Title:
Collaborative Clinical Learning Environment for Nursing Students: Perspectives from Botswana

Session Title:
Poster Presentations

Slot (superslotted):
PST: Saturday, 18 March 2017: 7:30 AM-8:00 AM

Slot (superslotted):
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Keywords:
Clinical learning, Collaborative environment and Nursing students

References:


Abstract Summary:
A report of findings of a dialogue with nursing students, nursing and medical clinical staff on collaborative clinical learning environment for nursing students at a teaching hospital in Botswana. Although participants valued collaboration, there were constraints that frustrated their efforts.

Learning Activity:

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Abstract Text:

Background

A collaborative clinical learning environment plays an important role in preparing nursing students to working with diverse patient care team. Collaboration could help in cultivating a smooth flow of work in a hospital environment where uncertainties are almost unavoidable (Hine, Fenton, & Custance, 2015).
collaborative clinical learning environment in nursing education can be defined as an atmosphere where various professionals participating in patient care support and enhance one another such that patients’ needs are met, job satisfaction is enhanced and students learning is facilitated (Melrose, Park, & Perry, 2015). This presentation reports on nursing students’ perspectives and clinical staff about a collaborative clinical learning environment at a large teaching hospital in Botswana.

**Learning Objectives**

The audience will be able to:

1. Identify the dynamics of intra and inter-professional relationships and the roles that they play in creating and nurturing a collaborative clinical learning environment
2. Identify nursing students’ views on the nature of support they expect from different members of the patient care team.
3. Identify facilitators and impediments of a collaborative clinical learning environment.

**Purpose**

The objectives of the exercise were to determine (1) the value that health professionals have related to collaborative clinical learning environment, (2) the degree of their participation in creating and nurturing such an environment, (3) what they saw as facilitators and impediments of collaborative clinical learning environment in their workplace, and (4) the students’ experience of the collaborative clinical learning environment.

**Methods**

As one of the learning activities, four undergraduate nursing students at a senior level had an assignment to investigate the meaning of a collaborative clinical learning environment and if it existed in a teaching hospital they were placed for their practical curriculum. The students engaged a total of 30 persons comprising of nursing staff (6), medical staff (4), other nursing students (15), and medical students (5) in informal one-to-one dialogues to explore their views on collaborative clinical learning environment. The dialogues were guided by a set of questions that students asked the respondents. Names of participants were not taken and consent to participation was verbal. Participants’ responses were organized by dialogue guide questions, coded and analyzed using content analysis method.

**Findings**

**Values that professionals attached to collaborative clinical learning environment**

Generally, participants reported valuing collaboration as it was important for a smooth flow of work, reduced the risk of errors and enhanced sharing of knowledge across disciplines and generations. However, constraints in both the clinical environment and the education institution that placed students in the clinical site made it difficult for staff to live to what they valued.

**Effort and extent of creating and nurturing a collaborative clinical learning environment**

Responses to question on team members’ efforts to create and nurture a collaborative clinical learning environment were inconsistent. Efforts to nurture a collaborative clinical learning environment could be there but these were dependent on some conditions such as the attitudes of actors in both students and staff and the workload for staff. Both nurses and nursing students reported that some doctors were supportive to nursing students while others had no interest in assisting students but rather opted for registered nurses. Both nursing staff and nursing students reported that nurses value students only when they are short staffed in the clinical setting. Some medical students reported that they were not seeing...
any evidence of collaboration between themselves and nursing students. They attributed that to lack of seriousness about one’s learning and failure to realize the value of teamwork. They however reported that there were instances where nursing and medical students worked together and even shared stories about life experiences. Nursing staff saw their role in students’ learning limited and argued that the nursing faculty was the right people to be available to students in the clinical area, to supervise them and to respond to their questions.

Students reported instances where members of the patient care team were working side-by-side rather than collaboratively. For instance, dieticians and social workers would come into the ward and write or check something in the patient’s records without talking to the nurses in the ward; and doctors.

**Barriers to collaborative clinical learning environment**

Nursing staff reported that often they were not assisting students’ learning because such students were only interested in procedure on which they were assessed; being less interested in what nurses were doing.

Work overload and shortage of staff were the main barriers to collaborative clinical learning environment. They could not find time to attend to students’ learning needs. “There is not really that effective exchange between student and a registered nurse because when there is shortage of staff, we are on our toes and we cannot afford that time of sitting down with students, even if one can find time to attend to a student, it is usually rushed.” (Registered Nurse). Workload was also reported to contribute doctor’s apparent lack of interest in nursing students’ learning.

Some nurses reported that they were not working well with some doctors who had a demeaning attitude toward nurses. Such working relationship was characterized by tension which often hampered students’ learning. Medical students also reported an unwelcoming attitude of some nurses towards them that was manifested when nurses were not in good terms with doctors.

Entry level into nursing practice was also reported to present a barrier for a collaborative learning environment and the problem was seen to be starting during training and continuing into practice. Nurses preferred to give more attention to students pursuing diploma, arguing that a diploma program was more practice oriented than a degree one. The apparent discrimination of students hampered their support of one another as for instance; they tended to be competitive with one striving to prove him/herself superior to the other. This diploma-degree dichotomy was also reported to exist among registered nurses. The dichotomy atmosphere cascaded to students who often aligned themselves with their like others in nursing diploma and degree holders.

**Students’ experiences of collaborative clinical learning environment**

Whereas nursing students appreciated the support from registered nurses, they were concerned that some of the nurses kept students busy with simple errands. Students often felt they were on their own providing care to patients; a situation that was anxiety laden as patients would expect that students provide the quality care that nurses would provide. Students attributed their limited supervision to the high workloads and failure of faculty to consistently accompany them to clinical sites.

Nursing students were appreciative of the cooperation and support they got from patients. Patients were offering themselves to be attended by students. They freely provided feedback to students not only on care performance but also on their general conduct. However, some patients were reported to be disrespectful to students, refusing to take advice from them. Students reported that they were expecting to learn from different professionals participating in patient care. For instance, they felt frustrated when doctors’ prescriptions were unclear or when the doctors’ hand writing was eligible. On their own initiative toward fostering a collaborative clinical learning environment, nursing students reported that they usually
approached staff for assistance when they needed help. Students reported working collaboratively with one another, being enthusiastic about learning and being willing to assist staff.

Suggestions from participants

Long term student-nurse mentoring relationships were seen to be necessary to enable nursing students and nurses to know one another. Increasing the clinical hours in the education program was one strategy for enhancing a collaborative environment.

Recommendations

- The new Faculties of Health and Medicine in Botswana should introduce inter-professional education in health care professionals curricular so as to enhance development of team spirit.
- Nurses and doctors should take rounds or report together as a team, share tasks and assist each other where possible with the involvement of the medical and nursing students.
- Regular inter-professional team building seminars need to be established in order to provide a forum for discussing and resolving patient care issues.
- A formal recognition of staff committed to assisting students’ learning needs to be established at clinical learning facilities.
- There is need to improve staffing in both clinical learning and educational institutions in order to enhance clinical teaching and supervision of students.

Conclusion

Although a collaborative clinical learning environment was valued by both students and staff across all professional patient care team members, efforts to create and nurture such environment were constrained by factors in both the clinical sites and the students’ educational institutions. Nevertheless, there was some degree of nurturing a collaborative clinical learning environment by all participating stakeholders including patients themselves. According to both nursing staff and nursing students, students were valued only when they were used to fill the gaps created by staff shortages. Impediments to a collaborative learning environment included medical and nursing staff shortages, attitudes of some staff members and students and nursing’s multiple levels of entry into practice. Participants believed that both educational institutions and clinical settings had a role in enhancing a collaborative clinical learning environment. The authors present recommendations to enhance collaboration for effective clinical learning.