Reflective report on clinical education in practice nursing essay

This assignment will critically reflect and analyse clinical supervision of third year dental students during their infield placement of Dental Public Health in a school environment, a module within Preventive Dentistry. Clinical supervision of dental surgery assistants during their short clinical placement at the Periodontology Section will also be delved into. The preparation, planning, implementation and evaluation of the supervised sessions will be incorporated, as also the rationale for the choice of particular learning, teaching and assessment strategies. Finally, I will conclude by outlining areas of personal and professional growth, identifying strengths and challenges and putting forward an action plan for my future professional development as a clinical supervisor.

Dental public health placement of third year dental students.

Description

I was assigned direct supervision of ten 3rd year dental students by the Faculty of Dental Surgery for four, weekly sessions at schools of my choice. The objectives were to expose the students to public dental health within a school environment and develop some of the skills necessary to convey dental health education to children of different age groups. Their competence level in communication skills were to be assessed and a report sent to the consultant dental surgeon in public health.

Preparation

Heidenreich et al (2000) suggests ‘ priming’ students for activities by debriefing them prior to engagement. In view of this, and also bearing in mind that I had never even met these ten dental students, I organised a 45

minute discussion session in our department lecture room. I specifically asked them to prepare a plan of how they propose to organise such an activity of delivering dental talks to children of different age groups. I also suggested that they write down any fears and queries they might have.

My intensions were two fold. I needed to familiarize myself with the students- who they were, how they process thoughts and ideas, their feelings and apprehensions towards public speaking and an overview of their knowledge, perceptions and communication skills. I also wanted to use a constructive paradigm as discussed by McMillan (2011), where the knowledge is not transmitted by direct instruction and imposed on the students, but rather were they are actively involved in shaping their own learning experience. When describing androgogy (adult learning), Knowles (1984), states that adults learn best when learning is self-directed. They learn because they chose to do so and thus are more motivated and more reflective. Therefore transformation of knowledge acquired is more permanent. These students were academically mature 21-24 year olds, with their own individual experiences and personal perceptions. I intended to promote a deep learning approach by stimulating their genuine desire to engage in this learning task and to appreciate its value, integrate the experience in the students' own biography (Jarvis, 2005).

Implementation and evaluation

The discussion forum proved to satisfy all its purposes. The students came well prepared, so, after the introductions, I clearly conveyed the learning objectives of the placement as dictated by the faculty and the assessment criteria. However, I wanted to establish what they feel should be the

outcome of this placement, what they expect to learn and what kind of feedback they think is most helpful for them. So, we discussed and negotiated these issues first.

McGrath et al (2005) propose that in order to promote understanding the supervisor should guide students in contextualizing their theoretical knowledge, bridging the potential divide that exists between the theory they learnt in the lectures and what they actually need to use in practice. The in-depth knowledge studied had to now be broken down into blocks, simplified and used according to the scenario presented. The language by which we speak to young children to convey a message cannot be full of scientific jargon.

All the students were actively involved in this open discussion. The two foreigners in the group had to be encouraged and prompted a little but they integrated eventually. As an empirical study by Sweet et al (2008) suggests, when the students worked together and talked about and criticised each others' planned activities they learnt in a way that changed their perspectives. I was practically a non-participant observer except when some misconceptions had to be clarified and some fears and queries needed to be addressed. Throughout the discussion I had one of the students create a concept map identifying the salient points. This was used at the end of the session when I summarized their thoughts and together we established how we were going to work on the four placement days. The students felt more comfortable if they observed me giving the first dental talk, then we decided that they are to be grouped in pairs to give talks on the first day and progress in giving individual talks in the 3 sessions after that.

On the day, the sessions went as planned with only a few hiccups. After the students observed me delivering the initial talk I had 20 minutes to give feedback and to answer any questions. This proved to be vital. Most of the students needed reassurance and encouragement. In retrospect, the decision to work in pairs was very sound since this eased some anxieties. At the end of the day we regrouped and I gave feedback to each student individually. Kilminster et al (2007) propose that the supervisor should prioritise and balance the negative and positive feedback. They also suggest that brief and targeted feedback with reinforcement of correct behaviours is very important. I followed this line of thought during the short briefing after the session, pointing out their strengths and commenting on how what they could improve. The students' comments suggested that they enjoyed this learning experience.

As the students progressed through the rest of the placement they gained confidence and their communication skills improved. There was one student in particular who did not wish to give a talk to the 6year old children. He felt he could not cope with their short concentration span and restlessness and he was afraid that he was incapable of going down to such a simple level of explanation. I had a chat with him were we clarified some negative ideas and attempted to dispel them in view of the wider ramifications that can impact his performance even in a clinical setting in the future. After all, eventually, he will not be having a choice of who he is to treat. At the end, he did deliver this talk, but I suggested that he could make use of a cartoon to capture the children's attention, and to his surprise he actually managed and enjoyed it. .

Hattie and Timperley (2007) state that asking students for an appraisal of their own performance before giving feedback has the potential to develop self-assessment and self-reflective skills which are pre-requisites for becoming competent, independent practitioners. The students were, therefore, asked to write a short reflective account of their experience, after which I gave online feedback. I was not allocated any additional time to have another discussion with the students, which I would have preferred. This formative assessment had to be followed by a summative assessment which was interwoven with the learning process, so the students had the opportunity to demonstrate their competencies in communication skills in a variety of contexts within the school dental education program.

First year student dental surgery assistants

Description

Dental assistants are given five, weekly sessions to learn some basic yet essential skills after attending lectures on the topics. When these students are given the clinical placement, they are simply ushered into the periodontal clinics with barely any introductions let alone learning objectives. I decided that this placement was going to be slightly different.

Preparation

I took the initiative and asked their coordinator what these students need to learn and what skills need to be mastered in this placement. I also asked for a rough overview of their theoretical knowledge. Jarvis (1999: 46-47) situates learning under the umbrella of practice when he summarises practical knowledge as being “ practical, dynamic integrated knowledge that has been

legitimised in practice, through a combination of process knowledge and content knowledge". Hence, although the dental assistants would have been taught about the theory, they will still need to learn how to implement and practice these skills in a clinical context. I planned the five sessions so as to have some sequence in their learning, from simple to more complex, and not to overload these students with more information than they can process (Heinderlich et al, 2000). I had to keep in mind that these were 16-18 year olds with an average academic level.

Implementation and evaluation

I felt that my primary role with these novice students was to encourage them to first reflect on what they know and understand, then demonstrate the skills; finally they can perform the skills themselves. A lot of learning in our work context takes the form of experiential learning. Kolb (1984) states that students learn best when experiences are put into practice after observing and analysing possible outcomes, reflecting and assimilating the concepts and coming up with their own possible solutions.

In view of this, it was up to me to create the necessary opportunities for the students to meet, observe, interact and consult with people who have more expertise. I made the necessary arrangements to allocate students to reliable clinicians. Bandura (1977) claims that affable and motivated role models compel replication of good practice. Students not only observe the carrying out of the skills but also learn prioritisation, time management, problem solving and how to build relationships with patients and other staff members. The actual practical part came later, since I needed to make sure that the students will perform safe practices. Ultimately I was responsible.

I organized a meeting before the start of the placement. I tried to help the students set appropriate learning objectives and establish some ground rules. The students were passive, so I used simple open ended questions to make them feel comfortable. I needed to form a professional relationship of trust and of mutual respect with these students so that eventually they would have the confidence to ask questions, reflect on the practices observed, discuss openly and finally together we could amalgamate all they learn. Questioning also helped me establish their individual baseline knowledge which we linked to the skills they were about to practice. Their academic level varied. Some students could be challenged further with more thought-provoking questions, while others needed more repetition and guidance. I was informed that they use reflective journals throughout their course. So, I exploited this and suggested to the students to write a SWOT analysis. I offered that if they wished to go through it with me I would oblige and offer any assistance on issues which crop up. This was a way to encourage students reflect and think on their own learning process. . I also gave some tips on basic survival skills they need in the challenging setting of a clinic. I explained that empathic and ethical behaviour with the clients is imperative

During the actual clinical placement, I made time for short discussions within the clinic itself. Here, I formed an outline of the student’s individual values, attitudes and beliefs and gained insight to the students’ preferred mode of taking in information. Some were visual learners, others auditory and others learn best through hands-on approaches. Some students were self-directed and learnt on their own, while others were more passive and need to be

encouraged and guided. This directed my teaching style and interaction with individual students. During this time the students themselves had the opportunity to identify any difficulties and analyse the procedures they had seen. I think these short discussions provided a positive learning environment where the students felt unthreatened and free to address their own learning inconsistencies. I also found that after a patient procedure is completed, a few Socratic questions helped develop the students' problem solving skills and verbalise their understanding or misunderstanding of concepts (Heidenreich et al, 2000). Some students were asked to look up further on the some of the issues presented and offer their views on a later date.

When the observation part of the session was over, the students actively participated in the hands-on practice of the skills. It is through practice that students continuously build a body of knowledge about their own practice, through reflecting, doing, thinking and learning (Jarvis 1992). Although, psychomotor skills varied from one student to another not necessarily in line with the knowledge they had, all of them were given the same opportunity to practice skills in the clinic. Some were more enthusiastic than others, asked questions, used every opportunity to practice and even went further and looked up additional information. Eraut et al (2004) maintain that central to all learning is the confidence and commitment to try out skills and to be proactive in seeking learning opportunities and therefore, the ultimate control over learning rests with the student. My main goal was to gradually and systematically withdraw to a watchful distance while the students

carried out the procedures assigned, safely without jeopardising the health of the clients.

Self-assessment

I have embarked on a steep learning curve. Although I have supervised dental, dental hygiene and dental assistants students for more than a decade, I must admit that this was the first supervision experience that had true meaning and value – I could truly explain the reasons for my actions and decisions and planned the supervision sessions while envisaging outcomes. Subconsciously, I continuously referred to the theories and strategies of teaching and learning sometimes even unintentionally.

Today, I can identify problems and loopholes within the systems currently employed to teach the various professions within the dental team. We can give so much more to empower the students to face the challenges of a clinic and to support them in their journey of becoming competent professionals. However, faculty, management, supervisors and clinicians alike need to work together, change and adapt current protocols and be open to innovations. A competency based approach might be a way forward. Competency frameworks are building blocks of a transparent process with hopefully, an end product of a competent graduate. This approach can be used to establish common ground of qualifications in the increasingly mobile European health care work force (Adam, 2004).

Reflecting on my role in all this, I realise that I have many hurdles to surpass. With perseverance, commitment, negotiation and continued education I hope I can bring about some changes. However, I need to become more self-

aware, since I believe that this empowers me to believe in what I am doing and to be more assertive. I intend to work for a more systematically coordinated, constructive, student-friendly, objective system of clinical supervision within the dental team.

Conclusion

Learning can be accidental, but teaching definitely cannot. Supervisors need to make use of the various teaching strategies and techniques and adjust them to the student learning needs to reach the ultimate objective of helping in the formation of competent practitioners.