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16. RELATIONSHIPS IN CLINICAL EDUCATION

“It Comes Down to the People More Than the Place”

The understanding of workplace learning (e.g. clinical education activities) as participation in authentic workplace activities underscores the importance of explicating the relational nature of workplaces in clinical education. This chapter draws on Narelle’s doctoral research to illuminate the central role a range of workplace relationships have in shaping clinical education experiences and, consequently, learning outcomes. In clinical workplaces students develop meaningful relationships with a wide variety of people and use multiple workplace spaces to develop those relationships. The significance of these relationships and spaces or relational spaces to clinical education experiences is neatly captured in the quote from a physiotherapy student in the subtitle of this chapter: “It (clinical education) comes down to the people more than the place”. This chapter explores the nature and importance of these workplace relational spaces through narratives that represent physiotherapy students’ and clinical supervisors’ perspectives.

SETTING THE SCENE

Clinical education, viewed as participation in a community of practice, privileges the quality of relationships developed between students and clinical staff. These relationships develop students’ knowledge, skills and professional identity (Kyrkjebø, & Hage, 2005). The significant contribution of these relationships for students, evidenced through development of rapport, acceptance, appreciation and support of students while on placement, has been described in nursing literature over several decades (Courtney-Pratt, Fitzgerald, Ford, Marsden, & Marlow, 2012; Dunn & Hansford, 1997; Henderson & Twentyman, 2006). When students are not readily assimilated into the work environment and are viewed as guests within organisations they receive limited amounts of information, and their participation in activities and consequent opportunities to develop knowledge are also limited (Henderson, Winch, & Heel, 2006). In clinical workplaces students develop relationships with a wide range of individuals including clinical supervisors, patients, doctors, nurses, other allied health staff, porters, administrative staff, cleaning staff, and other students.

The importance of interprofessional relationships among clinicians and the value of long-term relationships formed between students and patients have been explored in other chapters. In this chapter, the influence of a broader range of workplace relationships on students’ clinical learning is portrayed. The research that underpins this chapter was primarily undertaken in a metropolitan centre in

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Victoria and involved physiotherapy clinical supervisors and physiotherapy students in their second, third or fourth years of study who were undertaking clinical placements of five weeks duration.

RELATIONAL SPACES SHAPE STUDENT LEARNING

While students develop relationships with a broad range of people in clinical workplaces in this chapter we explore three key relationships: those that students formed with clinical supervisors, nursing staff, and patients. The focus of this exploration is on how these relationships are formed and the significant way in which these relationships shape student learning. Narratives and quotes from physiotherapy students and clinical supervisors (from Narelle's research) are presented in this section to illustrate how the formation of these relationships within clinical workplaces powerfully shape students' clinical learning. In this chapter all participants have been assigned pseudonyms with clinical supervisors assigned a pseudonym beginning with the letter C to assist differentiation between clinical supervisor and student perspectives.

Narrative 1: Relationships with Clinical Supervisors

Supervisory relationships, developed between students and clinical supervisors, are key to positive learning experiences and largely determine the level of student involvement in authentic workplace activities. This narrative's focus is on the way meaningful relationships between students and clinical supervisors are formed.

Narelle found that multiple workplace spaces were used by students and clinical supervisors to nurture the development of meaningful educational relationships. These spaces included clinical areas, physiotherapy lunch rooms, staircases and cars used to travel between work activities. The common thread linking these varied spaces was that they each offered a space for quiet conversations; in some cases these were clinical conversations and in other cases they were both clinical and personal conversations.

These quieter spaces facilitated the development of student-supervisor relationships. The students felt comfortable asking questions in these spaces and felt they weren't wasting supervisors' time. They appreciated the opportunity to ask clinical questions, to resolve any concerns they had regarding patient assessments and treatments and to receive feedback from supervisors regarding their clinical performances. This use of quieter learning spaces is encapsulated in the following quotes:

I think the stairs were used in a good way ... if your supervisor wanted to talk to you about a patient ... the stairs weren't super busy ... a good place to have a more quiet chat and you can do it while you are going somewhere so you are not wasting time. (Sophie)

Definitely some feedback (was) provided on the stairs ... small things like you did that really well or you could have said this or you forgot to mention that ... it was good. (Tom)

Importantly, both student and clinical supervisor participants in the research highlighted the value of less formal environments (for example during car travel) in supporting casual conversations. Casual conversations also dealt with students' and supervisors' social lives and this was seen as important in developing good rapport between students and supervisors, which ultimately empowered students to ask questions. In these more relaxed spaces students were more likely to discuss any issues or problems they had encountered during the placement. These issues and problems could be both personal and professional in nature. These discussions were important because when clinical supervisors were aware of any issues or problems that individual students had encountered they were able to adjust placement parameters accordingly. The less formal environment created by car travel between work activities contributed to the development of meaningful relationships between students and clinical supervisors, as illustrated in the following quotes:

Because you have spent so much time together and you talk about your family ... you feel more comfortable to talk about any problems you are having and any questions as well. (Tess)

I have the student come to hydrotherapy with me ... that's a great opportunity ... just be open about any issues they're having ... often we'll just talk social stuff ... puts the student at ease. (Charles)

While the clinical supervisors were aware of the need to share both their work and recreational areas with students, the sharing of recreational spaces created a tension for some supervisors. The supervisors were sometimes conflicted between their need to maintain a professional persona with students at all times and the acknowledged benefit of students knowing them as people as well. This tension between being known by the student as a person and keeping a professional distance is neatly described by Caroline in the following quote:

It's a tricky thing; we would be definitely saying that they are welcome to join us for lunch and we have a table and bean bags basically and the students would often head down to the bean bags and the lounging area. Often students though would prefer to go to the café to have a bit of a break; students often go to the café just to be away from us, it depends on what they want to do. I think it's good that they can feel welcome and having said that clinicians also need a bit of a break sometimes. So we're not overly concerned if they don't want to sit with us and that's fine too. I think they see us as normal people, you know that we talk about the dog that got out or you know whatever happens at home. I think that there definitely has to be professionalism and respect between staff and between students and staff. We have to be careful to keep a professional persona on sufficiently. I guess that's sometimes why we are happier that students aren't necessarily there [in

our lunch room] all the time because we would like to crack some jokes sometimes. Then we prefer students are not there but I think it makes them know that we are people just at work and work life balance and this is a job right from the word go. It also means that they are going to approach you more readily if they feel you laugh as well as being serious. (Caroline)

Narrative 2: Relationships with Nursing Staff

Among the various health professionals working in clinical workplaces, nursing staff were identified by the participants in Narelle's research as being particularly significant to the physiotherapy students' clinical learning. Interestingly, the students and clinical supervisors did not regard nursing staff as gatekeepers to patients and practice, a view that has been reported in previous research (Dornan, Boshuizen, King, & Scherpbier, 2007). Rather, participants highlighted the significant contribution of nurses' wealth of knowledge and their ability to provide physical assistance, as required, to students' learning. The participants held nursing staff in high regard and identified a strong need to establish and maintain positive relationships with them. However, maintaining positive relationships with nurses was not always easy and required "finding the balance" in time spent between assisting nurses and completing physiotherapy work. Students often required assistance from clinical supervisors to navigate the complex and often confusing territory of establishing and maintaining positive relationships with nursing staff.

Input from nursing staff facilitated students' ability to develop more accurate assessments of patients' functional abilities. The students also often asked nurses questions when their supervisors were unavailable; nurses not only answered but also often provided valued advice. This important role of nursing staff in answering questions and providing advice to students is shown in Scott's and Carl's quotes:

If you ask them [nurses] they are more than happy to tell you how the patient is going and explain the charts or why the patient can't get up today ... or suggest what I could do. (Scott)

I have seen nurses in our environment giving valuable advice in a constructive way to the students. (Carl)

As well as possessing a wealth of knowledge, nursing staff also provided a valuable source of physical assistance during patient interventions. The assistance provided by nursing staff contributed to increased safety and time effectiveness when students undertook patient assessments and treatments. For example, nurses often helped students with patient transfers, provided assistance when patients suddenly became unwell during mobilisation (including cleaning up vomit), and relocated accidentally dislodged intravenous lines and indwelling catheters.

The participants held a high level of respect for nursing staff and expressed a desire to maintain the high standards set by nursing staff on the wards. The students stated that they felt motivated by exemplary practice demonstrated by nursing staff on particular wards, as evidenced in Sam's quote:

Nurses ... they are it, they are everything, I think they are brilliant ... so kind and so genuine towards every patient ... easy to talk to ... they genuinely care about the wellbeing of the patients ... a beautiful way to be ... you then want to do the best by the patients and keep up with the standard. (Sam)

The centrality of nursing staff to healthcare in hospitals and to these physiotherapy students' learning meant that relationships developed with nursing staff were considered critical to efficient and effective physiotherapy practice as well as student learning. It is not surprising, therefore, that students often went to extraordinary lengths to establish and maintain positive relationships with nurses. Narelle's participants highlighted the importance of reciprocity in the development of positive relationships with nurses. Tasks identified as nursing tasks that both physiotherapists and students completed in order to maintain good relationships with nursing staff included helping patients to don anti-embolus stockings, tidying beds, getting pans for patients, taking patients to the toilet and getting linen for patients including towels, sheets and blankets. Both clinical supervisors and students highlighted the importance of assisting nursing staff even if it meant undertaking tasks they did not enjoy, as evidenced in Greg's quote:

Our physios were very much for "help the nurses as much as you can, do as much as you can for the nurses", and I had to drain a urinary catheter and I wasn't too pleased about that. Definitely an eye opener! (Greg)

This perceived need to assist nurses in order to maintain positive relationships led to students often experiencing difficulty in finding an appropriate balance between helping with nursing work and completing physiotherapy tasks. Often intervention was needed from supervisors to "adjust" the student-nurse relationship to ensure that students could complete their own work as well as assist the nurses. Students' need for assistance in balancing their relationships with nursing staff was demonstrated in Meg's and Monica's quotes:

You try and stay on their [nurses] good side but you can only do that for so long before these people need physio. (Meg)

Every time a nurse saw me ... come here and help me do this ... I was seriously just their little run-around gofer. So I actually did ... (talk) to my physio ... so they had to talk to them. (Monica)

The participants' high level of respect for nursing staff in general was tempered by acknowledgement that nursing could at times be a complicated profession. This complex situation further challenged students' ability to establish positive relationships with nurses, as seen in the following quotes.

Nursing ... can be a tricky profession sometimes. If you don't approach it the right way ... things are sometimes more difficult. (Craig)

You have to be very tactful because you don't want to get on their toes because they are always there. They are spending a lot more time with the patient than you are and so you need to be very, very, very careful. (Stacey)

Narrative 3: Relationships with Patients

Clinical placement experiences are often acknowledged as offering prime opportunities for students to relate theory and practice as well as develop knowledge from being in practice. Engagement with authentic patient activities is an important element of placement experiences that extends students' knowledge far beyond propositional knowledge (theory) and prior learning, progresses the learner's practice capabilities and contributes practice knowledge to the field. Narelle's research revealed that authentic patient interactions improved students' ability to understand medical conditions and their impact on people's lives, to solve problems and to refine physiotherapy practice skills. Given this impact of experiences with patients on student learning, the focus of this third narrative section will be the manner in which students establish and nurture relationships with patients.

In this narrative Sarah reflects on how she established rapport with her patients, appreciated the benefits of establishing rapport for completion of her physiotherapy work and sought to achieve an appropriate balance between time spent establishing relationships and completing physiotherapy work.

I've seen so many patients that I know, so many people, mainly because I am with the oldies and their grandkids come in and I know them. It's really nice because it means you can have a bit of a rapport automatically with the patient because you say, "Oh George and I went to school together", and you can about talk that. But it's interesting, I think a lot of the time you need to be quite impartial to the patient and it's harder to be impartial that way. You know when a patient really doesn't want to get up and they're in a little bit of pain you have to kind of manipulate them a little bit to get up and you have to be a bit mean, almost. If [the supervisor] wasn't there half the time I wouldn't get a patient up. He's like (saying) – "no they need to get up", but they are hurting and they don't want to or they are feeling quite nauseous or whatever. I suppose it reminds you that they have got family too and they're genuinely not feeling well whereas I think – after a little while I think - you can become very blasé about that. I also think that you have to temper that with time constraint and the reality that you are in a public system and you need to see 30 patients a day because it's unfair to the others that you don't see them - if you actually spend a bit more time chatting with them and building rapport and really getting to know them. And often I find [my supervisor] just goes in, (and talks to someone) he's never seen someone (and says), "Hi I'm [...], I'm your physio and I'd like you to lift your legs in the air". ... I think you've got to find that medium between being safe and also doing what needs to be done for them – for their bigger general health. I don't know, I haven't quite

worked out where I stand where I feel about that. Be their friend, be friendly but not allow them to waffle on because (then) I think they are not going to do anything (therapy). In reality you can't actually force someone to get out of bed. If they are not actually going to move their limbs – you can't (make them) do it. So I think that at some level you have to build some rapport to be able to do ... (the therapy) and to be able to maintain their dignity. I mean they are still people and I am still a person and I don't want to be treated like that ... I think it is common decency. (Sarah)

REFLECTIONS

The above narratives have illuminated the integral contribution of workplace relationships to students' clinical learning during placement experiences. This centrality of a range of workplace relationships to student learning highlights the innate humanness and relational nature of clinical practice and clinical learning. We contend that consideration of *relational spaces* within clinical workplaces and their influence on student learning as well as student and supervisor wellbeing offers a useful way forward in the development of positive, effective and sustainable clinical education experiences for students.

These *relational spaces* within clinical workplaces, while being central to student learning and practice were not always experienced as easy or comfortable spaces. For example, in these spaces both students and supervisors experienced tension between a need to know and be known as a person and a need to keep a professional distance. Interestingly, in these narratives this tension was not fully resolved which highlights the need for explicit discussion and clarification of this personal and professional dynamic in professional relationships among professional practitioners and those responsible for professional education.

Finally, the complexity of workplace relationships and the amount of work required to establish and maintain these relationships should not be underestimated. In these narratives both students and supervisors worked hard to establish and maintain these highly valued relationships. This has implications for the manner in which educational programs prepare students for clinical placement and professional development programs for clinical supervisors.

CONCLUSION

Relational spaces that occur within the context of workplaces and clinical education have the power to influence student learning and professional practice. The inherent humanness and consequent tensions within these powerful and complex spaces have been portrayed in this chapter. Framing clinical education as *being in relational spaces* provides a useful way forward in the development of clinical education experiences that embrace and harness the inherent humanness of both professional practice and clinical education. Such education experiences would privilege the development of students' capability to nurture authentic health practice relationships with other health practitioners and with patients and thereby

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achieve meaningful outcomes for those with whom they work. As one clinical supervisor participant in Narelle's research reflected:

We are humans. They've [students] got their story underneath that veneer and we don't really know what that is. (Christina)

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