

Clinical Supervision and Support of Learners in the Clinical Area

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Description

Managing safety risks is another factor affecting patient safety that is performed to improve and ensure the safety of care provided to patients. Risk management-based approaches are a solution to prevent adverse events and enhance patient safety in health care centers. In addition, environmental factors, including poor lighting, excessive noise, high workload, a large number of patients, and human factors, including fatigue from overwork, insufficient medication knowledge, are among the leading factors threatening patient safety, correction of which improves patient safety. Reporting errors and converting them into an opportunity to improve the health care system is also a fundamental step in preventing errors. The National Health Services (NHS) Confederation in England has recommended reporting errors to health organizations to improve patient safety.

Clinical Setting

In medicine, midwifery, and anesthesia, the scores related to the clinical setting were higher than in the classroom. In contrast, in nursing and pharmacy, the scores related to the classroom were higher than those in the clinical setting. In the field of surgical technologists, the scores of the classroom and the clinical setting were approximately similar. Therefore, it can be noted that medicine, midwifery, and anesthesia students, unlike nursing and pharmacy students, had more opportunities in the clinical setting to learn subjects related to patient safety. The lowest score in the clinical setting was related to pharmacy students. Since there is a significant difference between the scores of pharmacy students in the classroom and in the clinical setting (0.54 in the classroom and 0.37 in the clinical setting), providing more opportunities to teach diverse domains of patient safety in the clinical setting, these students seem indispensable.

Conducting a study with different health professions disciplines is the study's strength. During this study, several lessons were learned, including identifying the gap between theory and practice in medical science education and increasing pay attention of educational managers to health professional education in patient safety. The present study had some limitations. In this study, the convenient sampling method was used, limiting the results' generalizability. COVID-19 pandemic

was another limitation that made it impossible to access the research samples in person.

The concept of caring has to a greater extent been defined in the context of nursing practice and rarely in the context of nursing education. According to Labrague, caring is the core foundation of nursing education, and is the core value of nurse educator student's relationship.

Research and education has focused on the benefits of using caring in practice and the development of caring behaviors in nursing students. Such being the case, efforts are made to equip students with knowledge, skills and positive attitudes to be able to effectively care for patients. However, it is believed that for one to care for another, care must be shown or demonstrated to that individual first. Therefore, students need to experience caring first for them to care for 'others' including their patients.

Nurse Education and Lecturers' Roles in Malawi

Nursing and other health occupations have adapted caring as a central concept of their curriculum, arguing that including caring in the curriculum allows for caring to be carried on in the education process as well as after graduation. The caring curriculum described by Bevis and Watson in 1989 as a "new pedagogy for nursing", provided an impulse for curriculum change in nursing. This curriculum revolution called for an altered perception of how caring was taught and the role of nursing educators. According to Beck, the revolution called for improving caring practices by means of relationships between faculty and students as well as between faculties. Regardless of how caring is integrated in the curriculum, nurse educators have agreed that faculty caring is an indispensable component in nursing education, which is transmitted directly to nursing practice. Faculty need to exhibit caring behaviors to their students so as to create an environment that is conducive for learning, and also instill behaviors that will continue for the rest of their nurse's life and develop the competence of caring.

Caring in nursing education is a concept expressed through interactions among the nursing faculty, between the faculty and nursing students, among nursing students and between nursing students and patients. Nodding's indicates that nurse educators should espouse caring student-teacher relationships as this

enables students to implement caring practices. However, there appears to be no clear conceptualization of what this entails and what each of these areas could be, hence has been found worthy of investigation.

Successful development of students into a caring professional, largely depends on the quality of faculty–students’ relationships and the nursing education environment at large. The reciprocal interaction that occurs between students and faculty helps students grow as caring individuals, thus making nursing education an ideal place for developing, enhancing, and promoting students’ caring behaviors.

Recently, nursing education is moving towards a caring paradigm based on humanistic framework where caring has the main impress in the teaching and learning process. Nursing faculty is trying to incorporate caring as a valued basis in philosophical principles and educational programmed. However,

little is known about how students perceive caring behaviors. Therefore, there is a need to understand what faculty caring entails from the students’ perspective to incorporate such attributes into the curriculum.

Clinical teaching is an essential component in the education of undergraduate nursing/midwifery students as it helps in the transferring and actualization of theoretical knowledge into practice. Clinical supervision and support of learners in the clinical area forms an optimal clinical learning experience as learners should be satisfied with aspects of personalization in clinical learning. The role of clinical teaching in Malawi lies in the Clinical staff, Clinical instructors/preceptors and lecturers with training institutions relying more on registered nurses working on the ground to guide and assist students during their clinical experiences.