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CRITICAL REVIEW OF LITERATURE

How do we consider the impact of clinical supervisor education? A participatory literature review

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Abstract

Background: This research forms the initial part of a PhD research study, based in the critical paradigm, with an emphasis on developing education strategies that impact on learning in the non-classroom setting. The focus of this article is the education required to enable clinical supervisors to undertake their role supporting nursing students in clinical practice.

Aims: There are two aims of this literature review. First, to determine what peer-reviewed, published literature reveals concerning effective learning and teaching strategies for clinical supervisor education. Second, to gain an understanding from a group of clinical supervisors of their perspective on the literature review findings, and develop recommendations for their preparatory education.

Methods: This research used a literature review with a participatory phase built in. A traditional review was completed and then extended to include the clinical supervisors reviewing the findings, providing their perspectives and developing recommendations for their own future education development.

Findings: During phase one of the research, 22 peer-reviewed articles were included for review and four themes identified and explored. In phase two, 36 clinical supervisors provided their perspectives on these themes. They highlighted the need for a variety of modalities for education to ensure supervisors have shared values, knowledge and skills to work in clinical practice with nursing students and, more broadly, to influence the development of person-centred learning cultures.

Conclusions: The literature review revealed a limited amount of peer-reviewed literature. Further, there is little published literature on person-centred situated education for clinical supervisors. When evidence is shared with clinical supervisors, they can contribute to designing their education needs.

Implications for practice:

- Overall, as person-centred curricula develop, there will be a need to focus on transferring the person-centred pre-registration curriculum into the clinical practice context
- There is presently both a gap and an opportunity for person-centred research and development with clinical supervision

Keywords: person-centred curriculum, participatory, clinical supervision, clinical supervisors, pre-registration nursing

Introduction

Creating person-centred learning cultures in nursing education, in the classroom and in practice, is a challenge for the university and healthcare sectors in Australia and internationally (O'Donnell et al., 2017). The underlying premise for this literature review is a belief that nursing students supervised by clinical supervisors who draw on person-centred interventions are better enabled to reach their full potential. It is proposed that education and learning underpinned by person-centredness contribute to clinical supervisors' understanding of person-centred practice, and therefore impacts positively on their influence on the creation of person-centred learning cultures. The specific stimulus or trigger for this literature review was an observation that enabling nursing students in clinical practice, through the use of person-centred learning and teaching strategies, has been transformational for both clinical supervisors and nursing students. Transformational in this context refers to transformative learning, which is learning that enables a change or growth in understanding (Mezirow, 1978). This experience has led us to consider the following research question: 'How do the learning and teaching strategies provided to clinical supervisors impact on their ability to be effective person-centred clinical supervisors?' This question led onto a literature review that sought to inform the development of a revised curriculum for pre-registration nursing students.

Aims

The aims of this literature review were to:

- Determine what the peer-reviewed published literature reveals concerning effective learning and teaching strategies for clinical supervisor education
- Gain an understanding from a group of local clinical supervisors of their perspective on the literature review findings, and develop with them recommendations for their education to prepare for working with nursing students in clinical practice

Background

Our research was situated in the critical paradigm and took a person-centred approach to the research design and implementation processes in keeping with ideas set out by McCormack et al. (2017). Consistent with critical paradigm research, consideration of the context where the research was located is necessary (McNiff et al., 2011). In this study, this was a higher education setting in New South Wales. Highlights from this research may be beneficial to others as many universities and healthcare providers are grappling with how to improve the support provided to nursing students during their clinical placement (Giddens and Eddy, 2009; McAllister and McKinnon, 2009) and with the rise of person-centred curricula. The responsibility for clinical supervision with nursing students in clinical practice within Australia, lies with the universities, which have a variety of models (Giddens and Eddy, 2009). Our research has been situated within a model of clinical supervision for pre-registration nurses known as clinical facilitation. The model includes university-employed casual academic staff, known as clinical supervisors, who are registered nurses and have the role of supervision and assessment of nursing students during their clinical placement. They are supernumerary to the registered nurses who provide care and have no association with the host healthcare environment. The benefits of developing positive relationships between nursing students and their clinical supervisors has been linked to increasing motivation and learning during the placement experience, and associated with a willingness to stay within the nursing profession on graduation (Levett-Jones and Lathlean, 2009). It is therefore imperative that clinical supervisors are adequately prepared to undertake their role.

Within healthcare internationally, the concept of person-centredness is increasingly being considered, as 'the person' is becoming more of a central focus (World Health Organization, 2007; McCormack et al., 2011). This being so, healthcare systems require clinical professions to be effectively prepared to work in increasingly person-centred ways. However, O'Donnell et al. (2017) report that no attention has been paid to personhood and person-centredness in designing educational curricula. Specifically, there is minimal evidence of person-centredness being integrated into nursing education curricula. For example, Cook (2017) was unable to identify any person-centred educational frameworks within pre-

registration curricula at this point in time. The International Community of Practice for Person-centred Practice Research (2017) has developed a position statement in which it sets out the key considerations in the development of a person-centred curriculum. The definition of person-centredness drawn on by PcP-ICoP is:

'An approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by the values of respect for persons, individual rights to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development' (McCormack and McCance, 2017, p 3).

This definition offers an insight into person-centredness rather than setting out what person-centredness is in its entirety. Two of its core ideas are healthful relationships and flourishing. Healthfulness was first proposed by Seedhouse (1986), as the totality of health and wellbeing understood within a social context. McCormack (2012) builds on this by suggesting that healthful relationships are the totality and quality of relationships and social engagement where relationships play a central contribution to health and wellbeing. Flourishing can be thought of as a process of creative transformation of personhood, enabled through a continuous and dynamic expansion of the person primarily through the quality of personal-social connections in the world (McCormack, 2012). The nucleus of this idea can be traced back to Aristolian philosophy in which, derived from a virtue ethics foundation, living an engaged and virtuous life was considered as the greatest human good that could be achieved in life (McCormack and McCance, 2017). Therefore, there is a need to consider how we prepare clinical supervisors to have an understanding of their values and beliefs and their role in the creation of healthful relationship with nursing students in clinical practice. Internationally, there is a gap in the literature in terms of how to best develop, implement and evaluate person-centred pre-registration nursing curriculum (O'Donnell et al., 2017). At the university where this research was undertaken there are preparations to move the pre-registration nursing curriculum towards a person-centred approach, drawing on the person-centred framework of McCormack and McCance (2017). Inherent within the philosophical approach is that clinical supervisors who support nursing students in clinical practice have skills and knowledge in person-centred ways of working and being (O'Donnell et al., 2017). There are a wide variety of supervision models in place to support nursing students during their clinical placements. Unlike the UK, which has a standard approach to clinical supervision for pre-registration nursing students, in the Australian context each university determines the model and holds the responsibility to educate and support clinical supervisors (Giddens and Eddy, 2009; McAllister and McKinnon, 2009). The university in this research includes the development of an education programme for clinical supervisors that provides them with skills in person-centred supervision.

The clinical supervisors' role is part of creating coherent person-centred learning cultures in practice for students. The need to achieve this will grow as the movement towards a more person-centred curriculum evolves (Dewing, 2009). At the university, clinical supervisors participate in biannual workshops that aim to provide education and support to them in their role. At these workshops, clinical supervisors often express feelings of being underprepared for the complex interpersonal communications required in their role (Mackay et al., 2014). The findings of this research aim to inform the future development of education that better prepares clinical supervisors to provide person-centred learning and support to nursing students during their clinical placement.

Methods

This two-phase literature review included a traditional and participatory element. The first phase comprised a literature review using a systematic review process (Booth et al., 2012). This initial phase explored what the literature revealed concerning the impact of clinical supervisor education on supervisors themselves. The second phase drew on two core principles of participatory action-oriented research considered as necessary in the development of a 'living' person-centred curriculum

(McCormack et al., 2017; PcP-ICoP, 2017): the need for a safe space and accepting different degrees of participation (Wicks and Reason, 2009).

Phase 1: Literature review

Search strategy

A five-step method was completed, as defined by Booth et al. (2012): scoping the search; conducting the search; bibliography review; verification; and documentation. This method guaranteed the identification of contemporary literature in peer-reviewed publications, with the search limited to articles in the English language. The databases used were Medline and Scopus. Following advice from a university librarian, no further databases were explored as it was considered that the two included covered all key nursing research journals. The choice of database was based on the overlap of searches in all nursing and education databases, where Hill (2009) argues that the overlap of Scopus with databases such as CINAHL is greater than with Medline. Keywords for the review were agreed on following discussion with the librarian as shown in the table below.

Table 1: Search terms

KEY WORDS

Education or professional development programs or frameworks or continuing professional development

and

Clinical supervis* or supervis* or registered nurse or preceptor or facilitator or mentor or group supervis*

and

Effective or quality outcomes or evaluation or effectiveness or graduate

and

Strateg* or methods or plans or frameworks/model or policy

The retrieved literature was assessed against the inclusion and exclusion criteria. Publications included were those that used an identifiable research method to evaluate the effectiveness of educational strategies. Publications were mainly excluded mainly if they did not specifically evaluate learning and teaching strategies or were not research based. The final literature was then subjected to a broad-based thematic identification and analysis using Braun and Clarke's (2006) six-phase method, by all three authors. Authors one and two (MM and KR) carried out an initial analysis independently and then discussed and merged their findings, with the third author (JD) offering a critique and refinement of the themes. Braun and Clarke's method can be used independently of theory; it enables a thematic analysis that directs identification, analysis and reporting of patterns or themes within the evidence. Importantly for this study, the model helped researchers to move outside theming from a set of questions, to analyse across the evidence retrieved to find repeated patterns.

Phase 2: The participatory element

Participants were the clinical supervisors employed as casual academics by the university. Clinical supervisors were recruited through an education workshop, once institutional ethical approval had been agreed. All clinical supervisors employed by the university were invited to attend the workshop and there were no exclusion criteria required. All participants were provided with advance information about the study and written consent. The researchers devised a workshop plan drawing on the methodological principles of inclusion, participation and active learning. Terms of engagement for the workshop were agreed, with an emphasis on co-creating a safe space to share ideas. The workshop was facilitated by the principle researcher and one other academic staff member who acted as a process observer and note taker. The workshop began with sharing the key findings from the literature review, verbally and in handout format. Following this, the clinical supervisors were challenged with a set of questions about each provisional finding and invited to respond. To achieve this, they formed small groups facilitated by members of the research team. It was notable that everyone in the groups drew on and shared stories about their experiences working as clinical supervisors in the clinical

environment. Facilitators encouraged the meaning of stories or parts of the stories to be clarified and related to evidence in the literature where possible. The participants then came together for a group discussion to summarise their expert opinion and gain consensus about the provisional findings within the literature. As many of the contributions as possible were noted and later transcribed by the observer/note taker. From the write-ups it could be seen that simple note taking had not captured all the ways in which the clinical supervisors had contributed. The notes were analysed in regard to how the participants interpreted the themes and the evidence, and what sense they made of it in relation to clinical supervision and themselves as supervisors. It was also possible to identify gaps in the literature and extract recommendations made by the clinical supervisors for future education design and delivery. Evaluation of the workshop indicated the clinical supervisors all learned something of significance to them and thus found taking part in the research beneficial.

Ethical considerations

Ethical approval was granted by the university research ethics committee. The main ethical considerations were to address any concerns relating to the participants as casual employees and to some of them also being postgraduate students of the university. In particular, we anticipated that some participants may feel the need to take part in the project as a way of ensuring continued employment or improving their educational experience. To ensure that the ethical principle of justice (National Health and Medical Research Council, 2007) was considered, we provided clear information about the right to not take part or to withdraw from the study and matters relating to confidentiality on the participant information sheet and on the consent form. To reduce further any perception of coercion, the initial contact was made by a research assistant via email, rather than by any of the researchers.

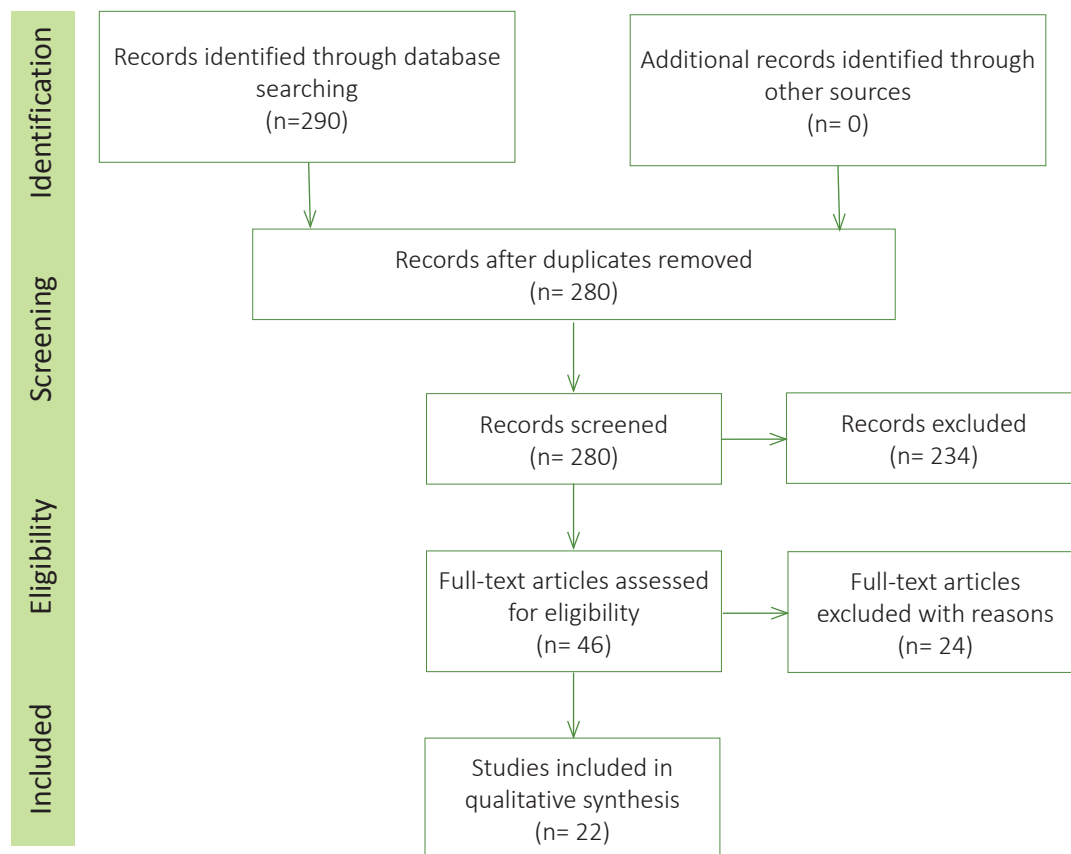
Findings

Phase 1: Literature review

A total of 228 peer-reviewed publications were identified by the database search. All abstracts were reviewed against the agreed inclusion and exclusion criteria by two of the researchers separately. At this point, 46 articles were identified for full review, following which, 24 were excluded; although the authors of these publications discussed educational strategies there was no evidence of any evaluation of the effectiveness of education strategies either from an educational or application to practice perspective. The final 22 were largely qualitative in nature, although several had a multiple-methods design where some quantitative data were included. Publications included in the literature review were from the US (11), Australia (7), Canada (2), UK (1), and Sweden (1), giving an international perspective to the review. Only four studies had any theoretical or philosophical perspective: adult learning principles; situated learning theory; caring theory; and critical social science. Four key themes were identified from analysing the literature:

- Education and the influence on attitudes, knowledge and skills of clinical supervisors
- Varying the modes of education to better support sustainable learning
- Clinical supervisors' beliefs about face-to-face networking
- Ongoing learning from education for clinical supervisors as a requirement to create a positive learning culture

Figure 1: PRISMA search strategy



Theme 1: Education and its influence on attitudes, knowledge and skills

This first theme was the most common, with many articles demonstrating that education positively influences the attitudes, knowledge and skills of clinical supervisors. Twelve of the 22 publications identified outcomes related to this finding. According to two authors, (Phillips, 2006; Mackay et al., 2014.), quantitatively based findings demonstrated that developing clinical supervisors' attitudes, knowledge and skills through education strategies enabled them to better influence the learning environments for nursing students. Smedley et al. (2010), in a quantitative survey, found clinical supervisors reported that education enlightened them and changed their attitude to supporting nursing students in a more positive way, helping them to develop positive short-term relationships. Three studies found that clinical supervisors' participation in educational opportunities was an effective approach to enhancing their skills and confidence (Nicol and Young, 2007; Ford et al., 2013; Browning and Pront, 2015). A number of authors writing from a qualitative and inquiry-based perspective identified that education is an effective way to enable the generation of new thought, increasing participants' ability to think and reflect critically (Schaubhut and Gentry, 2010; Sandu and Halm, 2011; Ford et al., 2013; Paliadelis et al., 2014).

Theme 2: Varying the modes of education to better support sustainable learning

The second theme was evident in 10 of the 22 articles, inferring that providing clinical supervisors with a variety of modes of education supports sustainable learning. The majority of studies employed a qualitative approach. Phillips (2006), in a review of the education literature for clinical supervisors, found that clinical supervisors preferred education that used blended modes of delivery. Then, two evaluation studies found that experiential learning increased clinical supervisors' skills, empathy and enabled understanding of challenging content (Nicol and Young, 2007; Beecroft et al., 2008). However, we found a strong narrative exists in the literature that advocates online education as the primary

mode for education. These studies claimed online learning was flexible and convenient (Phillips, 2006; Bradley et al., 2007; Burns and Northcott, 2009; Ayala et al., 2014; Blum, 2014; McColgan and Rice, 2014; Browning and Pront, 2015) and contributed to self-directed learning by enabling clinical supervisors to learn at their own pace (Blum, 2014). Several authors stated that a blend of face-to-face and online education strategies was preferred, as clinical supervisors valued connecting with colleagues and other stakeholders in person (Phillips, 2006; Bradley et al., 2007; Burns and Northcott, 2009; Luhanga et al., 2010; Ayala et al., 2014; Blum, 2014; McColgan and Rice, 2014; Browning and Pront, 2015).

Theme 3: learning is gained by networking with others at education sessions

Networking was identified in nine of the publications included in our review, all of which featured a qualitative research design. Overwhelmingly, the findings emphasised how positive and collaborative relationships were promoted between health services, university staff and clinical supervisors during education sessions (Luhanga et al., 2010; Schaubhut and Gentry, 2010; McColgan and Rice, 2012; Mackay et al., 2014). The development of such relationships is particularly important for clinical supervisors as they often work in isolation and at a distance from the university (Mackay et al., 2014). Face-to-face sessions, such as workshops, were seen as enhancing the perception of a collegial environment (Woloschuk and Raymond, 2012) and encouraging the building of supportive networks (Luhanga et al., 2010; Mackay et al., 2014). These networks were identified by clinical supervisors as crucial elements to knowledge development and confidence in their role. Feeling part of a social community that shared experience-based stories enabled the clinical supervisors to actively reflect on their past experiences (Andrews and Ford, 2013), while also learning from others' experiences (Bradley et al., 2007; Ayala et al., 2014).

Theme 4: ongoing learning from education for clinical supervisors is required to create a positive learning culture

Achieving learning outcomes from the education provided for clinical supervisors was argued to be fundamental to the creation of positive learning cultures in five of the 22 articles. This theme suggests that the clinical supervisors who attended education on their role developed skills and improved their ability to create positive learning environments (Smedley et al., 2010; Ford et al., 2013). Clinical supervisors who felt supported themselves were found to be more 'student-centred' and thus more able to influence a positive learning environment (Borch et al., 2013). A key finding of a pre-post test survey was that well-educated clinical supervisors are the key to developing a positive learning culture in the clinical setting (Davis et al., 2009).

Table 2: Thematic analysis grid

Author, year/ country	Aim	Design/method	Major findings relevant to educational strategies for clinical supervisors
Andrews et al., 2016/ Australia	To explore the practice experiences of clinical supervisors providing a voice for nurses undertaking the role, a group who up until now has been silent	To explore the potential role of online learning in supporting and training both urban and rural field instructors	<ul style="list-style-type: none"> • It was evident that a spirit existed amongst the clinical facilitator group and there were benefits associated with sharing ideas and stories • Participants identified the need for mentors to support and guide them in their role as facilitating is an autonomous position that is often carried out in isolation • Participants wanted to receive feedback on their performance
Ayala et al. 2014/US	To explore the potential role of online learning in supporting and training both urban and rural field instructors	Qualitative interviews	<ul style="list-style-type: none"> • Participants reported online learning to be convenient and cheap, however they still would prefer face to face training • Hearing from other facilitators experiences during educational interventions enhanced their feelings of support
Beecroft et al. 2008/US	To evaluate a team approach to preceptor new graduate nurses	Evaluation study	<ul style="list-style-type: none"> • Experiential learning style allows for more difficult content to be more readily explored
Blum, 2014/ US	To evaluate preceptor perception of support using educational podcasts	Correlational research design	<ul style="list-style-type: none"> • There was a very strong correlation by the perception of support and the satisfaction with the role of clinical supervisor • Online learning was reported to be flexible • Participants with the fewest years of experience reported the greatest gains in feelings of support after viewing the podcasts
Borch et al., 2013/ Sweden	To investigate the preceptors' views on their ability and satisfaction in the role before and after taking part in group supervision during one year and to describe their perception of the supervision model used	Palliative care clinicians Descriptive and comparative study	<ul style="list-style-type: none"> • Participants did not report a significant increase in their KSA however they did report being able to undertake the role of supervisor in a more appropriate way • Supervision of clinical supervisors during the placement period enables them to be more student centred • Reflecting upon ones own experiences together with colleagues can provide valuable support to each other
Bradley et al., 2007/US	To explore a blended learning approach to preceptor role preparation	Qualitative survey	<ul style="list-style-type: none"> • Blended learning is an effective strategy • Access to technology can be an issue for online sections of the learning • Face to face sessions enhanced the online content
Browning and Pront., 2015/ Australia	To provide a means of support to clinical supervisors of nursing students through a computer-based clinical supervisor educational package (CSEP) and to test the effectiveness of the CSEP	Mixed methods	<ul style="list-style-type: none"> • Online education enabled clinical supervisors to empower students to lead their learning • Online learning supported clinical supervisors to communicate more proactively with students and to promote critical thinking • Effectiveness of student supervision is enhanced when education providers and health care workers work together
Brunt and Kopp, 2007/US	To assess the impact of preceptor and orientee learning styles	Descriptive study	<ul style="list-style-type: none"> • Participant awareness of their own learning style will help each other relate more effectively • When participants had access to a learning style tool they were able to identify learning styles and ultimately tailor the learning experience
Burns and Northcott, 2009/US	To evaluate the impact of a Nursing Preceptor Programme (NPP)	Pre and post test	<ul style="list-style-type: none"> • Online modules are a convenient way to provide education to clinical supervisors • Systematizing the training of clinical supervisors helps to ensure a more uniform experience for both student and preceptor
Davis et al., 2015/US	To evaluate changes in self-concept for the knowledge, skills and attitudes toward inter-professional teamwork of facilitators who participated in training and an inter-professional team training event	Quasi-experimental design	<ul style="list-style-type: none"> • Well educated clinical supervisors are the key to interprofessional support in the clinical setting • Participants felt the ITTD facilitator training session and facilitation during the event had a strong impact on their knowledge, skills, and attitudes for inter-professional teamwork

Table 2: Thematic analysis grid (continued)

Author, year/ country	Aim	Design/method	Major findings relevant to educational strategies for clinical supervisors
Ford et al., 2013/ Australia	To evaluate a preceptorship workshop for nurses and midwives structured using a practice development framework	Practice development	<ul style="list-style-type: none"> • Experiential learning is the most effective way to encourage critical reflection on and in practice to build a knowledge base and promote confidence among preceptors • Practice development is an effective method for clinical supervisors to flourish and create positive learning environments • Emancipatory learning enabled clinical supervisors to identify their hopes, fears and expectations
Luhanga et al., 2010/Canada	To explore and describe preceptor role support and development within the context of a rural and northern mid-sized Canadian community	Qualitative descriptive study	<ul style="list-style-type: none"> • Paper-based resources were used only 40% of the time and were evaluated as being not useful • Supervisors requested education on role clarification and how to evaluate student performance • More frequent communication between university and supervisors was identified as being desired by supervisors • Face to face workshops with university faculty could serve to create stronger communication and partnerships between members of the preceptor team
Mackay et al., 2014/Australia	The development of a model of education for casual academic staff who support nursing students in practice	Participatory action research	<ul style="list-style-type: none"> • Workshop participation demonstrated an increase in clinical supervisors understanding of nursing student programme of study and clinical placement requirements • Workshop participation was recognised as a networking opportunity for clinical supervisors • Practice development is an effective tool for enabling clinical supervisors to increase their knowledge and skills
McColgan and Rice., 2012/UK	To describe the development of an online training programme for clinical supervision from inception through to delivery	Descriptive	<ul style="list-style-type: none"> • Collaboration between faculty and supervisors is important • Online learning modules provide flexibility for learners but there is a concern this encroaches on time outside paid work hours • Technology is a useful adjunct to traditional teaching methods
Nicol and Young, 2007/ Australia	To evaluate a one-day sail-training programme that aims to increase graduate nurse preceptor skills	Evaluation study	<ul style="list-style-type: none"> • Experiential learning increased participants awareness and ability in empathy, skills acquisition and learning opportunities
Ottolini et al., 2010/US	To determine the correlation between the frequency which faculty displayed ESP behaviours and student perception of teaching effectiveness	Quantitative survey and observational	<ul style="list-style-type: none"> • Education for clinical supervisors is required to effectively implement a model of student feedback or support
Paliadelis et al., 2014/Australia	To report on the development and evaluation of an innovative online learning programme aimed at enhancing student and clinical supervisors' preparedness for effective workplace-based learning	Narrative	<ul style="list-style-type: none"> • Story telling is an effective learning strategy to help clinical supervisors connect emotionally with the content • Story telling promotes reflection and encourages deep rather than surface learning
Phillips, 2006/ US	To identify what is already known about preceptor preparation	Literature review	<ul style="list-style-type: none"> • The main attractions of online learning for the preceptor are access and convenience • Offering online preceptor programmes can accommodate nurses' busy schedules and enhance knowledge, using anytime, anywhere learning
Sandau and Halm, 2011/US	To examine the hospital-wide effect of a mandatory 8-hour nurse preceptor workshop on preceptors and orientees	Mixed method	<ul style="list-style-type: none"> • Participating in workshop education helps clinical supervisors increase their knowledge and skills related to their role • Participating in workshop education increased clinical supervisors' enthusiasm for their role • Participating in workshop education increased clinical supervisors' ability to overtly encourage students to apply critical thinking during their placement • Many preceptors felt that the workshop increased their enthusiasm for precepting
Schaubhut and Gentry, 2010/US	Explore pertinent topics that assist nurses to teach students as well as the methods used to hold and conduct the learning experience	Descriptive	<ul style="list-style-type: none"> • Developing partnerships with education and health care providers is essential to ensure education is effective • Education sessions help clinical supervisors develop skills assisting students to apply critical thinking in practice

Table 2: Thematic analysis grid (continued)

Author, year/ country	Aim	Design/method	Major findings relevant to educational strategies for clinical supervisors
Smedley et al., 2010/Australia	To explore the perceptions of practicing preceptors from one health care facility after completion of a specially designed preceptor programme	Qualitative survey	<ul style="list-style-type: none"> • Workshop education increased how clinical supervisors view themselves in the role and their skills and knowledge related to their role • Education of clinical supervisors improves the clinical environment for students to learn in • Workshop education changed clinical supervisors' attitude to students nurses in a positive way, this helps them to develop positive short term relationships with students
Woloschuk and Raymond, 2012/ Canada	To evaluate a workplace preceptor training course for pharmacists and pharmacy technicians in a large regional health authority	Qualitative	<ul style="list-style-type: none"> • Experienced clinical supervisors continue to benefit from attending education sessions as participants learn from each other • Finding time to attend education is one of the greatest challenges

Table 3: Themes within articles

Author (year)	Education influences attitudes, knowledge and skills	Learning is gained by networking with others at education session	Varying the modes of education is more likely to support sustainable learning	Ongoing learning from education for clinical supervisors is required to create a positive learning culture
Andrews et al. (2013)		X		
Ayala et al. (2014)		X	X	
Beecroft et al. (2008)			X	
Blum (2014)			X	
Borch et al. (2013)	X			X
Bradley et al. (2007)		X	X	
Browning and Pront (2015)	X	X	X	
Brunt and Kopp (2007)				X
Burns and Northcott (2009)			X	
Davis et al. (2015)	X			X
Ford et al. (2013)	X			X
Luhanga et al. (2010)		X	X	
Mackay et al. (2014)	X	X		
McColgan and Rice (2012)		X	X	
Nicol and Young (2007)	X		X	
Ottolini et al. (2010)	X			
Paliadelis, et al. (2014)	X			
Phillips (2006)	X		X	
Sandau and Halm (2011)	X			
Schaubhut, and Gentry(2010)	X	X		
Smedley et al. (2010)	X			X
Woloschuk and Raymond (2012)		X		

Findings

Phase 2

The four provisional themes set out above were reviewed by clinical supervisors in a workshop where they critiqued the findings from their experience and expertise. A total of 36 clinical supervisors participated in three workshops: 10 in the first workshop, 11 in the second and 15 in the third.

Meaning of the literature findings for clinical supervisors

The proposed findings 'rang true' to the clinical supervisors, both in terms of their personal experiences and from what they saw and heard from colleagues. They echoed that they highly valued face-to-face learning as this enabled them to gain knowledge and skills for their role, and additionally education sessions provided a forum for networking. Online learning was viewed as supporting face-to-face education and not as a replacement. The clinical supervisors as a group reported that they often felt 'overwhelmed' by the large volume of online learning within the health service context, and this contributed to their low level of engagement with online learning for education. There was agreement in the groups when they reflected on feeling uncomfortable with scenarios or other forms of interactive simulation, such as role play, although there was a recognition that they are able to learn from having the courage to participate in this. There was discussion in the groups that although they did not like some simulation-based learning, it helped them develop sympathetic presence – an attribute of being person-centred (McCormack and McCance, 2017).

Identified gaps within the literature

Clinical supervisors identified four gaps in the provisional findings of the literature review. The first was the need to define the essential elements of an effective clinical supervisor; the second was the lack of clarity on what is required to enable effective relationships between clinical supervisors and nursing students. The third gap was an absence of focus on the responsibility of the education sector rather than the healthcare provider regarding aspects of clinical supervision. The fourth gap was a perceived lack of emphasis on the value of the role of clinical supervisors by registered nurses and the healthcare setting. The participants pointed to an absence of research or other literature exploring strategies for registered nurses who are not in a formal education role. They argued that there was a need for research in two key areas; the effectiveness of active learning (Dewing, 2009) for clinical workplace learning, and approaches to collaborative education roles between clinical supervisors and registered nurses.

Summary of clinical supervisors' key learning

During the workshops, the clinical supervisors shared their overall key learning from taking part in the research. As it is core to participatory approaches, providing learning opportunities through engagement in the research process was an overall intention in this review. The groups discussed that previously their driver to attend educational sessions had been to 'connect' or network with each other. They recognised they had always taken something away from the workshops they attended, but they had not previously knowingly appreciated the connections they made and skills they gained as having a direct impact on their practice as clinical supervisors.

Overall, there was agreement that participating in education was beneficial. Within the workshops, clinical supervisors proposed that networking at education sessions was equally as important as the content. Scenarios and methods, such as simulations and role-play, were an effective way to facilitate active learning for clinical supervisors, albeit uncomfortable. Learning from others in face-to-face environments was viewed as a positive educational strategy. Finally, blended learning approaches, such as face-to-face learning and online lesson plans, that enabled clinical supervisors to participate in workshops and then follow up online to consolidate their learning, were perceived to be beneficial. Although they saw merit in internet based learning, they also indicated that this learning is only effective if there is reliable access to the internet. This issue was a reality for the rural-based clinical supervisors in New South Wales. Unanimously, the groups agreed that there was an overdependence on online learning within healthcare, which influenced their perspective on this in regard to their own learning needs.

Discussion

First, and significantly, the findings from Phase 1 of this review indicate that participation in face-to-face education positively influences the attitudes, knowledge and skills of clinical supervisors and supports previous findings made by Phillips (2006) and Mackay et al. (2014). The findings of this small-scale review need to be considered in the context of the university setting where the research was conducted and are not intended to be generalisable (McNiff and Whitehead, 2011). The review, while rigorous, was time limited. It consisted of only 22 publications with no grey literature included. There is a degree of credibility and trustworthiness in the review findings; the fact that they rang true to local clinical supervisors lends weight to the themes and subsequent findings. In developing a person-centred curriculum, casual academic staff supporting nursing students in clinical practice are very much part of the curriculum and therefore need person-centred prerequisites, such as those set out in the person-centred framework (McCormack and McCance, 2017).

Second, this review offers some indication that the clinical supervisors valued informal, socially derived active learning as much as formal, content-based learning and this might be a topic for future research. The review suggest that, when developing educational programmes for clinical supervisors, it is worth considering the use of blended methods, consisting primarily of face-to-face sessions integrated with online education. The views of the clinical supervisors that online education is often overused should also be considered. However, there is pressure in most universities in Australia to develop online provision as it is seen as a cost-saving measure. This research would support future education programme development maintaining a component of face-to-face sessions to value the benefits associated with networking (Phillips, 2006; Bradley et al., 2007; Burns and Northcott, 2009; Ayala et al., 2014; Blum, 2014; McColgan and Rice, 2014; Browning and Pront, 2015). Since in Australia, the casual academic staff who supervise nursing students in clinical practice largely work remotely from universities and across a disparate range of geographical areas (Mackay et al., 2014), future education development and support should include opportunities to network with each other. Bringing people together for education would also provide an opportunity to consider how this authentic engagement can assist in developing communities of practice – which is consistent with a person-centred approach to developing curriculum (PcP-ICoP, 2017). Interestingly, the clinical supervisors did not critique the formal content of education programmes.

There appears to be limited evidence in the literature on the educational requirements of preparing clinical supervisors to influence the creation of person-centred learning environments. This literature review found four articles that considered positive learning environments (Davis et al., 2009; Smedley et al., 2010; Borch et al., 2013; Ford et al., 2013) but none that focused on person-centred learning culture or the specific education strategies to develop this. The clinical supervisors were not specifically directed to discuss this in the workshops as there was no related finding from the literature review. More broadly, when considering the design of person-centred curricula, it is worth considering that person-centredness has not been embedded in pre-registration nursing curriculum development, specifically in learning and teaching strategies in the clinical practice or non-classroom setting (O'Donnell et al., 2017). The complexity and dynamic environment of clinical practice often shows up curriculum change as a slow and onerous process that requires authentic cultural change (PcP-ICoP, 2017). Clinical supervisors therefore require education programmes that include critical reflection, giving and receiving feedback, and other core facilitation skills to ensure they can influence the creation of person-centred learning cultures (O'Donnell et al., 2017). Importantly, they also require an understanding of supporting nursing students through a person-centred lens, including an understanding of creating healthful relationships (McCormack and McCance, 2017).

Further, our findings indicate that to ensure that clinical supervisors' education reflects the reality of practice, a collaborative partnership between education and health service providers would be beneficial (Luhanga et al., 2010; McColgan and Rice, 2012). The clinical supervisors raised the need to differentiate the roles of registered nurses who work with nursing students in practice. In the Australian

context, the nursing student works with a registered nurse for eight hours a day, whereas, the clinical supervisor is allocated one hour a day for each nursing student. As a group, it was evident that clinical supervisors felt the buddy registered nurse spent the most time with the nursing student yet received minimal if any training or support to prepare them for this role. There are two perspectives to be considered here. The first proposes all registered nurses have a role in preparing our future workforce and that this is defined within the registered nurse standards for practice (Nursing Midwifery Board of Australia, 2016). The second perspective anecdotally discussed in clinical practice by registered nurses and somewhat validated by the clinical supervisors in this study, is that registered nurses require specific education to perform the supervisor role effectively. Thus, there is a need for further research to consider how education and support can be provided to registered nurses across a dynamic and changing workforce, and what impact this may have on developing healthful relationships and influencing person-centred learning cultures.

Finally, the significance of this participatory literature review lies in authentically engaging with the nurses whose role it is to supervise nursing students in practice. Engaging authentically is a person-centred process within the Person-centred Practice Framework (McCormack and McCance, 2017) and considered by this article's authors to be a connectedness in the moment, which draws on and into the encounter, knowledge of the person and professional expertise and energy that enables a positive encounter (Dewing and McCormack, 2015). Inherent in this context of authenticity is the belief that everyone has potential (McCormack and McCance, 2017) to learn. Facilitating authenticity within the groups demonstrated that the clinical supervisors could be true to their personal way of being in the world and could express views honestly. A noteworthy outcome of engaging authentically with this group of clinical supervisors was that they expressed feeling valued and appreciated at being asked to participate. They overwhelmingly stated that this experience would motivate them to participate in similar research in the future. Creating an environment where clinical supervisors are actively involved in researching their practice could have a positive impact on a universities' ability to influence the creation of person-centred learning cultures (PcP-ICoP, 2017). In a small way, this research has made a contribution to the body of knowledge around person-centred practice research.

The strength of this review is that the researchers had the courage to engage with clinical supervisors who are active in clinical practice with nursing students. The supervisors provided a depth to the findings and challenged the researchers to consider the reality and complexity of working with nursing students in a challenging and evolving environment, bringing a level of authenticity to the themes that emerged. In contrast, a limitation of this review was the complexity of including clinical supervisors who had not taken part in research before. A further possible limitation for this review is that the participation of the clinical supervisors was only in Phase 2; a truly participatory approach could have included them in the review of the articles and development of the themes (McNiff and Whitehead, 2011). In addition, this group of clinical supervisors may have come with a specific lens from their previous experience and this could be considered both a strength and a potential perspective bias. The final limitation was a significant variety in the methodological approaches taken and the contexts that were considered.

Conclusion

In summary, a continuous face-to-face based education approach is required to provide the support needed for clinical supervisors and to create positive learning cultures for nursing students, especially for the development of person-centredness. The review indicates that limited research evidence exists regarding the potential impact of the preparation of clinical supervisors and their ability to influence person-centred learning cultures. There is also limited research into the content required within clinical supervisor education and preparation to develop casual academic staff to understand person-centred curriculum approaches. Being true to the participatory nature of this literature review, the findings will be used to influence the university's future curriculum development and input into both clinical supervisor and registered nurse education and research.

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