An Effective Skillmix for Clinical Supervision

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SUPERVISION is a compound term: "super" means above or beyond, and "vision" means video—to see. Conceptually, then, supervision means to see above; that is, being watchful, in control, providing direction or being constantly present. As a process, supervision is a series of dicisions, actions, and interactions. It is a combination or integration of processes, procedures and conditions that are consciously designed to advance the work effectiveness of individuals and groups. (Alfronso et al 1981). The goal of clinical supervision in education is to facilitate students' learning.

An instructional system is a social system where individuals are respected and nurtured. Instructional events are systematically planned in order to make best use of the talents and energy of both the teacher and the student. Clinical practice is designed to enhance learning by providing opportunities for the application of theories and principles. Faculty can promote students' clinical learning experiences by employing methods designed to encourage students' interactions in the learning setting.

Three dimensions of a faculty/clinical instructor—technical, personal or human, and administrative or management—have been identified. Combination of these three dimensions is referred to as *skillmix* which enables the instructor to achieve personal and organizational goals. The skillmix and its characteristics are described briefly:

1. Technical

Clinical instructors face complex and rewarding tasks in supervising students in their nursing practice. To function effectively as a clinical instructor extensive knowledge of clinical nursing, the ability to function as an expert nurse practitioner and the ability to recognize individual needs of students in terms of stress and mastery of skills are essential. In addition, clinical instructors must be able to accept and cope with nursing situations involving high emotional risk to patients, students, nursing service personnel and allied health team members. (Schweer, 1972). They must accept the challange of providing their clinical expertise to teaching today's nursing students. "The foundation for competent practice is a firm knowledge base and the ability to transfer that knowledge to a variety of clinical settings." (Stubbs, Mathews, 1982).

Aichlmayer (1969) stated several years ago that a profession needs creative practitioners who can cope with current revolutionary changes brought about by automation and advanced technology. To produce such creative practitioners, she believes instructors must encourage and respect imaginative and unusual ideas and questions, provide opportunities for students to acquire skills without being evaluated in the process and encourage independent learning. (Kiker, 1973).

The clinical setting is the heart of nursing education; the reality of dealing with actual client situations demands detailed and precise interpretations by instructors as well as students. This setting demands the expertise of the instructor to provide information far beyond the student's level of understanding. Research has demonstrated (Wary *et al.*, 1983) that instructors use lower level interaction techniques with the students. Instructors may need to improve their clinical teaching interaction skills, especially the use of providing increased problem solving techniques. If information giving and leading direct questions are predominantly used for problem solving, then this has implications for curriculum, clinical instructors' philosophy of teaching and philosophy of the institution itself.

Successful learning experiences help a student develop a positive self concept and promote self esteem. Students should be encouraged to take risks in learning; while mistakes may be painful, the rewards of learning are worth the risks.

While making assignments, instructors should remember the individual differences of the students. They should assess the self-directed abilities of each of them so that assignments can be matched with their learning abilities. A clinical instructor assumes the responsibility to both nursing education and nursing service for the students of the nursing programme.

2. The Personal and Human Dimension

The personal and human dimension aspects of the clinical instructor is not easy; it includes many duties, roles and responsibilities. The clinical instructor plays the role of a teacher, supervisor, resource person, environment creator and mediator. As a climate setter she/he facilitates learning through a cheerful, optimistic and relaxed atmosphere. As a mediator one is expected to be the go-between for management (clinical setting), the teaching institution and the students to operationalize the philosophy and goals of the programme.

Role modelling, according to one study (O'Shea & Parsons, 1979), was a facilitative behaviour for students' learning, and the facilitative behaviours listed were being friendly, understanding and supportive. "An attitude and demeanor of the instructor

is more easily caught than taught." (Griffith, Baka, Nanster, 1983). When an instructor's knowledge, skills, expertise, feelings and emotional reactions are available to students, they may feel free to interact and use the instructor as a resource in their search for knowledge and personal growth. As a clinical instructor one has the responsibility of preparing professionals to enter nursing practice. As generalist, the teacher should have the philosophy towards learning as "the students will learn because of me, and not in spite of me." As a supervisor one should be willing to carry the large share of providing opportunity and motivation for learning.

For any instructor to function effectively as an individual, as a faculty member and as a supervisor, one must identify one's own values and some criterion to evaluate one's teaching methods and efforts, which will help to develop a logical and consistent framework to assess one's educative attempts.

Instructors who have positive self-esteem about themselves have the ability to see students in a positive light. They convey an attitude that students are capable of learning and achieving growth. Because of trust and respect, the instructor's attitudes and expectations of each student's performance frequently become a self-fulfilling prophecy. Studies have shown that when *students*' instructors convey a sense of worth, expecting students to succeed, they usually do. However, the opposite also holds true. (Griffith & Bakanauskes, 1983).

Nursing education entails more than just acquiring a scientific knowledge base and demonstrating competent skills. College students also develop autonomy, identity, interpersonal relationships, purpose of life, education and integrity. All these qualities are enhanced by the influence of instructors and peers within the learning environment.

3. Administrative or Managerial Dimension

The clinical instructor as manager should be concerned with communication and decision making about operational matters and environment which is conducive to learning. The school itself may be considered as "a great communication laboratory where students receive information and learn to organize and evaluate it as well." (Belman, 1971).

Since the instructional objectives are attained through students' actions, the communication is central to their effectiveness and essential to their existence. There can be no instructional supervisory behaviour in the absence of communication.

It has been found that the poorer the downward communication, the lower the morale of the lower levels. People become most threatened and anxious when communications are unclear and messages are inconsistent. The therapeutic relationship between nurse and client is learned from nursing lectures, readings and applied to clinical experiences, but nursing students, however, seldom experience this helping relationship with a nursing instructor although the same principles can and should be applied. By listening to students, one shows respect and care about them as individuals. The interest communicates that the instructor understands the situation as the student perceives it. After all, "the best vantage point for understanding behaviour is from the internal frame of reference of the individual himself." (Rogers, 1974).

Since students invest considerable time and energy in clinical practice, organization of experiences is of utmost importance. In the clinical laboratory instructors demonstrate the skills, attitudes and values to be developed by the students. Research indicates that instructors' availability for honest and positive feedback are major factors in facilitating learning. (O'Shea & Parsons, 1979). In addition, a climate is needed which encourages openness and freedom to express satisfaction and dissatisfaction with the status quo. Holland (1973) points out that people seek occupational/learning environments that permit them to "exercise their skills and abilities, express their attitudes and values and take on agreeable problems and roles."

As a disciplinarian, the rules are gentle but firm, fair and consistent. If any of these rules are neglected/overlooked, the result will be chaos. Clarity and firmness were stated by Ornstein & Levine (1981) to be affecting students' learning. Clarity and firmness refer to the precision and how well the instructors communicated their definite expectations of the students—since these two induce orderly behaviour among students.

Decision making, when based on logic, seeks reason, order and understanding of the human condition. (Alfonso, 1981). Decisions, however simple they may seem, are always complex in nature, since they involve so many factors to solve any one problem/situation. In clinical settings it involves evaluation, which is "a complex process, involving both subjective judgment and objective measurement. In fact, there is no one unique way of performing an evaluation since evaluation becomes judgment ultimately. However, as long as it is understood that the main purpose of evaluation is decision making and not condemnation or approbation, unavoidable subjectivity is no impediment." (Indian Council of Medical Research, 1980, p. 379).

The evaluation of a student's performance should be based on sound judgment and experience. It should be a continuous, mutually planned and individualized process. It is not the student who is being evaluated, rather the effectiveness of nursing care administered to the patient. One must remember that one is not evaluating just one instance. The past and prior performance are all factors that must be considered in formulating current actions. "To be rational and effective, decision making must consider not just the ends to be reached, but also the selection of appropriate means to reach these ends." (Alfonso, 1981).

The clinical instructor's role is to guide and supervise students as they transfer nursing theory to nursing practice. Instructors should provide

concrete feedback to students with a sense of caring concern, so that the students are receptive to positive and negative comments about their performance, attitudes and themselves. Students should identify their strengths and weaknesses and then validate those on target. As an instructor one must accept the fact that one has limited evidence of each student's learning on which to base their evaluation.

One cannot separate knowledge, personal attributes or managerial skills since each one of them complements the other. The skillmix of all these traits makes the clinical instructor an ideal individual. "There is no replacement for the knowledge, skill, empathy and motivation of the clinical instructor in serving as mentor, facilitator and role model for the nursing students." (Keen & Dear, 1983).

The clinical instructor who assumes a collegial or facilitator role in the student-instructor helping relationship, assists students to learn and develop both personal and professional competence, is regarded as the best by the undergraduate students. (Kiker, 1973). As a person "you are you, with your own perceptions, emotions, ideals and philosophy; with all the knowledge and experience, you bring with you a special virtue; this is uniquely you—which makes the job interesting and rewarding." (Hand, Lee, 1981).

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