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Title: Clinical Progression Portfolio: A resource for enhancing learning partnerships

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Abstract

Interactions between students and registered nurses are crucial opportunities for clinical learning. Success of this learning partnership is predicated on excellent communication, negotiation, and shared goal setting but these elements are often difficult to achieve. This paper describes the development and preliminary evaluation of the student Clinical Progression Portfolio (CPP). This pocket-size learning resource is carried by students and used as a point of reference to 1) enhance communication between students and registered nurses; 2) provide a quick reference for the development and refinement of learning objectives; and 3) offer a brief record of progress (via a succinct dot point process). An expert reference group evaluation revealed that the CPP provided a framework for students to initiate and support their clinical learning in partnership with clinicians.

Key words: Clinical nurse education, student nurse, learning partnerships; registered nurse; learning portfolio

Introduction

In Australia, university-based Schools of Nursing (SON) currently utilise a system of clinical education where undergraduate nursing students practice in a range of health-care settings. The effectiveness of this system is dependent upon the working interface between the tertiary and health sectors which have traditionally operated under separate cultural ideals and practice realities (Del Bueno 2005, Hewison & Wildman 1996). Although it is generally agreed that clinical nursing education is a shared responsibility between the tertiary and health sectors, there are sometimes misunderstandings regarding the responsibilities of various staff involved in clinical education (Levette-Jones et al 2006). These differing views have contributed to frustration and negatively impacted upon the preparation and support of staff involved in clinical education (Andrews & Chilton 2000, Andrews & Roberts 2003, Clare et al 2003, Department of Education 2002, Levette-Jones et al 2006, Neary 2000, Watson 2000).

As the nursing workforce shortage becomes more acute (International Council of Nurses 2004, National Nursing & Nursing Education Taskforce 2005), governments are instigating a number of recruitment strategies, many of which are unintentionally placing even greater burden on the clinical nursing workforce (Levette-Jones et al 2006, p60). Within the Australian context, SONs have been encouraged to enrol greater numbers of undergraduate nursing students thus requiring more clinical placements in health-care settings for longer periods throughout the year. The paradox is that with increasing numbers of students, nursing staff complain of insufficient time to provide support and guidance (Henderson et al 2006, Hutchings et al 2005).

Additionally health-care environments are not always conducive to learning as there is an inevitable focus on workplace goals and task completion rather than educational

goals (Levette-Jones et al 2006, p60). Combined with this is the well documented lack of preparation, support and acknowledgement for registered nurses (RN) who work directly with undergraduate nursing students (Andrews & Chilton 2000, Andrews & Roberts 2003, Walker et al 2008, Watson, 2000). The less than satisfactory experiences of undergraduate nursing students may in fact translate into reduced recruitment and poor retention (Hutchings et al 2005).

Recent national and state reviews in Australia examined the challenges identified in the current system of clinical education and recognised cooperative working partnerships between health agencies and SONs as the key to achieving mutual outcomes, with communication and consultation being fundamental to the success of these collaborations (Clare et al 2003, Department of Education 2002, National Nursing & Nursing Education Taskforce 2005, Queensland Health 2005).

In light of these recommendations and in order to monitor the quality of the clinical practicum, feedback on aspects of clinical education were sought from both students and RN clinicians (known as RN buddies in this current context) from partner health-care settings during the period 2005 to 2007. The RN buddy is a registered nurse, who is often unknown to the student and is assigned by the nurse manager or shift coordinator to work with a student for a designated shift (Walker et al. 2008).

Students may have a different RN buddy for each day of the clinical placement. An analysis of clinical learning evaluation data identified a lack of meaningful communication between students and RN clinicians regarding learning and teaching. RN clinicians often reported not having a quick and easy reference of where students 'were at' in their learning. Although course material had always been sent to health-care agencies outlining students' objectives for the clinical placement and their scope

of practice, clinicians complained that it was not distributed nor easily accessed. Students reported feeling unable to quickly outline to RN clinicians a response to one of the first questions asked of them: 'What can you do'? Students reported feeling anxious and unsure when meeting a clinician for the first time and were cautious when framing an answer in case the RN clinician expressed some dissatisfaction either verbally or non-verbally. Students also reported anxiety associated with difficulties of needing to quickly develop rapport with different RN buddies. RN clinicians reported that students' reticence to answer initial questions was often perceived as a lack of enthusiasm or motivation to make the most of their clinical placement.

The evaluations also highlighted a lack of communication between students and RN clinicians regarding student progress. As the RN clinicians working with students on a daily basis do not have formal responsibilities for assessing student performance against the Australian Nursing and Midwifery Council's (ANMC) National Competency Standards (2006), many were unaware that students were assessed using these standards. They often did not have appropriate knowledge or language to provide specific feedback to students. In addition to this, students reported being hesitant to ask for feedback, nor having the appropriate language or structure in which to frame this request.

The ANMC National Nursing Competency Standards (2006) provide a framework for professional nursing practice and are used by university-based Schools of Nursing in Australia to assess the clinical competency of undergraduate nursing students during their clinical placements. There are four domains within the framework that encompass Professional Practice, Critical Thinking and Analysis, Provision and

Coordination of Care and Collaborative and Therapeutic Practice. These four domains, their competency units and elements therefore direct the areas of knowledge and practice for Australian RNs. For RN buddies, the ANMC National Competency Standards (2006, p.4) specifically acknowledge the role of the RN in supporting and teaching students; a function that was not clearly articulated in the 2002 version. The evaluation data identified that RN buddies were confused about how to work with, support and educate undergraduate nursing students, and were unsure of their own mandated roles as clinical teacher, coach, preceptor and mentor.

In response to the evaluation data, this paper outlines the development of a clinical progression portfolio that aims to enable undergraduate nursing students to engage more effectively with clinicians from partner health-care agencies about their learning needs and provide key information to RNs involved in clinical teaching. This portfolio is not an assessment item but rather designed to improve communication between the student and clinician whom they are working alongside so as to maximise the learning experiences for the student during the clinical practicum.

Portfolios in nurse education

Portfolios have been used in nursing as a strategy to facilitate learning and professional development (Harris et al 2001). McMullan et al (2003, p288) reviewed the various definitions of portfolios (for example, Brown 1995, Karlowicz 2000, Price 1994) summarizing them as "...both the products and processes of learning ...[in the] achievement..[of]... personal and professional development...". Portfolios are reported to encourage critical thinking, promote discussion between student and teacher, and assist students to develop reflective and self-assessment skills (McMullan et al 2003). McMullan (2006) however later argued that portfolios used for both

learning and assessment can be problematic for students and may limit learning and self-reflection.

In response to the evaluation data, and drawing on the insights of McMullan (2006), we developed the Clinical Progression Portfolio (CPP). The CPP is a practical and handy, pocket-size booklet for students to use in each semester throughout their program of study. The portfolio aimed to:

1. enhance students' preparation for their clinical practice;
2. enable students to engage effectively and purposively with clinicians during their clinical placement on a day-to-day basis;
3. provide students and clinicians with an account of clinical learning progress on a day-to-day basis;
4. develop a shared understanding of the learning focus for students and clinicians; and
5. increase the understanding of students and clinicians about the ANMC National Competency Standards (2006).

The portfolio needed to be structured in such a way that would enable students and clinicians to communicate easily and clearly about relevant learning needs and progress. Use of the portfolio in the clinical setting also needed to take account of external influences such time pressures on clinical staff, patient acuity, workload, rostering schedules, a less than optimal staff-skill mix, and lack of experienced staff. Unlike other professional portfolios, the CPP provided students and the RN buddy with quick access to key information (e.g., course objectives, key clinical facts), a brief record of students' clinical skill attainment, and facilitated students' engagement with clinicians about their learning needs and respective roles and responsibilities. In

this way the CPP was designed to assist students to learn about how to partner effectively with RN buddies and engage in meaningful learning opportunities. Relevant information about the student's learning goals could be shown in bullet-point format, enable the RN buddy to better assist and support student learning by obtaining a clear overview, and also promote RN's sense of self-worth and value in this clinical learning process.

Development and evaluation of the Clinical Progression Portfolio

The Clinical Progression Portfolio was developed in consultation with staff from a major clinical agency that places over 100 university nursing students per day. Clinical education at this agency is underpinned by the Partner, Learn, Progress (PLP) conceptual model developed for clinicians to enhance the learning environment (Henderson et al 2006). PLP provides a framework for RN clinicians to initiate and support clinical learning for both new graduates and students of nursing within a health organisation. The portfolio complements the model by facilitating student – registered nurse clinician interactions for effective clinical learning and teaching.

The content, features and layout of the portfolio were evaluated by an expert reference group. Membership included Directors of Nursing (n = 4), Deputy Heads of School (n = 2), the Bachelor of Nursing (BN) Program Convenor, Clinical Coordinator, Convenors of clinical courses within the BN Program (n = 3), undergraduate nursing students (n = 3), and RN clinicians (n = 5). This group was presented with (1) a summary of issues arising from students and RN buddies; and (2) suggested topics for inclusion in the booklet to help address the issues. Revisions from this evaluation of the booklet by the expert reference group were compiled and summarised and

returned to participants to ensure agreement with the final version. Evaluations of the portfolio features are outlined in the following discussion.

Features of the Clinical Progression Portfolio (CPP)

The CPP is a pocket sized booklet to enable quick and easy access to information by students and RN buddies. The CPP is divided by coloured sections to identify clinical placement weeks across the three years of the BN Program. At present during the trial phase, the portfolio includes Year 1 and 2 clinical placements. To ensure that the portfolio remains small enough to be carried in pockets it may be that the 12 weeks of clinical placement in Year 3 require a separate booklet. For each placement, the booklet provides students with prompts to assist in their preparation for clinical, focus their learning and provide a quick reference for RN clinicians regarding students' progress and areas for improvement. The CPP instructs students to complete revision activities in preparation for the practicum. For example, students are asked to revise the domains of the Clinical Assessment Tool (based on the ANMC domains), patient clinical assessment parameters and new learning objectives for the forthcoming placements (see Figure 1). The undergraduate nursing students in the expert reference group believed that the revision strategy in the portfolio was important as the time between clinical placements can be lengthy and the revision strategy was an effective prompt to assist the identification of goals and ensure that specific knowledge for the clinical placement was known.

Insert figure 1 about here

To assist students to engage with RN clinicians on a daily basis in a focused and timely way the booklet provides a one page "Scope of Practice" that clearly outlines

what the student can and cannot do during the placement given their theoretical and skill preparation within the BN. In this way, when students are asked “What can you do?” they can use this page to discuss their scope of practice with the RN clinician. Students and course convenors in the expert reference group evaluated this as a useful strategy to assist students to articulate responses to clinicians about their scope of practice quickly and clearly in light of time constraints. It also prompts students to succinctly (one or two words) identify their perceived strengths and areas in need of improvement; goals to be achieved, and recommends that they share these self-assessment evaluations with their RN Buddy to encourage shared responsibility for clinical learning.

To enable students to gain feedback from their RN Buddy and document their progress during the clinical placement the booklet prompts students to note important learning on that day and to seek information about their performance against the ANMC National Competency Standards (2006). The Standards are included in the booklet and a prompt asks students to seek RN Buddy feedback on their performance using these (see figure 2). Once again, students in the expert reference group identified the need to include a section to briefly note important learning undertaken each day.

Registered nurses and students in the expert reference group believed that this continual engagement with the ANMC National Competency Standards will promote increased understanding by both students and RN Buddies. As the main concerns raised in clinical course/subject evaluations related to communication issues and building rapport with clinicians, the portfolio does not require a formal assessment using the ANMC (2006) National Competency Standards. In this way, the issues

identified by McMullan (2006) regarding the conflict of using a portfolio as a learning and assessment strategy are avoided.

Insert Figure 2 about here

Finally, the CPP prompts students to reflect on what they have achieved each day, and goals for the next day (see Figure 3). Students are asked to consider these aspects with their RN Buddy again with the objective to improve communication and engagement. This process of engagement also enables students to further develop their reflective skills and follow their progress throughout the BN program as the portfolio enables them to revisit their learning goals and achievements over time.

Insert Figure 3 about here

Conclusion

This paper describes the development and preliminary evaluation of the Clinical Progression Portfolio. This clinical learning tool was developed to provide key information to students and clinicians, facilitate shared goal setting and foster effective communication during the clinical placement. The pocket sized booklet facilitates student – clinician learning partnerships within the clinical environment where roles and responsibilities can be time-pressured and complex. The booklet also aims to complement the PLP model used in a partner hospital to assist clinicians to support students' clinical learning more effectively. Although evaluated by an expert reference group, this initiative is currently being evaluated through a multi-modal strategy (surveys, focus group discussions and participant observation) involving a large number of students and clinicians.

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Figure 1. Preparation for the course - Acute Nursing

2971nrs Acute Nursing	2971nrs Acute Nursing														
<p><u>Essential course information</u></p> <p>Information re. medication calculations and formulas relevant to the placement.</p> <p>Vital sign assessment ranges relevant to the placement:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">HR</td><td></td></tr> <tr><td>BP</td><td></td></tr> <tr><td>RR</td><td></td></tr> <tr><td>Temp</td><td></td></tr> <tr><td>Blood Sugar</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table> <p>Check your prebrief sheet for specific information about specific ward routines such as:</p> <ul style="list-style-type: none"> ✓ Post op observations ✓ Emergency Codes and telephone numbers 	HR		BP		RR		Temp		Blood Sugar						<p><u>What I've done to prepare for clinical</u></p> <ul style="list-style-type: none"> • Understand CAT • Revisited clinical assessment norms (For example normal ranges for Blood pressure temperature, heart rate etc - Refer to Essential Course Information) • Revisited med calcs (Refer to Essential Course Information) • Read pre-brief information <p><u>And...(personal arrangements)</u></p> <ul style="list-style-type: none"> • • • • <p><u>Clinical facilitator details</u></p> <p>Name: <input style="width: 150px;" type="text"/></p> <p>Contact number: <input style="width: 150px;" type="text"/></p>
HR															
BP															
RR															
Temp															
Blood Sugar															

Figure 2. Progress for 2971NRS Acute Nursing

<p style="text-align: center;"><i>2971nrs Acute Nursing</i></p> <div style="float: right; border: 1px solid black; padding: 2px;">Day # 2</div> <p>Notes about what I have learned this shift (For example: treatment care, assessment, drugs, diagnosis, medical terms, equipment, and practice tips)</p> <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ <p>How am I doing today? Complete with Buddy RN</p> <p>1. Professional Practice (...professional, legal and ethical responsibilities which require demonstration of a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and health care, and the protection of individual and group rights¹)</p> <div style="text-align: center;"> <p>Needs Work Doing well</p> <p>_____</p> </div> <p><small>¹ Australian Nursing & Midwifery Council (ANMC) (2005). <i>National Competency Standards for the Registered Nurse</i>, p. 2. Retrieved December 3, 2006 from the ANMC Web site: http://www.anmc.org.au/docs/Competency_standards_RN.pdf</small></p>	<p style="text-align: center;"><i>2971nrs Acute Nursing</i></p> <div style="float: right; border: 1px solid black; padding: 2px;">Day # 2</div> <p>2. Critical Thinking & Analysis (...self-appraisal, professional development, and the value of evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of these for individuals/groups is an important professional benchmark¹)</p> <div style="text-align: center;"> <p>Needs Work Doing well</p> <p>_____</p> </div> <p>3. Collaborative & Therapeutic Practice (...co-ordination, organisation and provision of nursing care that includes the assessment of individuals/groups, planning implementation and evaluation of care¹)</p> <div style="text-align: center;"> <p>Needs Work Doing well</p> <p>_____</p> </div> <p>4. Provision & Co-ordination of Care (... establishing, sustaining and concluding professional relationships with individuals/groups. ...also...the nurse understanding their contribution to the interdisciplinary health care team¹)</p> <div style="text-align: center;"> <p>Needs Work Doing well</p> <p>_____</p> </div> <p><small>¹ Australian Nursing and Midwifery Council (2006). <i>National Competency Standards for the Registered Nurse</i>. http://www.anmc.org.au/professional_standards/index.php</small></p>
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Figure 3. Reflection and Review

2971nrs Acute Nursing	Day #	2971nrs Acute Nursing	Next Da #
<p>What should I work on tomorrow? Complete with Buddy RN</p> <ul style="list-style-type: none">• _____• _____• _____• _____• _____• _____• _____• _____	2	<p>Review scope of practice and yesterday's progress with RN Buddy</p> <ul style="list-style-type: none">• Add any new goals for today <ul style="list-style-type: none">• _____• _____• _____• _____	