Student-reported quality of supervision/mentoring in Work Integrated Learning

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The literature in the work integrated learning space is primarily centred on increasing the capacity for work integrated learning (WIL), challenges associated with developing WIL placements, and implementation of alternative WIL experiences for students. Student involvement in assessing the outcomes of a WIL experience is usually their experience with the activity as a whole. There is however little in the literature on evaluation of the teaching and learning associated with the WIL from the students’ mentor or supervisor. The current paper will draw on the experience from health professional clinical education where the students regularly assess the quality of the teaching provided by their educator or supervisor. Assessment of the teaching or supervision quality can assist institutions to identify valuable student mentors or supervisors to enhance the WIL experience.

Keywords: Work integrated learning (WIL), industry supervisor role, workplace assessment, workplace educator

INTRODUCTION

There is increasing interest in the implementation and integration of work integrated learning (WIL) experiences into the curriculum of university programmes, regardless of the profession, in order to improve employability (Fallows & Steven, 2000; Lyons & Brown, 2003). Drivers for this change have been predominantly the employers who appear to value social skills and personality (Archer & Davison, 2008), and those skills required for lifelong learning (De La Harpe, Radloff, & Wyber, 2000) in university graduates. The ability to reflect on one’s experiences is a cornerstone of lifelong learning (Schön, 1987), something that is widely recognised and explicitly included in curricula for the health professions (Mann, Gordon, & MacLeod, 2009). Without the ability to reflect, it can be argued that one is unsure of the skills or knowledge that need to be acquired to improve themselves personally and professionally. However, it may be unrealistic to expect a university graduate to possess these higher order skills (Cranmer, 2006) and these generic skills may be learnt or acquired during their employment post-university. As such, the student may in fact be work-ready after their university program that has included a WIL experience.

The literature has described extensively the perceptions of students (Collin & Tynjälä, 2003; Freestone, Thompson, & Williams, 2006; Kavanagh & Drennan, 2008), graduates (Crebert*, Bates, Bell, Patrick, & Cragno, 2004; Koppi, Edwards, Sheard, Naghdy, & Brookes, 2010; von Treuer, Sturre, Keele, & McLeod, 2011) and employers (Hernández-March, Martín del Peso, & Leguey, 2009; Kavanagh & Drennan, 2008) about their experiences with WIL and whether it has met, or meets, their expectations. The challenge in the assessment of WIL experiences however is “…more complex than evaluation of a standard university unit” (von Treuer et al., 2011).

The use of WIL experiences is well established in professions such as teaching, law, medicine, nursing and the allied health professions (Trigwell & Reid, 1998). WIL experiences are central to the educational programs for these professions and operate in an authentic environment with a supervisor, mentor or as Trede (2012) refers to, a ‘workplace educator’. Their role is to guide and assist the student with their transition to the workplace in their chosen profession, and allow the student to develop their professional identity (Trede, 2012). Given this important role in the students’ learning and development, it is not unreasonable to assess whether the workplace educator is perceived to be positively impacting the student (Billett, 2009; Sturre et al., 2012). The student could perform this assessment of the workplace educator during and/or after their placement.
WORKPLACE EDUCATOR QUALITY

Trede (2012) highlight a number of challenges for the workplace educator: they may ill-prepared or lack the experience and knowledge to facilitate student learning; provide or participate in an environment that is not conducive to learning; and, play a dual, conflicted role as educator and assessor. These challenges can impact on the student and what they ‘take away’ from their WIL experience. Although a student may be able to provide narrative feedback to their university workplace coordinator through their assessments, the provision of structured feedback to the workplace educator could also be of benefit. Given the personal nature of the relationship between the workplace educator and student in their WIL experience, identifying the characteristics of quality educators is of value.

CHARACTERISTICS OF WORKPLACE EDUCATORS IN THE HEALTH PROFESSIONS

Irby (1995) is one of the most frequently cited works on clinical teaching practice, and highlighted four key behaviours of the “excellent” clinical educator: 1) positive role model; 2) effective mentor and supervisor; 3) applies a dynamic approach to teaching; and, 4) is supportive. Perhaps not surprisingly, these behaviours could be extrapolated to most workplace educators, and the development of structured workplace educator feedback processes could be based around these behaviours. In their review of the literature, Sutkin et al. (2008) presented their identified key characteristics of good clinical teaching: 1) medical/clinical knowledge; 2) clinical skills; 3) positive relationships and learning environment; 4) communication skills; and 5) enthusiasm. Hewson & Jenson (1990) provide an outline of the roles of a clinical educator (Table 1).

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<th>TABLE 1: Roles of a clinical educator</th>
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<td>Clinical role model</td>
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<td>Clinical supervisor</td>
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<td>Professional mentor</td>
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<td>Instructor</td>
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Other authors have also highlighted that timely feedback to the student about their performance is important (Copeland & Hewson, 2000; Curtis, Helion, & Domsohn, 1998; Dolmans, Wolfhagen, Essed, Scherpibier, & van der Vleuten, 2002; Ernstzen, Bitzer, & Grimmer-Somers, 2009; Ramani & Leinster, 2008; Richardson, Jackling, Henschke, & Tempone, 2013), as well as the regular observation of student undertaking their WIL activities (Fernandez, 1998; Parsell & Bligh, 2001).

Provision of a good learning environment is a strong theme in the health professions literature related to clinical education. Bates, Konkin, Suddards, Dobson, and Pratt (2013) have previously demonstrated that a positive relationship with a workplace educator can create a positive learning environment. This finding has also been supported by other authors (Boerboom et al., 2012; Boor et al., 2008; Dolmans, Wolfhagen, Heineman, & Scherpibier, 2008; Hughes, 1998; Levy et al., 2009). WIL placements should foster and encourage learning and this can, in part, be achieved through a positive learning environment, although as Hughes (1998) suggests “…the workplace, whilst offering rich authenticity, is a far from ideal learning environment for employees and students.”

The behaviours listed above add to, and in some cases expand on, those identified by Irby (1995), particularly in the areas related to environment and interpersonal factors, as well as the role of assessor. The development of a positive interpersonal relationship between workplace educator and student has been highlighted in successful accounting WIL experiences (Abeysekera, 2006). Again, the behaviours identified above are valuable to assess in a workplace educator regardless of their profession.

Rowe, Mackaway, and Winchester-Seeto (2012) provide another model to explore the characteristics of workplace educators. These authors list four roles; support, education, administration and guardianship.
There is overlap in this model with those behaviours listed above which is unsurprising given that the elements of the model are widely used in nursing. The descriptors of each of these four roles by Rowe et al. (2012) could also provide an excellent theoretical basis on which to develop a method to assess workplace educator quality.

EVALUATING WORKPLACE EDUCATOR QUALITY

To ensure that the students are receiving quality instruction and education as part of their WIL experience, it is necessary to evaluate the performance of the workplace educator and the quality of their teaching. The quality of clinical teaching can have a significant impact on a number of stakeholders including students, university program administrators, employers or the workplace educators direct-report, and the workplace educator themselves (Abeysekera, 2006; Snell et al., 2000).

In the health professions, evaluation of the quality of workplace educator teaching is typically undertaken using student ratings, as this is the group exposed to clinical teaching on an ongoing basis (Dolmans et al., 2002; Snell et al., 2000). It is important to survey students to learn about the quality of clinical teaching as they have an opinion and expectation as to what constitutes a good clinical educator (Parsell & Bligh, 2001). This equally applies to students in all WIL situations. There are substantial number of questionnaires that have been developed to assess workplace educators in the health professions (Beckman, Ghosh, Cook, Erwin, & Mandrekar, 2004; Fluit, 2010), and many of these questionnaires are designed to assess the instructional quality in particular environments (Beckman, Cook, & Mandrekar, 2006; Conigliaro & Stratton, 2010).

Multiple sources of information (or triangulation) provide a comprehensive overview of teaching quality and effectiveness. The process of obtaining this information is often referred to as 360° (London & Beatty, 1993) or multisource feedback (Atwater, Waldman, & Brett, 2002; Smither, London, & Reilly, 2005) and is used widely in a variety of industries to improve employee performance. It has also gained acceptance in the health professions where the patient is included as a feedback source along with peers, managers and self-assessment (Jahangiri, Mucciolo, Choi, & Spielman, 2008; Sargeant, Mann, & Ferrier, 2005; Violato, Lockyer, & Fidler, 2003). Whilst it may be difficult for some organisations to incorporate peer assessment of workplace educator quality, self-assessment is entirely possible and should be encouraged by both the university and employer as part of their review of the students’ WIL experience.

When constructing a questionnaire to assess a workplace educator, it is important to consider and establish its validity. This ensures that the questionnaire measures what it purports to measure, as well as measures those aspects of the teaching and learning provided by the workplace educator that are perceived to be important by the relevant stakeholders. Further, if the outcomes of these assessments are used for employment decisions, or decisions about whether to send students back to the organisation for their WIL experiences, it is necessary to ensure that the results obtained are reliable (Snell et al., 2000; van der Leeuw, Lombarts, Heineman, & Arah, 2011).

CONCLUSION

This commentary has highlighted that although the assessment of workplace educator quality is routine in the health professions, and many tools exist to undertake these assessments, it does not appear to be the case for many other professions. Structured feedback (in the form of a questionnaire) from the student about quality of the teaching and learning experience is valuable for a number of stakeholders in the WIL process. Firstly, the university can gain an appreciation for the quality of the teaching and learning provided by the workplace educator, thereby ensuring the value of the experience. This is not an unreasonable expectation given that students provide feedback to, and complete teaching quality evaluations of, their academic teachers routinely. Secondly, the employer (where they are not the students’ workplace educator) can use the information as part of their quality assurance processes, use them in promotion decisions for their workplace educators, and potentially advertise the quality of their WIL experiences to prospective students. Lastly, for the workplace educator themselves, it provides them with an opportunity to receive feedback.
from another source (other than their employer), reflect on their own experiences and identify where they can focus their own professional development, and use the information from the assessments in promotion and employment opportunities. Those academics and educators who lead WIL experiences at their respective institutions are encouraged to develop, investigate and report their endeavours to assess the quality of teaching and learning provided by the workplace educator.

REFERENCES


