired outcomes of the partnership. All relationships should be characterised by open and transparent communication, clearly defined rights, responsibilities and role clarification at every level of the partnership. Ensure all policy and processes are clearly documented and available to partners in accessible and agreed language.

Formalise the relationship

Develop formal agreements and/or 'Memoranda of Understanding' that articulate partners' support for shared decision making, responsible reporting and monitoring mechanisms, commitment to open and transparent dealings, and provide detail of each partner's shared and individual responsibilities. Identify and respond to issues impeding the partnership and develop policies and guidelines that get reviewed annually to address these issues. Always involve your partner in your organisation's strategic planning. Universities should involve clinical partners in the examination of the clinical education component of curriculum review.

At the clinical learning environment level of the partnership ensure:

- strong partnerships are developed between university academics and clinicians;
- a positive learning climate prevails in the CLE;
- clinicians working with students are recognised, acknowledged and rewarded for their increases workload;
- open and transparent communication between partners is practised;
- preparation of students and clinicians for each clinical placement is flawless;
- put in place good administrative structures and then check them regularly to make certain they are working; and
- accept difference in partnership needs, aspirations, structures and processes and be flexible and responsive to one another's needs.

Recommendations regarding the use of the evaluation tools

Each site developed a clinical learning environment evaluation instrument that can be used by different partnerships in conjunction with the benchmarks for best practice. The three tools presented in Appendices B, C and D are a work in progress that need to be trialled on a larger scale and modified according to local contexts and partnerships needs.

The FUA/FMC instrument¹ is focused on evaluating partnerships for learning within the clinical learning environment. Administrative oversight of the tool should be by a pair of nominated representatives, one from each partner organisation. The tool can then be administered to various partners within the CLE in paper or electronic format. The tool focuses on the importance and performance of various partners regarding factors that facilitate effective clinical learning for nursing students. Differences between participating partners' responses, and comparisons over time will demonstrate areas of the partnership that are working well so these can be acknowledged and rewarded. Should aspects of the evaluation highlight areas that require further development, a meeting will be set up by the administering team to include nominated clinicians, the university academic and/or clinical facilitator, and the Clinical Nurse Consultant/Manager of the clinical unit involved. The purpose of this meeting will be to identify strategies for remedial assistance/action and support to any/all staff, should this be required.

The UTS/RNSH instrument² is focused on assessing the partnership by evaluating staff and student perspectives of clinical learning and the clinical learning environment. The tool is developed for use in a variety of health care environments and locations thus the terminology used is generic. Questions for students relate to specific placements being designed for completion after every clinical placement, while staff questions may be administered on an annual basis. The instrument is intended to be self-administered, therefore it is divided into sections so different partners involved in student learning can complete their designated section electronically or on paper.

The QUT/RBH instrument³ is focused on evaluating the partnership by reviewing elements of the clinical learning environment. The evaluation instrument and its administration is intended to increase collegiality and collaboration between partners, thus the instrument focuses on the broad aspects of the university-health service partnership. It is proposed that it be administered by a review team of individuals representing both partners, who will jointly identify areas of optimal performance and those requiring attention and remedial actions.

Conclusion

The outcomes of this project are a set of researched benchmarks that set the standard for constructing and evaluating the quality of clinical education partnerships. The research process developed three clinical learning environment evaluation tools that meet the needs of both partners. These may be used and adapted by partnerships throughout Australia, with the aim of assuring the quality of clinical education for undergraduate nurses across this nation, aiming to increase their readiness for practice, improve their educational preparation and ultimately refine and develop quality patient care.

¹ See Appendix B

² See Appendix C

³ See Appendix D

