Student perceptions of a quality clinical experience: findings from the literature and their application to radiation therapy

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Abstract This paper seeks to provide a review of research findings into the clinical experience from the perception of students, with the aim of improving the clinical placements of radiation therapy students. Drawing on evidence from other allied health professions, the attributes of the ideal supervisor perceived by students is presented. The effect of clinical environment, departmental culture and communication with universities on student perception is also discussed. The lack of literature on radiation therapy education in the clinical setting has been highlighted and may be remedied in the future with the appointment of research radiation therapists. There is an ongoing need for the universities to assist radiation therapists in maintaining their skills in the supervision of students, perhaps through the provision of workshops and seminars. The list of attributes of the ideal supervisor extracted from the literature is extensive. It is an unrealistic expectation for a person to possess all of the characteristics, however the challenge is for supervisors to develop and exhibit as many as possible.

Introduction

Radiation therapy is a health profession that combines technology and patient care in ways that are experienced by few other professions. To teach this practice to students is a demand on resources, yet a necessary aspect of the profession, and a rewarding one. It is the responsibility of each radiation therapist to do everything in his or her power within the program structure imposed by the controlling university, to ensure that the student achieves the most from the clinical placement. To maximise the limited clinical time available in degree programs, it is advantageous to examine what makes for the most rewarding placement from the student’s perspective. Such an examination will allow for reflection on current supervision within radiation therapy departments, to reinforce current practice, or highlight potential for change.

Issues surrounding the literature review

A review of the literature was conducted using PubMed, Emerald Fulltext, Cinahl and Science Direct with key criteria of student perspective, clinical practice, supervision, perception, learning and outcomes from 1995 to date.

There is limited educational literature that focuses on radiation therapy in the clinical setting. The majority of the literature appropriate to the topic is written by nurses, about nurses in the clinical environment, with some research identified from within the radiography, physiotherapy and medical professions. It is not unreasonable to draw parallels from these professions to radiation therapy. They all have a high component of patient care in the workplace, and significant emphasis is placed on clinical placements in the degree courses.

Issues surrounding the provision of quality supervision

The health professional’s first priority is the patient. The provision of appropriate care for each individual patient is paramount. Students on clinical placement are aware that the patient is the focus, and adapt accordingly. In times of increasing workload and patient throughput, compounded by staff shortages, it is good practice to reflect on what is offered to radiation therapy students. What is it that the students want? Is it delivered? Can it be improved?

Only a small proportion of radiation therapists hold postgraduate qualifications in education, yet educating students in the workplace is written in radiation therapist position descriptions. It is something that radiation therapists are expected to do, and like any clinical skill – some staff are better than others. What makes a good supervisor? What makes a bad one? A clinical placement is essential in preparing students for the competent practice of their profession. It is therefore paramount that supervision of students during clinical placements is reflected upon to determine if there is room for improvement.

The plight of students is a tough one. Not only are they trying to learn a practice, but they also need to adapt to the different learning environment and culture of each placement, adapting to the different teaching styles and expectations of supervisors. All the while students are focusing on the care of the patient, conscious that they are being assessed with every move they make. This is a high pressure situation.

In investigating this topic, the literature review revealed that primarily, two methods were employed in assessing student perceptions of supervisors and the clinical environment. Some studies conducted detailed interviews of students that were transcribed verbatim. Others relied on Likert-scale (ranking system for agreement with a statement) based surveys, or applied a combination of both. Student perceptions have been shown to be a valid approach to identifying variables impacting on the learning environment. A strong association has been found between the perceptions of students in the clinical environment and their level of satisfaction.

The clinical environment encompasses all that surrounds the
student, including the clinical settings, the equipment, the staff, the patients, and the supervisors.' This paper is focusing on the student in the clinical environment, and their perceptions of what makes a good or bad supervisor. Various aspects of the clinical placement are discussed including positive and negative supervisor behaviour, and the clinical environment itself.

Findings from the literature

Positive role model

Schwind et al. in a study of medical students on a surgical rotation found the ‘strongest correlations existed between the attending surgical faculty behaviours and the student’s perception of learning’ (p.199). Similar results have been reported where a positive role model and a supervisor with a positive attitude impact positively upon the student perception of the clinical placement. Students look to qualified members of staff for demeanour and professional conduct to which they can aspire and emulate. This highlights to all supervisors, that students can be learning from them even when they are unaware that they are ‘teaching’. This means that radiation therapists need to constantly reflect upon the way which their attitude to their work impacts upon student learning.

Quantity of interaction

It is not surprising that the student’s satisfaction with the clinical placement is related to the quantity of interaction with their supervisor. All students will feel greater satisfaction if they have an extended period of time, one-on-one with their supervisor. In most busy health care departments, this ideal situation is not always possible when patient referrals are outside of the control of the department. Allocating time for, and demonstrating a positive attitude towards teaching the student are other attributes of a supervisor that have been reported to positively impact on a student’s perception of a quality clinical placement.

It has been shown that students who have a successful one-on-one relationship with their supervisor, report more positively than those students with multiple supervisors. To apply this finding in the modern radiation therapy department, would be to ensure that a constant point of contact was available for the student. For example, on a treatment rotation, the student could work with the one pair of radiation therapists to provide a consistent teaching/learning approach.

A study of 16 student nurses by Papp et al. revealed that the best supervisor is someone ‘... who knows you better, who you’ve spent time with, is more aware of what you can do and is able to give you guidance in the right way’ (p.266).

This observation has been reinforced by Gray and Smith, where students note that without a consistent point of contact they are more likely to lack purpose in their learning, would ‘hang back’ or felt they were just ‘tagging along’.

If a student believes they are acquiring skills in a particular practical procedure, the student is more likely to be satisfied with their time on the clinical placement. In an audit of student radiographers experiences in clinical practice, Price et al. reported that students’ overall satisfaction with supervision diminished when workload meant that there were less ‘hands-on’ opportunities. A high workload in radiation therapy services is a reality. Despite this, it is incumbent upon radiation therapists to aim for the highest quality experience for students. It is the author’s experience, that patients are often prepared to wait beyond their designated treatment time, if letting students have hands-on experience leads to this outcome.

Attitude of the supervisor

The tone of the supervisor towards the student, for example angry or friendly will impact on the student’s clinical placement. Regardless of other work-related pressures, the supervisor must be aware of how their tone of voice may be perceived by the student. It is acknowledged that it can be difficult when tired, stressed or frustrated with a student to maintain a friendly tone of voice. However, it is a reasonable expectation, that when a radiation therapist assumes the role of supervisor, an appropriate tone of voice will be adopted.

An energetic and dynamic person who enjoys their profession, while demonstrating clinical skill and judgement is considered to be a good clinical supervisor. Student nurses report that a supervisor that has a good sense of humour provides a superior clinical experience. Not everyone has a sense of humour, or one that is appropriate at all times. This attribute is difficult to teach, nevertheless this finding suggests that supervisors should aim to create an enjoyable environment where work gets done at the same time.

Unhelpful behaviour that is recognised by students as diminishing the quality of clinical experience, occurs when supervisors adopt a passive demeanour that conveys to the student that they are disliked and barely tolerated. This demeanour may be expressed by ignoring students, supervisors setting menial tasks, or being unwilling to share information or contribute to the learning of the student.

A poor supervisor has been described as one who delegates unwanted tasks to the students, resulting in resentment on the part of the student. In radiation therapy, these menial tasks could be dusting the linear accelerator or wiping pencil off of the floor. The result is that students lose respect for their supervisors and the centre providing the clinical placement. In these times of staff shortages, it is important that centres do their utmost to attract future staff, not lose the respect of students.

Provision of feedback

Students report increased satisfaction with clinical placements and quality of supervision when constructive feedback is being given. Supervisors who are unable to provide constructive feedback, or correcting mistakes without belittling, have been described by students as the ‘worst’ clinical supervisors.

Understandably, the same study of nursing students, reported that supervisors who criticise students in front of others are considered to be the ‘worst’ supervisors. This finding serves as a timely reminder for radiation therapists to be aware of the feedback given to students, the manner in which it is delivered and the context that it is delivered.

Questions asked by the supervisor at the end of the clinical day on items learnt were reported as a positive experience. It takes a small amount of time out of a supervisor’s day at the end of the shift to ascertain the learning the student has gained in that time. The provision of feedback may highlight to the supervisor, and the student, that there are still some key areas to be worked on. Alternatively, taking the time to give feedback may demonstrate to the supervisor the student is learning, and is ready for the next available challenge in the clinical placement.

Departmental culture

Many studies report that a centre which has a culture of respect and care for the patient, will also have a positive approach towards students. These studies concluded students have a positive reflection of their placement in these circumstances. In fact,
it has been reported that the presence of a respectful and caring culture enhances learning.²

It was found that it was not always the diversity of opportunities available to the student that reinforced the perception of a quality placement, but rather the culture of the department. This finding should provide encouragement to those departments that are yet to acquire the latest technology in the field. Students can still be positive about the clinical placement if the department's culture is positive towards students and their learning.

Developing a sense of respect, mutual interaction and a sense of trust have been shown to be important in the students’ perspective of their clinical placement.³ Only when there has been a trust developed will students feel comfortable to put themselves at risk. It is often the best form of learning when the student can make mistakes to learn from, without fear of any consequences. It is however the responsibility of the radiation therapy supervisor that any mistakes are identified and addressed with the student prior to impacting on the patient.

In unstructured interviews of student nurses, Papp et al.⁴ found that a department with a culture of co-operation between staff will have a higher student satisfaction with clinical placements than departments that do not.

When the efforts of the students in the clinical setting are appreciated and acknowledged, the students feel like part of the team.⁵ The willingness of the supervisor to accept the student as a legitimate member of the patient care team, while acknowledging the students learning needs has been shown to impact positively on the student’s clinical experience.⁶ When students are regarded as junior colleagues, it is regarded as a good clinical learning environment.⁴

Supervision and tasks set that are suitable to the level of the student impacts on the students’ perception of the clinical placement.⁷ Students have a more positive perception when they are given a level of responsibility. This highlights how important it is that supervisors are clear about the expectations of the university for that student’s placement, therefore the most appropriate experience can be achieved and tasks varied as much as possible. The supervisor will have to be aware of the year level of the student and have expectations appropriate to that level of experience.

Dunn and Hansford (1997),⁸ argue the major constraints that impact on student learning are the lack of commitment to education by staff, when there is poor inter-staff relationships, and the student is not given the opportunity to ask questions. Not all clinical staff are willing to teach students, for whatever reason. It is therefore the responsibility of managers to allocate supervisors who are appropriate and willing to teach.

Interactions between allied health professionals also alter the perceptions of students in their clinical placements.⁹ When the professionals in the students’ chosen field of study interact well with other health professionals, for example a physiotherapist or radiographer, a more positive perception is recorded for that student’s placement. For example, Schwind et al.¹⁰ concluded that the ability of the supervisor to interact well with other staff had a positive effect upon the perception of medical students towards the clinical placement.

**Supervisor’s knowledge**

Students have reported that supervisors who have the ability to answer questions clearly provide an improved clinical experience.¹¹ Supervisors should have sufficient clinical experience to be able to answer students’ questions, or be able to find means to source the answer elsewhere.

In a longitudinal study of nursing students, Gray and Smith¹² found that students being shown by the supervisor how to do their own research on a particular topic, and locating relevant information was shown as being appreciated and making students feel empowered. This finding has also been supported by Kotzabassaki et al.¹³ who found that students rated the ‘worst’ clinical supervisors as being those who were unable to direct them to useful literature. It could be argued that the supervisor should not provide too much assistance, or risk doing the majority of the research for the student. The university will also play a role in providing access for students to current literature.

In the Kotzabassaki et al. study, the university staff were given the same survey as the students. The results show that a broad knowledge of literature is rated highly by both students and faculty staff when rating the ‘best’ clinical supervisor. This highlights the importance of continuing professional development in maintaining knowledge of the latest developments.

**Communication between the clinical centres and the university**

Interactions between the university and the clinical placement centre were found to be crucial for the development of a good learning environment.¹⁴ This makes it clear that good communication channels must exist between key members of staff at both institutions, which must flow on to the students in turn.

**Organisational issues**

In the nursing context, it was noted by Gray and Smith³⁸ that nursing students take advantage of learning opportunities that arise in their daily work. In radiation therapy treatment rotations, more than planning, the students get to observe, participate and ultimately practice the same procedure on the same patient as they follow that treatment course. Perhaps as a result, a greater consistency in environment is offered to the student, when radiation therapy is compared to nursing, medicine and radiography. Planning is important to the radiation therapy student’s clinical placement, but may provide less consistent daily activities when compared to treatment.

Leadership style of the nursing profession’s ward manager has been shown to dictate the environment that students perceive.¹⁹ If the ward manager is positive towards students and their learning needs, the students have a more positive perception of their clinical placement in that ward. Radiation therapy departments are broken up into sub-departments with each having their own assigned supervisor. These senior radiation therapists could be likened to the nursing ward managers and may be responsible for setting the atmosphere for students.

**The relevance of the findings to radiation therapy**

The difficulty of the high workload in a modern radiation therapy department is that student satisfaction is related to the amount of time that is allocated to them. Under high pressure inter-staff relationships are probably at their most tense. Relationships between staff have been shown to impact on the students’ perception of the clinical environment.¹⁰ When a department is short staffed, the burden of students is probably adding to the pressure, yet the profession needs these students to ease the staffing issues.

If insufficient pre-planning and poor application of the clinical program occurs, then the clinical learning experience is more difficult for the student. The same authors also note that unlike the academic environment, the clinical environment ‘... is changing constantly and sometimes very unpredictable, which makes it...’
hard to plan an optimal clinical learning environment for students’ (p. 267).

As supervisors, we need to be adaptable to the unplanned situations that arise. This ability should already be present in the competent practitioner.

Gray and Smith discovered that many students believed being rostered to a good clinical placement and being provided with a good supervisor was associated with luck. Let us hope that as supervisors and educators of these future colleagues that their satisfaction or perception of a positive clinical experience does not rely on luck. Improved training of supervisors will take luck out of the equation. Attendance of short courses on supervision, communication and providing feedback perhaps provided by the universities, combined with departmental in-services and reflecting on clinical placements, should assist in achieving a high level of student satisfaction.

Conclusion

This paper has discussed the different attributes that students perceive to contribute to a worthwhile clinical placement. The supervisor and the culture of the clinical department impact directly on the student experience. The demands on a supervisor may make achieving the expectations of the student difficult to obtain.

This paper has also revealed the lack of literature assessing students in the clinical environment in the radiation therapy profession. As research radiation therapist positions are created, with the assistance of the universities and the cooperation of the students, hopefully, this can be rectified.

While the research reviewed is not from radiation therapy directly, parallels to the allied health professions can be made. Radiation therapy student placements can be improved by reviewing the departmental culture and clinical environment, the communication links with the university, and having designated contact persons for students.

Ideally, supervisors will be approachable, possess excellent communication skills, be professional and knowledgable. Other attributes are being friendly, supportive, a good role model, provide constructive feedback, mutual respect, sense of humour, self confident, enthusiastic, organised, caring, be interested in students, and care for the patient. For a single person to possess all of the positive attributes perceived by students to be the ideal supervisor is unrealistic.

Perhaps the reader can see some (or all) of the desired attributes in their supervision of students. There is a place for the universities to continue educating the practitioners about the supervisory role to maintain and improve the skills-base of radiation therapists. Hopefully, this paper has drawn attention to the expectations of the student in the clinical placement, prompting reflection on current practice, and challenged radiation therapists to become SUPER supervisors.

References