Facilitating Affective Elements in Learning – Experiences of Clinical Supervisors in a Palliative Care Context

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Aim

To explore how clinical supervisors facilitate the learning of the affective elements of professional competence

Context: a clinical palliative care environment

Secondary aim: to advocate for and raise awareness of the importance of the affective domain in medical education
Research questions

→ How do clinical supervisors facilitate the learning of the affective elements in clinical palliative training?

→ How does a palliative clinical environment as a learning context support the development of professional competence in an affective domain?
Background

- Discussions with students, clinical supervisors, and clinical teachers
- Bologna process
- Outcomes based education (OBE)
- Educational reform 2007 in Sweden

To increase compatibility in European higher education institutions:
- Strengthen quality assurance
- Enable the free movement of students and staff
- Facilitate employability

Critiqued for:
- Failing to address the affective elements of professionalism, i.e. ethics, attitudes, emotions, values, with unresolved issues about humanism, accountability, and altruism (Cowan, Norman, & Coopamah, 2006, Bolander-Laksov, McGrath, & Silén, 2010, Morcke, Dornan, & Eika, 2013).
- Being an overly simplistic solution for complex expert clinical practice and aspects of the learning process (Harden, 2002).

Biggs & Tang (2011) on constructive alignment and outcomes-based education:
“...our focus must remain on the design of a teaching and learning system, not on the student as a ‘person’ and encourage teachers to adjust the teaching with the help of the writings of the others.”
Three Domains of Learning
(Bloom, et al. 1956)

- **Cognitive domain**
  Knowledge acquisition and procession

- **Psychomotor domain**
  Skills

- **Affective domain**
  Feelings, emotions, values, beliefs, empathy, compassion, and emotional intelligence
Background

Learning dimensions and processes (Illeris, 2004)

- **Content**
  Knowledge, Understanding, Skills

- **Incentive**
  Motivation, Emotion, Volition

- **Environment**
  Action, Communication, Environment
Method

- Constructivist paradigm
- Socio-cultural perspective
  - Knowledge is “dependent on the knower and the cultural conditions under which it is developed and applied” (Mann, Dornan, & Teunissen, 2011).
  - Can make previously invisible things, such as tacit and informal learning and the hidden curriculum visible
    - How? By looking into the lived experiences of the participants and trying to identify and describe the commonalities of the phenomena (Hodges & Kuper, 2012)
  - Enables the study of the newly visible phenomena (Hodges & Kuper, 2012)
- Critical theory perspective
  - To advocate and raise awareness of the importance of the affective domain (Polit & Tatano Beck, 2008)
Method

- Qualitative phenomenological study
  - Ethnographic study would have been the design of choice to study tacit knowledge and hidden curriculum
  - Context: Clinical palliative care
    - 150 pat. places, ca. 50 nursing students per annum
- Semi-structured interviews
- Sampling:
  - Convenience sampling
  - 6 experienced clinical supervisors within palliative care unit
<table>
<thead>
<tr>
<th>Sub-category</th>
<th>Generic category</th>
<th>Main category</th>
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<tbody>
<tr>
<td>Setting the tone</td>
<td>The first meeting</td>
<td>Building a relationship</td>
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<td>Preunderstandings</td>
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<td>Previous experiences</td>
<td>Authentic communication</td>
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<td>Sharing analogies</td>
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<td>Sharing challenges</td>
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<td>Sharing coping methods</td>
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<td>Reflection</td>
<td>Building confidence</td>
<td>Creating a space for learning</td>
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<td>Making time</td>
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<td>Asking prompting questions</td>
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<td>Cueing</td>
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<td>Scaffolding</td>
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<td>Providing feedback</td>
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<td>Workplace culture</td>
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<td>Creating a pedagogical environment</td>
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<td>Giving/allowing a voice</td>
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<td>Sense of belonging</td>
<td>Physical environment</td>
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<td>Giving space</td>
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<td>Patients care plan vs Students learning plan</td>
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<td>Preparing the student before home visit</td>
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<tr>
<td>Authentic sharing of experiences</td>
<td>Role model</td>
<td>Mirroring</td>
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<td>Receiving/seeking feedback</td>
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<td>Stepping back and giving space</td>
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<td>Satisfaction when the student succeeds</td>
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Discussion

- Clinical supervisors see the affective domain as an important part of professional competence
  → “If we would not have an understanding of this domain, this affective one, we could all call it a day.” (#1)
- They actively use multiple facilitating methods

- However:
  - The results do not show how effective they are
  - Are the results transferable?
  - Are the results representative?
    - Younger clinical supervisors
    - Other clinics
  - Student perspective
- Future considerations: