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Non-conventional clinical placements and the experience of the facilitator: a phenomenology study

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Abstract

Purpose The experiences of clinical facilitators working within non-conventional mental health settings have not yet been explored. The purpose of this paper is to explore the experiences of clinical facilitators when facilitating nursing student learning within a non-conventional mental health clinical placement.

Design/methodology/approach This study adopted a qualitative phenomenological approach. The participants in this study were five registered nurses who had facilitated students at a non-conventional mental health clinical placement called Recovery Camp. Individual in-depth interviews were conducted.

Findings The facilitators experiences could be understood through two main themes: facilitator skills and opportunities for student learning. Recovery Camp allowed the facilitators to build on their own nursing and facilitation skills, while examining themselves as a mental health nurse. "Being with" students (immersive engagement) enabled opportunistic and rare learning moments. **Originality/value** To the best of the authors' knowledge, this is the first known study to explore the experiences of clinical facilitators working in a non-conventional mental health placement.

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Declarations of interest

The authors declare no conflicts of interest.

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Keywords: *Mental health; Nursing students; Clinical facilitation, Clinical facilitators; Clinical Placement*

Paper type: *Research paper*

Introduction

Mental health clinical placements

Clinical placements represent more than just a teaching activity or gaining clinical competence, they act as a “vehicle for knowledge translation and application” (Paton *et al.*, 2009, p.213). Australian nursing students must undertake 800 mandatory clinical placement hours (ANMAC, 2019), providing them with numerous opportunities for consolidating educational theory within the clinical practice environment (Broadbent *et al.*, 2014). The importance of clinical placements or Work Integrated Learning (WiL) experiences for student nurses is thus undisputed in the literature (Dickson, Walker and Bourgeois, 2006), resulting in ongoing research in this area. Of particular interest is how students experience mental health clinical placements, which is an important area of study for students in most nursing curriculum (Lim *et al.*, 2019). Mental health clinical placements expose students to the roles and responsibilities involved with this specialty area of nursing (Madianos, *et al.*, 2005), while preparing them to work with people experiencing mental health issues. A number of benefits have been associated with partaking in mental health clinical placements, such as improved understanding surrounding mental health and recovery (Patterson *et al.*, 2016), clinical confidence (Patterson *et al.*, 2017) and positive attitudes toward people with lived experience of mental illness (Moxham *et al.*, 2016). Unfortunately, many student nurses possess negative views of people with mental illness (Stuhlmiller and Tolchard, 2019), which is often attributable to anxiety and negative stereotypes surrounding mental illness (Happell *et al.*, 2014; Happell *et al.*, 2015). This is reflected in the lack of nursing graduates choosing mental health nursing as a career (Hall, Perlman and Moxham, 2020; Happell and Gaskin, 2013; Hastings, Kroposki and Williams, 2017). While recruitment to the mental health nursing profession remains a challenge (Foster *et al.*, 2019), it is vital to the long-term

sustainability of care for people with lived experience of mental illness (Happell *et al.*, 2014). Successful mental health clinical placement experiences are considered crucial; is these early experiences which play a role in nursing students' future choices for specialties (O'Brien, Buxton and Gillies, 2009). Non-conventional approaches to mental health education can be beneficial for nursing students, resulting in better preparedness and decreased anxiety (Patterson *et al.*, 2018). A conventional or traditional approach, as opposed to a non-conventional, is one whereby a student completes their placement in an acute ward or a mental health community placement setting (Goman *et al.*, 2020). In contrast, non-conventional placements occur outside of these acute and/or community mental health settings (Patterson *et al.*, 2018). One burgeoning non-conventional clinical placement for nursing students is called 'Recovery Camp'.

A non-conventional mental health clinical placement

Recovery Camp is an Australian innovative and non-conventional clinical placement, which uses outdoor therapeutic recreation (TR) activities to deliver its learning program. It is a five-day, four-night clinical placement experience, bringing together undergraduate nursing students, mental health consumers and clinical nurse facilitators. All clinical facilitators are mental health nurses whose role is to facilitate mental health education, assist students with counselling techniques and provide learning opportunities. Here, facilitators enable students to witness the benefits of a therapeutic recreation camp and its links to mental health recovery first-hand (Perlman *et al.*, 2017). Recovery Camp was established in 2013 and initially offered only to one higher education institution. However, as a result of a growing empirical evidence base that demonstrates its learning efficacy and impact (Perlman *et al.*, 2017; Perlman *et al.*, 2018; Picton *et al.*, 2019), 11 universities now send their students to Recovery Camp. Recovery Camp is offered five times per year to students, counting for 80 hours of an

accredited mental health clinical placement. The clinical facilitators at Recovery Camp possess a unique role; not only are they providing support to students, but to the mental health consumers who attend the camp. To that end, clinical facilitators are guiding students in the development of knowledge and clinical skills but also working alongside consumers to support their mental health. Students, therefore, witness their clinical nurse facilitators 'in action', continuously role modelling positive mental health nursing skills and attitudes. There is immense value in positive role modelling in mental health settings, and nursing student's learning experiences will depend heavily on the interactions they have with their clinical supervisor (O'Brien, Buxton and Gillies, 2008). However, while clinical placements are designed primarily to meet the needs of students, it also has an impact on those providing supervision (Killam and Carter, 2010).

Clinical facilitators

Clinical placements can be a complex experience for many stakeholders, not just nursing students (Ford *et al.*, 2016). During their clinical placements, nursing student learning is overseen and supported by clinical facilitators (Ryan and McAllister, 2019; Sweet and Broadbent, 2017). Students often state that they learn more from their clinical facilitator than from any other educator or learning experience (Ryan and McAllister, 2019). Clinical facilitators are critical to student learning, ensuring that students have clear goals for their placement and are orientated to the relevant clinical area (Sanderson and Lea, 2012). The favoured approach in Australia is indeed the facilitator model (Jayasekara *et al.*, 2018), positioned as the contemporary model of support both nationally and internationally (Sweet and Broadbent, 2017). This model involves supporting a group of students in their learning, including their clinical assessment (Walker *et al.*, 2013). A number of studies have investigated the role of clinical facilitators (Sanderson and Lea, 2012), best practices for

facilitation (Needham, McMurray and Shaban, 2016) and qualities of an appropriate facilitator (Sweet and Broadbent, 2017), yet not much is known about their experiences of facilitating students; an area which remains largely unexplored (Andrews and Ford, 2013; Hall, Perlman and Moxham, 2020). As such, understanding clinical facilitator's lived experiences in the field of mental health became the phenomenon of interest. Moreover, there is no research which explores their experiences of facilitating students in non-conventional mental health clinical settings. The purpose of this study then, is to explore the lived experiences of clinical facilitators who have facilitated nursing student learning within a non-conventional mental health clinical placement.

Methods

Design

This qualitative study was undertaken using a hermeneutic phenomenological approach. For decades, nursing studies have drawn upon the philosophical tradition of phenomenology (Zahavi & Martiny, 2019). Within nursing, phenomenological inquiry allows researchers to understand the life experiences of others, with relation to quality of life and health (Salmon, 2012). As a reflection on the lived experience of human existence, it must be "free from theoretical, prejudicial and suppositional intoxications" (van Manen, 2007, p.11). This study was a small-scale honours project conducted in New South Wales, Australia. After appropriate ethics approval was obtained (Approval No: 2019/ETH03767) from the university's research ethics committee, participants were provided with an information sheet outlining the purpose of the study. Potential participants were informed that their involvement was confidential and voluntary and written consent was sought prior to

commencement of data collection. Each participant was assigned a pseudonym in the form of a number to ensure confidentiality.

Participants

Five participants ($n = 5$) described their facilitation experience in-depth, which is an adequate size for a phenomenological study (Creswell and Poth, 2018). All participants had facilitated student learning in the Recovery Camp setting previously. As a result, facilitators were registered with the Australian Health Practitioner Regulation Agency (AHPRA) and had a mental health background in practice and facilitation. Participant recruitment was achieved by use of an email invitation. Here, purposive sampling was utilised, seeking participants who had previously attended Recovery Camp as clinical facilitators. This was undertaken in order to gather participants who could best answer the research question. Males and females between the ages of 35 and 61 years participated. Mental health nursing experience ranged from those who had recently entered the profession (3 years) to more experienced mental health nurses (43 years), with an average of 18 years practice. During the recruitment process, the researchers endeavoured to involve participants with differing experience and years of practice within mental health nursing. All participants had varying years of training within general nursing, before moving into the specialisation of mental health.

Data Collection

Data was collected through individual in-depth interviews. The interview guide was created collaboratively by authors RH and LM but carried out by RH. The interviews were scheduled at a time and place that was convenient for the participants. Due to the geographic spread of participants, data was either collected face-to-face or by telephone. The interviews ranged in

length from 25 to 33 minutes. Interviews began with a grand tour question. In doing so, Leech (2002, p. 667) notes that a key benefit is that it “gets respondents talking, but in a fairly focused way”. The grand tour question for this study was: *‘please tell me about your experience of being a clinical facilitator’*. Further probing questions followed including *‘please tell me about your experience of being a clinical facilitator at Recovery Camp’*, and *‘please describe any differences between being a clinical facilitator in different settings’*. Thematic saturation was reached after the fifth interview. The interview questions had not been piloted previously and were developed by three of the authors (RH, LM and DP). Buetow (2019) suggests that qualitative nurse researchers may be at an increased risk for ‘apophenia’, which is the tendency to recognise meaningful patterns between unrelated or random phenomena. Although author RH was familiar with the subject of inquiry, awareness of their position presented an opportunity to reflect on potential biases.

Data analysis

Interviews were audio recorded and transcribed verbatim. Subsequently, this was checked for accuracy by LM. Interviews were then coded by RH and checked again by LM and DP. van Manen’s (2007) six step phenomenological approach to data analysis was used as a guiding framework. van Manen’s (2007) approach is concerned with the practical application of phenomenology, and how it assists researchers ascertain the meaning of phenomenon that is being studied (Polit and Beck 2017). From van Manen’s perspective, phenomenology has immense practical value, and is especially important in human contexts of practice related to professions such as nursing, medicine, psychology and education (Errasti-Ibarrondo *et al.*, 2018). Table 1 illustrates van Manen’s (2007) six step phenomenological approach, as adapted by Polit and Beck (2017).

[TABLE 1 ABOUT HERE]

Results

The hermeneutic phenomenological approach used in this study revealed two key themes, which elucidates the phenomena of facilitation in non-conventional mental health settings: Facilitator Skills and Opportunities for Student Learning.

Facilitator Skills

Harvey et al. (2002) states, “the facilitator’s role is concerned with enabling the development of reflective learning by helping to identify learner needs, guide group processes, encourage critical thinking, and assess the achievement of learning goals” (p.581). Facilitation skills are complex, with Ferguson (1996) reminding us that “clinical teaching is viewed as a complex act requiring the integration of many skills, which have varying degrees of familiarity to the occupier of the role” (p.836). Within the Recovery Camp context, facilitators not only provide supervision to students, they act as nurse clinicians, who oversee the physical and emotional wellbeing of the mental health consumers. This dual role as both facilitator and mental health practitioner revealed to students the ways in which it is possible to work effectively alongside mental health consumers (e.g. therapeutic relationship skills). Facilitators felt that fulfilling these dual roles was extremely rewarding:

“I think this is a really different kind of model, because you’re not only facilitating the learning of students, but you’re also facilitating the experience of people with a mental illness as well at camp, ... So, you’re doing those two things together. But you’re also drawing the

student learning, the mental health experience together so both groups have a kind of deeper experience, a fuller experience”. (Facilitator #3)

In addition, the deeply immersive nature of Recovery Camp enabled facilitators to get to know students and mental health consumers in a manner that may not be possible in a conventional setting. Participants discussed how opportunities for learning usually arose through intense engagement with mental health consumers. The informal and safe environment of Recovery Camp meant that mental health consumers could share their experiences with facilitators and students, and vice versa. For example, Participant 5 offered their thoughts into sharing experiences such as mealtimes:

“I think the dinner table conversations are probably the most valuable aspect for student learning because you know form a very primal point of view, food and eating together is something that goes back to the evolution of humanity and I think it really brings it back to basics in that way, where that sit down conversation, in a very intimate sense you get to know from an emotional intimacy of how people work”. (Facilitator #5)

Participant 4 described the importance of this immersive nature for developing relationships with both students and mental health consumers:

“If you go into Recovery Camp, you’ve got all of five days to be able to get to know your consumers and get to know your student and be able to work with them and help them on individual levels by doing them together, watching them flourish, giving them time”. (Facilitator #4)

This idea was again reinforced by another participant:

“At Recovery Camp you’ve got those five days and you’re with them intensively. So, you’re able to watch them grow from not knowing them much at all, to being able to build those skills and actually put them into practice”. (Facilitator #3)

Opportunities for student learning

Participants felt that by being completely immersed with students and mental health consumers for five days enabled numerous and continuous learning opportunities. Such opportunities may not occur in a conventional placement setting. Always “being with” as opposed to “coming and going” allowed facilitators to develop an understanding of the qualities and strengths of their students, as exemplified by participant 1:

“I love coming to Recovery Camp because I’m with the students all the time, so I’m with them 16 hours a day and more. I can see what they can do. I am there at every stage that they’ve got a question. So, if they have a question, I can answer it straight away and they can just move on. They can get on with what they’re doing, they can practice what we’ve just talked about and it’s so much more rewarding”. (Facilitator #1)

The opportunity to witness students developing their clinical skills was observed by one participant:

“Automatically you’re there, right next to them. You don’t have to wait ‘til the next 15-minute rounds to check on a person. You’re there and you respond accordingly. They’re learning from each other. They’re learning from the other mental health consumers, the way

that they react and that interaction. The relationship is a lot more authentic I think”.
(Facilitator #2)

Effectiveness in facilitating learning can have an impact on student’s outcome achievement (Flott and Linden, 2015). Participants in this study described seeking out learning opportunities at every moment, regardless of whether it was during debriefing, participating in an activity or supporting a mental health consumer in crisis. This allowed facilitators to maximise student learning in a short amount of time, while empowering mental health consumers.

“It’s grabbing those moments where... we’ve got to know what we’re doing to be able to go ‘right, this is one of those moments. Let’s grab this and let’s work with it’. And pulling people aside. So, it’s a lot more thinking on your feet, but doing it from an evidence-based point of view”. (Facilitator #2)

Indeed, Ludin, Mohamed and Fathullah (2016) argue that clinical instructors “need to anticipate potential learning opportunities, recognise unanticipated learning situations when they arise and design instruction that amplifies the positive learning events” (p. 80). This is vitally important for a students' professional development.

These learning opportunities were also crucial to developing student’s independence as future nursing professionals:

“So at camp, the immersive nature of it, you really do get a good understanding of how the students are practicing, how they’re learning”. It’s something that really helps students

flourish as independent practitioners, still with that oversight, but really kind of flourish as independent, pre-registration students”. (Facilitator #3)

The embedded Therapeutic Recreation (TR) activities at Recovery Camp often act as the vehicle for student learning to occur. One example of this would be the ‘spider web’. This group activity requires all members to pass through the holes of some elastic strung to a tree, a shape that closely resembles a spider web. As each team member passes through a hole – it closes. Here, teamwork is key. At face value, it may appear that the activities at Recovery Camp are just for ‘fun’. However, all activities incite interactions and engagement, permitting students to not only witness relevance to practice but to enjoy their clinical placement experience (Cregan, Perlman and Moxham, 2016; Moxham *et al.* 2015). Furthermore, by empowering mental health consumers to impart their wisdom as ‘experts by experience’, facilitators can guide students to learn from lived experience.

Discussion

This study explored the lived experiences of clinical facilitators who have facilitated nursing student learning within a non-conventional mental health clinical placement. The clinical learning environment in which students are positioned plays an important part in whether they have a positive or negative WiL experience, yet it is equally important for clinical facilitators. Recovery Camp was the site for this study, a non-conventional mental health clinical placement, set in a therapeutic recreation (TR) setting. This non-conventional mental health clinical is one where all attendees are immersed, including the clinical facilitators.

In relation to the impact on students, the findings of this study echo that of Fowler, Knowlton, and Putnam (2018). In their review surrounding student preparedness after clinical

immersion practice, Fowler, Knowlton, and Putnam (2018) found that students exhibited a preference for an immersion placement, rather than a traditional placement. This was apparent across all twenty-four studies within the review. Students stated that they felt “more confident when performing assessment and organisational skills, managing patients, seeing patient progression, and engaging in inter professional collaboration” (p.71), reporting greater feelings of “belongingness, increased confidence and the perception of readiness” (p.71). Thus, the clinical practice setting represents an important element in student learning (Papp, Markkanen & von Bonsdorff, 2003), as it enables application of theory to practice and assists students to become competent practitioners (Flott & Linden, 2016). Nursing students who experience a positive mental health clinical placement are more likely to feel confident when working alongside people experiencing mental health issues (Happell, 2008b), as well as consider mental health nursing as a potential career path (Happell and Gaskin, 2013). This experience can be enhanced by the clinical facilitator (Hall, Perlman and Moxham, 2020).

It can be argued that the experiences reported here are largely unique to the experience of facilitating at Recovery Camp. *Facilitator skills* may be best reflected in the subtle, yet effective ways clinical facilitators guided their students. Facilitator’s mediated group dynamics (i.e. who emerged as leaders, what approach did they take, was the leadership style inclusive etc.), what strategies were used to provide care, decision making (i.e. who made decisions, when, were they effective, were they inclusive, etc.) and communication techniques. Expertly, facilitators encouraged students with reflecting on what they had learned during the activities and how this can be applied to other clinical placements, as well as in their future nursing practice. In particular, reflection is an important teaching strategy in nursing education, which improves student’s decision-making skills and understanding of learning experiences (Ness *et al.*, 2010). Sanderson and Lea (2012) found that facilitators

who implemented reflection and group learning sessions with their students were the most successful for student development.

Mental health consumers also contribute in their role as ‘experts by experience’, offering their lived experiences of mental illness. In this way, facilitators at Recovery Camp keep the whole group cohesive, drawing on insights from multiple stakeholders. This is consistent with the basic premise of facilitation, whereby all participants work together to build mutual respect, with the goal to learn (Dickson, Walker and Bourgeois, 2006).

At Recovery Camp, facilitator’s skilfully curate learning opportunities for students while harnessing their own skills. *Opportunities for student learning* may be aligned with the notion of ‘flipped classrooms’. Stressing the importance of learner-centred activities, flipped classrooms enable students to be engaged within the learning process. Zainuddin and Halili (2016) analysed the impact of the flipped classroom and identified positive impacts on learning such as achievement, engagement, motivation and interaction. Tao, Huang and Tsai (2016) suggest that the sufficient implementation of the flipped classroom promotes a learning atmosphere which sharpens students' problem-solving skills, improves their process of knowledge building and encourages interactions. It is a learner-centred instruction method (Gilboy, Heinerichs and Pazzaglia, 2015), and as proven with the spider web activity example, it is an approach that is utilised by clinical facilitators at Recovery Camp.

There is truly an art to clinical facilitation, utilising a unique blend of knowledge and communication skills to promote optimal student learning (Ryan and McAllister, 2019).

Limitations

Of course, this study has some limitations that must be considered. The breadth of experience in mental health nursing among the clinical facilitators was vast (ranging from 3-43 years), and as such, may not be generalisable. In addition, the nature of the clinical placement (i.e. non-conventional and set in a TR setting) resulted in a unique array of experiences, thus also making the study difficult to generalise. Further, while telephone interviewing is gaining popularity in qualitative research (Block & Erskine, 2012), there are challenges associated with this style of interviewing. Specifically, when separated from their interviewer, participants may respond differently to a question when asked over the phone. Block and Erskine (2012) argue that the level of anonymity in this situation, can therefore either minimise or amplify a participant's desire to express oneself. Despite these limitations, the findings from this study suggest a novel approach to training nursing students for mental health, with evident positive experiences and professional benefits for clinical facilitators.

Conclusion and recommendations

Undoubtedly, clinical facilitators play a critical role in nursing students experiences of their clinical placements. As a result of the unique nature of Recovery Camp, clinical facilitators may assume a number of interconnected roles: educator, evaluator, mental health practitioner, supervisor, counsellor and role model. The facilitators in this study were able to appreciate and understand the many components involved in being a mental health nurse, recounting the knowledge and skills that this facilitation experience provided for them. This study contributes to literature surrounding clinical facilitator's experiences, of which are scarce. Future research is recommended in this area, to explore nurses' experiences of facilitating students in mental health, and non-conventional mental health settings. The experiences of clinical facilitators should not be excluded, as they provide valuable insights into the mental health nursing practice world.

Conflicts of interest

The authors declare that they have no competing interests.

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