EXPERIENCES OF CLINICAL TUTORS WITH ENGLISH AS AN ADDITIONAL LANGUAGE (EAL) STUDENTS

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Abstract

Clinical tutors, referred to in the international literature as clinical supervisors, facilitators, mentors or instructors, are responsible for providing and supervising workplace learning opportunities for groups of Bachelor of Nursing (BN) students. They also play a key role in assessing students. The role modeling and support provided by both clinical tutors and registered nurses (RN) or nurse preceptors helps students become familiar with the language in which nursing work is realised. As BN student cohorts in New Zealand have become more diverse in terms of cultures, ethnicities and language backgrounds, clinical tutors have to directly facilitate the development of context-specific and client-focused communication skills for students who speak English as an additional language.

We undertook a study which looked at the perceptions of new nursing graduates with English as an additional language (EAL) on the development of spoken language skills for the clinical workplace. As well as interviewing graduates, we spoke to four clinical tutors in order to elicit their views on the language development of EAL students in previous cohorts. This article reports on the themes which emerged from the interviews with the tutors. These include goal setting for communication, integrating students into nursing work, making assessment less stressful, and endorsing independent learning strategies. Based on their observations and on other published research we make some suggestions about ways both clinical tutors and EAL students within their teaching groups could be supported in the development of communication skills for clinical practice.

Keywords: clinical tutors; clinical practice; English as an additional language (EAL), spoken language, communication skills

Introduction

Undergraduate nursing education includes a substantial component of clinical experience that helps nursing students link theory to practice (McLeland & Williams, 2002). Over the three years of the BN programme, clinical tutors from nursing schools work together with staff at a range of clinical placements to ensure the learning and practical experience is optimal (McLeland & Williams, 2002; Nursing Council of New Zealand (NCNZ), 2005; Vallant & Neville, 2006). During visits to students in the workplace, clinical tutors assess their practice, gather feedback from the preceptors with whom the nursing students are assigned to work, and identify areas for teaching, supporting and supervising students for improvement. Clinical tutors and nurse preceptors are expected to act as professional role models for the student. During clinical practice, nursing students have to demonstrate application of nursing knowledge and skills and perform in accordance with the professional norms and values of the nursing profession. Underpinning the experience of clinical practice is the development of professional identity as a nurse (Grealish &Trevitt, 2005;

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Serra, 2008; Shakespeare & Webb, 2008).

With the internationalisation of higher education (Allen & Ogilvie, 2004), nursing schools have seen increasing enrolment of students of diverse cultural backgrounds (Cassie, 2006). This includes those who come to New Zealand as immigrants or international students, some of whom have learnt English as an additional language (EAL). Students have to meet the minimum English language entry requirement for the BN programme, e.g. International English Language Testing System (IELTS) Band 6.5. Class groups are multicultural which can present challenges for clinical tutors and EAL nursing students who need to demonstrate proficiency in both understanding and actively communicating messages in English. To achieve the core competencies in communication, all students must be capable of forming effective therapeutic relationships with patients and communicating with the health team to ensure the best outcomes for patient care (NCNZ, 2007). Although there is a plethora of literature on the clinical experiences of nursing students in general (Chesser-Smyth, 2005; Farkhondeh & Sara, 2005; Gibbons, Dempster & Moutray, 2008; Kim, 2003), little is known about the strategies in those EAL graduates who successfully complete the degree, or about the perceptions of clinical tutors in relation to working with nursing students of EAL background.

This article draws on data from semi-structured interviews with four clinical tutors, which formed one aspect of a study on perceptions of eight successful EAL BN graduates. The main part of the study focused on factors and strategies that students perceived to be helpful in developing spoken English during their study and initial employment (Malthus & Lu, 2012). Here we report on clinical tutors' views on the strategies EAL students adopt, the methods these tutors use and reflections on their own experiences in working with students.

Literature review

The model of clinical learning on work placement has been described as experiential and essentially socio-cultural in nature (Kilminster, 2009; Webb, Fawns & Harre, 2009). It is designed as a gradual process towards acquisition of professional nursing skills and the less obvious development of professional identity as a nurse (Shakespeare & Webb, 2008). Following Lave and Wenger (1991), Kilminster (2009) chooses to use the term 'legitimate peripheral participation' to describe the evolving engagement of students in the work of nursing. This term emphasizes initial 'outsider' status and the gradual nature of acceptance into a community of practice (Lave & Wenger, 1991). Communication is obviously very important in this process (Webb et al., 2009) with learners and 'teachers', in this case clinical tutors and preceptors, talking with students, modeling interactions with clients and being present while students conduct their own interactions with clients. The process is one of scaffolding with tutors and preceptors guiding students towards the achievement of a set of competency standards which increase in sophistication with each year of study (NCNZ, 2007). This interactive process of teaching and learning aimed at integrating the student into the multidisciplinary work team is also referred to as professional socialisation (Gillespie, 2005; Shakespeare & Webb, 2008).

As Webb et al. (2009) point out, "the 'language of practice' is new to many students and has its own implicit rules and cultural uses that need to be learnt" (p. 58). Appropriate language begins to be developed in the on campus simulated practice often used to assist nursing students with the transition from the academic learning context into off-campus clinical workplace settings. Once students are on placement, clinical tutors and preceptors have the role of making this language explicit, but may be challenged to do so, as their own training may not have emphasized the nature and significance of language choices and embedded cultural practices as key features of workplace interaction.

Those who are embedded in a culture are often not specifically aware of its language practises, as these are undoubtedly second nature to them (Holmes & Major, 2003). The interaction of so-called 'everyday' social communication skills and nursing-specific communication skills is beginning to be addressed in the literature (Holmes & Major, 2003; Shakespeare & Webb, 2008); and the study of authentic language samples from nursing and medical settings is helping to clarify actual language use of health professionals (Major & Holmes, 2009; Malthus, Holmes & Major, 2005; Sarangi & Roberts, 2002).

Although support from the nursing team is available, students in the clinical workplace are expected to be proactive (Donnelly, McKiel & Hwang, 2009; Eyre, 2010; Newton, Cross, White, Ockerby, & Billett, 2011), setting their own goals and seeking opportunities to practice. Feedback is recognised as an important component of the learning process, and students are expected to be receptive to feedback, quickly adapting behaviours or ways of communicating which are identified as less than optimum. The relationships established by student nurses are extremely important, as learning, as well as appropriate language use, is more likely to occur in a supportive, positive environment (Gillespie, 2005; San Miguel & Rogan, 2009; Webb, et al., 2009). In clinical workplaces relationships are being formed in a setting in which the participants are all under pressure in terms of meeting health care needs, coping with workload and the over-arching need to achieve a safe environment for patient care. A New Zealand study by Haitana and Bland (2011) on nurse preceptors reveals the limited time available for working with students is another factor that can hinder the establishment of a professional relationship with students. Clearly the student's own motivation and determination also has an impact on learning outcomes in the clinical setting (Andrews et al., 2006). Effective collaborative relationships require communication for their establishment and ongoing maintenance.

Research by Donnelly, McKiel and Hwang (2009) found that the clinical instructors (tutors) they interviewed reported a lack of support for their work with EAL students, as well as concerns about patient safety and the need to provide positive learning experiences for every student in their clinical group. However, overall in the literature on clinical supervision and assessment of nursing students, as well as on the work of clinical tutors and preceptors, we found few specific references to EAL students as a distinct group. We find this surprising given the number of references to specific issues of English language learners in articles about the academic components of nursing programmes. Taking a positive view it may be heartening that EAL students are not treated as a problem group in the workplace, but we wonder if it also means that the language- and culture-specific needs of these students are being overlooked.

Research methods

The study followed a qualitative research design using retrospective semi-structured interviews. After gaining ethical approval from the institutional research ethics committee, we recruited four clinical tutors, using purposive sampling. All had experience supervising, tutoring and assessing EAL students as part of BN cohort groups in Auckland healthcare settings. The initial contact was made by a school administrator, so as to avoid a sense of obligation or pressure to participate, given that one of the researchers was well known to them. Each tutor who expressed initial interest was provided with an information sheet and given an opportunity to fully consider participation. We have not provided demographic data about the tutors as with a small pool inadvertent identification of individuals might arise. This need to respect confidentiality explains our choice of T1-4 as identifiers in the verbatim extracts which follow.

We asked the four clinical tutors for their views on the ways in which EAL nursing students had developed appropriate spoken English for the workplace. The

clinical tutors were unaware of which EAL graduates had been interviewed in the other facet of the study, and the invitation was only to speak generally about experiences with EAL nursing students, not to discuss individual students.

Each interview was 45 minutes to 1 hour in duration and audio-recorded. Following transcription, each participant was sent a copy of the transcript to check that the content accurately represented their views. We followed a general inductive approach as outlined by Thomas (2006); each researcher analysing the data independently and then collaboratively condensing and reviewing to ensure that the broad themes and categories which emerged reflected the participants' perspectives as faithfully as possible.

Findings

From analysing the interview data it seems that the four tutors had developed individual conceptions of the nature of the problems EAL students face and the best strategies for addressing these. We were able to identify four themes in the data: identifying communication as a goal; integrating students into nursing work; making assessment less stressful; and endorsing independent learning strategies.

Identifying communication as a goal

Tutors were aware of differences between those students who appreciated the need to communicate in clinical practice and were willing to have a go, and those less confident about taking the initiative. Three clinical tutors identified that EAL students who made communication a key objective were more ready to work on it. This readiness often went along with a sound foundation in nursing knowledge. One tutor in particular emphasised the link between the knowledge base for the relevant course and ability to meet challenges in spoken communication of clinical decision:

> *They are able to recognise the information they're seeing in the charts and extract it reasonably quickly and then kind of think it through 'what do I need to do with this patient?' The comments you get back from the RNs are like 'this student's really bright, they know exactly what's happening, they're doing good time planners and they're listening to what I'm saying, and they're responding really well.*(T4)

T4 also emphasised that the students who had difficulties with spoken language were, in her experience, those who "weren't theoretically where they should be". Without a good level of physiological and relevant nursing knowledge students could miss a lot of key information in handovers or at other times when staff and patients were speaking. The tutors clearly expected students to be able to articulate and explain the nursing decisions they make, and consider those who are unable or unwilling to do this to be unsafe practitioners.

Clients can also play a part in developing a student's communication skills. Tutors reported that a client might take an interest in a student's language learning needs and offer help. When students formed positive relationships, tutors noticed positive spin-offs both for nursing care and for the student's speaking skills:

> *To actually connect with the patient, find out about them as a person is a kind of more advanced skill I suppose so to get them used to that.* (T4)

Tutors helped students to set specific goals such as correctly pronouncing nursing and medical terms, names, actions, side effects of medications, and reporting other relevant clinical information. Giving an oral presentation or verbal handover about client nursing care to other health care team members was another example of a spoken language challenge for EAL students to overcome.

One tutor expressed concerns around appropriate therapeutic communication strategies. The examples she gave were use of medical jargon, colloquialisms, picking up non-verbal cues, speaking loudly enough and

using appropriate levels of formality. Tutors emphasized that speed of spoken language was a problem for some students and recognised that a desire to appear fluent meant that clarity was sometimes sacrificed. They observed that some students struggled to present clinical information and to take note of client viewpoints without adding personal interpretations of what was being said.

Integrating students into nursing work

Tutors were aware of the facilitative nature of their role in terms of helping to integrate student nurses into the nursing care team. They made sure clinical nurses were aware of the challenges EAL students might face in spoken language so the nurses would monitor their pace and clarity when talking to students. While supporting students the tutors were also very conscious of the need to maintain good relationships with other nursing staff:

> *I get full support of nurses because they could see I am actually working with them* [nursing students] *and I support them.* (T3)

In this role clinical tutors sometimes went to the bedside with students, helping them to clarify information with clients:

> *I sort of help facilitate for them* [nursing students]*, would be clarifying at the bedside with their patient, 'have they got this correct? Is this what the patient's saying?' and I have to work with them very early on, so yeah clarifying in both directions and not just with their patient, but with their registered nurse preceptor or buddy.* (T4)

The context for clinical practice was seen as a source of challenge for students, as well as a source of support to enable success. The four tutors mentioned a number of situations in which staff preconceptions about the limited abilities of EAL students as a general group seemed to have the effect of marginalising individual students.

> *I actually think that they're a very silent voice. I don't think that they get listened to enough because some of them actually have some really good insight into what should be done and it's not done.* (T2)

Negative perceptions by staff were sometimes identified as a workload issue, and because staff are busy students can feel somewhat neglected: "staff say they don't have time" (T1). This was also described as arising from prior experience of communication difficulties, "the staff get frustrated and won't work with them" (T2). One tutor described this quite negatively, describing students

> *who are too scared to volunteer information because of the bullying that goes on. They are not listened to by the staff because the staff superimpose their own beliefs and values. (T2)*

Another mentioned the pecking order in which students are low ranking and the understandable fear of speaking up that students have.

Tutors created a safe place for reflection by emphasising that the tutorials which are held before or after clinical practice are a very safe place to discuss any concerns arising from practice, and debrief with the students. In this setting, students can reflect on events either individually or in groups, and rehearse the interaction:

> *I think that making students reflect verbally and in a written format is beneficial to them and I sometimes wonder whether they get that enough.* (T2)

> *So we get together and rephrase it and take it back to them* [patients]. (T3)

Making assessment less stressful

Three clinical tutors talked about their experience of assessing students at clinical practice. They acknowledged the difficulty of performing well under pressure, particularly if a student had been identified as already struggling with spoken language. This was addressed by trying to create a more relaxed atmosphere by conducting assessment processes in informal ways where possible:

I try my hardest to make sure people are comfortable, relaxed and happy and I focus on fun ways of doing things rather than sort of formal because I know people don't achieve well if they're feeling anxious or under pressure. I think that's a strategy that I use that works well too. (T1)

Reaction to negative feedback created a barrier for some students as some had a tendency to reject the feedback rather than to carefully listen to it and respond positively. Tutors seemed to understand that this was to some extent a natural reaction and that with initial encouragement students often proactively took steps both to develop the skills required and to ask tutors for feedback.

My main focus is going to be making sure that they don't feel shattered by this feedback you know, and then there's something in place where they feel positive and you know, it's not the end of the world. (T1)

I mean the tutor and the academic lecturers and all team members need to make themselves more available to them where they're telling them 'look I'm here for you, if you need me contact me, you know, I'm here to facilitate you, anytime you can call me'. (T3)

Endorsing independent learning strategies

All four clinical tutors commented that they had observed in successful EAL students a very responsive attitude towards learning from the feedback given during clinical practice. Two gave examples of students who managed to pass assessments but were on the borderline and therefore were advised to focus on the development of their spoken English. Follow-up showed that these students responded positively to this direct feedback and made a lot of progress over a short period of time:

They're very, very keen to get feedback, obviously. Usually I find that most of them will take it on board, and they'll do whatever they have to do to get it right, they try really hard, the amount of effort they put in is just amazing.(T4)

All tutors recommended that students make the most of opportunities for spoken communication practice, but one was particularly emphatic that students needed to practise outside the work context. Examples given by the others suggest they saw it as important for this language practice to occur in the course of nursing work.

Tutors noticed students using resource books to learn colloquial English, keeping vocabulary notebooks, listening to news and working as health care assistants, all strategies that they endorsed. One made suggestions to students of ways that they could actively practise skills in their spare time:

I had one student who I suggested she go and put a teddy or something on her pillow and speak to it and so it was a patient in the bed. So just identifying herself, who she was and what she needed to do for that person, and over the seven week period, her English did improve. (T2)

Discussion

The Nursing Council clinical competencies clearly provide a focus for the work of tutors in supervising and assessing student experiences in the workplace. Tutors are aware that opportunities to practise communication skills under supervision are needed and that students have a limited amount of time in which to demonstrate that they have met the competencies. They recognise that some students may need to develop awareness of their own responsibility to achieve specific goals. Understandably they also stress the need for students to demonstrate critical thinking and an ability to fully articulate their rationale for practice decisions, rather than just giving brief and equivocal responses to questions. However, clinical tutors, like many other

highly competent users of English, may not be overtly aware of the unspoken rules and subtleties surrounding the use of language, so may not see it as part of their role to encourage students to explicitly attend to the socio-cultural 'work' that is happening while nurses are speaking to patients and colleagues (Holmes & Major, 2003; Riddiford, 2007). For example, these four tutors mention the need to carry out specific nursing functions such as introducing themselves to the patient, or checking on the name to use, but do not refer to students' ability to engage in small talk and social chat which have been shown in New Zealand studies (Holmes & Major, 2003) to be crucial in both nursing interactions and in workplace talk with colleagues. We were surprised that the influence of cultural context on language was not a topic raised by any of the four tutors, but recognise this may be an assumption underlying some of the comments they made.

If these tutors can be said to have preconceptions about EAL students they are mainly positive ones. Some comment that they feel privileged to work with students from different cultures. At times it seemed that tutors down-played the challenges with language and socio-cultural differences that students might face, perhaps in the interest of team cohesion and fair treatment for all. Tutors have to walk a fine line between the support and assessment aspects of their role, as San Miguel and Rogan (2009) observe. These tutors were aware of their assessment responsibilities, in particular the need to give clear and direct feedback on the student performance in relation to assessment criteria. They see student development towards achieving nursing competencies as a collective responsibility – one that all members of the nursing team and even patients have a role in promoting.

As well as emphasising the importance of safety for the patients, these tutors express concern about the cultural safety and inclusiveness of the environment for the students. They appreciate that anxiety and pressure are not an effective environment for learning. Tutors comment that interaction with other members of the healthcare team, particularly some RNs, was sometimes problematic, and that the 'pecking order' is an issue for students. Some tutors are aware that EAL students are not readily accepted or 'visible' as part of the clinical practice environment (Vallant & Neville, 2006). The marginalising of some EAL students that is described seems related to workload perceptions, stereotyping, and the prior experiences of some health professionals. Tutors who were aware of this seemed to have strategies for assisting students to negotiate positive relationships with nursing colleagues, an aspect San Miguel and Rogan (2009) identify as drawing on the contextual and socio-cultural aspects of language use. Clarity of roles and responsibilities is seen as a contributor to the formation of effective working relationships and positive outcomes for student placements (Tanda & Denham, 2009).

Becoming a clinical tutor is a role that each tutor in our study seemed to have grown into and shaped in their own particular way. It appears to have been a hard journey for clinical tutors because they had to develop their own way of working. We learned that none of them had attended professional development on working with EAL students, apart from informal meetings with peers and some of the nursing department lecturers. Also, international literature supports their concern about size of workload in relation to supervision of clinical practice (Donnelly et al., 2009; Tanda & Denham, 2009). It is interesting that the tutors referred to the workloads but only occasionally to time in relation to EAL students – as in the comment "they'll get there but it may take longer" made by T4. Previous researchers (Eyre, 2010; San Miguel & Rogan, 2009) have commented that more time may be needed for some students to build relationships, adjust to language and culture and achieve competencies.

Conclusions

In this study we asked clinical tutors to generalise about the EAL students they had taught and we acknowledge the limitations inherent in this approach. However we were interested in what the tutors had noticed overall about the status and development of students' spoken language skills and how they would sum up their experiences. From this we can gain some general impressions of barriers and opportunities and make some suggestions that might be useful for clinical tutors, students and nurse preceptors.

These clinical tutors show some gaps in confidence about their work with EAL students – they were not sure whether they were doing the right thing and were aware their training had not covered the needs of these students. Clearly there is a need for further research into this aspect of nursing education, given the increasing diversity of student nurse intakes that we mention above. However, despite its limitations of scale, this exploratory study suggests that induction for clinical tutors, and orientation to clinical practice for students could focus on developing clear understanding of roles, expectations and goals, with explicit discussion of linguistic and socio-cultural features of the clinical workplace.

Professional development for clinical tutors and for RNs could focus on ways in which the communication skill development of EAL students could be both 'pushed' and supported (San Miguel & Rogan, 2009). The challenges and benefits of relationship building within the pressured work environment could be acknowledged and good practice shared among colleagues. It would be useful to bring together clinical tutors and nursing preceptors with specialists on language in the workplace. In the same way that nursing students engage in simulation and role play practice, clinical tutors could have opportunities to read authentic workplace discourse or replay critical incidents involving EAL students (such as common situations with patients or negative reactions to feedback) and to discuss options for responding to these in ways that encourage proactive behavior by students. Communication between academic faculty and clinical tutors could also lead to greater awareness of the linguistic and cultural challenges faced by individual EAL students in clinical groups.

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