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Clinical supervision in undergraduate nursing students: A review of the literature

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ABSTRACT

The concept of clinical supervision to facilitate the clinical education environment in undergraduate nursing students is well discussed within the literature. Despite the many models of clinical supervision described within the literature there is a lack of clear guidance and direction which clinical supervision model best suits the clinical learning environment for undergraduate nursing students since the formation of Health Workforce Australia. This paper reviews the five clinical supervision models described by Health Workforce Australia and demonstrates that there is clear evidence to support that the facilitator-preceptor and dedicated-education unit models are two models of clinical supervision to best support the clinical learning environment.

Keywords: Clinical supervision, clinical learning environment, clinical supervision models, facilitators, Health Workforce Australia, preceptors, undergraduate nursing students.

JEL Classification: I20; I21
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Introduction

There has been recent media attention in Australia surrounding the shortfall of nursing jobs, particularly for new graduate nurses (HealthWorkforce Australia [HWA] 2013). Australia is currently experiencing all-time low exit and turnover rates in nursing due to the impact of the global economic crisis (Cencigh-Albulario 2012). Despite this unprecedented retention of nurses, HWA warns both education and health care providers that due to the aging population of nurses there will be a sudden wave of retiring nurses over the next decade and that by 2025 there will be a shortfall of almost 109,000 nurses (Crookes 2012). In view of this forecast, HWA are strongly encouraging, and supporting, education and health care providers to foster and maintain a clinical learning environment that will recruit nursing students and retain all levels of nurses (Cencigh-Albulario 2012).

HWA was formed in 2008 by the Council of Australian Government to address the ongoing challenges to provide a skilled and adaptive health workforce that will be able to meet the constantly changing health care needs of the changing Australian community (HWA 2011a). One of the main strategies of HWA is to improve and expand clinical placements throughout the public, private and non-government health sectors for all undergraduate and postgraduate healthcare students and to ensure the provision of high-quality clinical supervision in the clinical learning environment (HWA 2011a). While there is an abundance of literature confirming the need for clinical supervision in the clinical learning environment and an array of information regarding the different clinical supervision models, there is paucity of information within the literature that discusses the impact that varying clinical supervision models have on nursing students to help prepare them as graduate nurses (Dickson, Walker & Bourgeois 2005). This paper firstly provides an overview of the five clinical supervision models identified by HWA used in Australia, and then secondly; undertakes a review of the literature to determine which clinical supervision model best facilitates clinical education in undergraduate nursing students to best equip and support them for their transition to graduate nurses.

Background

Nursing is a discipline that requires nursing students to demonstrate a minimum standard of ‘competency’ to gain registration as health professionals with the Australian Health Practitioner Regulation Authority (AHPRA) and to practise as registered nurses (APHRA 2012). One way nursing students demonstrate ‘competency’ is in the clinical education environment (Baxter 2006; Nash 2007). Clinical placements provide nursing students with the opportunity to link theory to practice, familiarise themselves with the practice environment and provide students with “real world opportunities to develop the knowledge, attitudes and skills” required by the Australian Nursing & Midwifery Council for professional practice (HWA 2011a, p. 4; Nash 2007 p. 1). However, the pivotal cornerstone for successful clinical placements is high-quality clinical supervision of nursing students (HWA 2010; HWA 2011a; HWA 2011b). This concept can be traced back to Florence Nightingale who instructed that student nurses should be trained under the direct supervision of experienced nurses who were “trained to train” (Myrick 1998, p. 589).

Clinical supervision is defined by Fowler (as cited in Brunero & Stein-Parbury 2011, p. 87) as the “process of professional support and learning in which nurses are assisted in developing their practice through regular discussion time with experienced and knowledgeable colleagues”. This is involves the indirect and direct observation of a clinical supervisor who is an “appropriately qualified and recognised professional who guides students’ education and training during clinical placements” (HWA 2011b, p. 8). HWA highlights the importance of high-quality clinical supervision as being the

"key influence on the quality of the clinical placement and, ultimately, on the calibre of the health practitioner" (2011b, p. 4).

There is an array of clinical supervision models described within the nursing literature including: the cluster model (Bourgeois, Drayton & Brown 2011); the growth and support model (Butterworth & Faugier 1992); Heron's intervention analysis framework (Heron 1989); the integrative approach (Hawkins and Shohet 1989); the 4S model (Waskett 2009) and the proctor model (Proctor 1987 as cited in Winstanley & White 2002). However, with so many models of clinical supervision comes ambiguity and confusion about which clinical supervision model offers the best support for nursing students in the clinical learning environment. With the formation of HWA, five clinical supervision models (table 2) were identified as the most commonly used clinical supervision models in Australia (HWA 2010). While the literature clearly describes and emphasises the importance of high-quality clinical supervision for undergraduate nursing students there is a paucity of information within the literature evaluating the impact that clinical supervision have on supporting the learning needs of undergraduate nursing students (Brunero & Stein-Parbury 2011; Haggman-Laitila et al. 2010; Nash 2007; Severinsson & Sand 2010; Walker et al. 2011). This statement is validated by Dickson, Walker and Bourgeois (2005, p. 417) who describe how there is a lack of evaluation of the "effectiveness and quality" of clinical supervision models. It is also highlighted by Nash (2007) that there is little evidence within the literature that evaluates the effectiveness of current clinical supervision models, or whether any particular clinical supervision model is better than the other in achieving quality learning outcomes.

Table 1:
Health Workforce Australia clinical supervision models

Model	**Components of model**
Preceptor	The most commonly used clinical supervision 1:1 model where a student is assigned to a registered nurse who is known as the 'preceptor'. The student works alongside the preceptor on a day-to-day basis to provide direct and indirect supervision and undertakes formative and summative assessments.
Facilitation/supervision	A 1:6 or 1:8 model where a registered nurse directly and indirectly supervises a group of students. Facilitators are either university employed or hospital employed staff and undertake both summative and formative assessments.
Facilitation/preceptor	A combination of the preceptor and facilitation/supervision model where a student is allocated (or otherwise labelled as 'buddied') to a registered nurse for preceptoring and the facilitator undertakes group supervision of 1:8 or more.
Dedicated education unit	A combined model of the preceptor and facilitator model with the added component that there is a partnership between the health service and university and there is Clinical Liaison Nurse, or more commonly titled 'Nurse Educator' that provides the link to the university.
Mentor	A model that is similar to the preceptor model but is less commonly used in undergraduate clinical education as the clinical supervision is more often than not, indirect. The mentor model involves a longer term relationship between the student and the registered nurse.

(*Source:* HWA 2010).

Literature Review

A search of the literature assessing evaluation of clinical supervision models was undertaken using CINAHL, PubMed, Science Direct, Cochrane Review and ERIC databases using keywords: “clinical supervision models” AND “evaluation”. The searches were limited to English full-length research articles in peer-reviewed journals from the year 2000 to 2012 inclusive. The inclusion criteria also encompassed research articles that described evaluation of clinical supervision models in nursing students in any type of health care setting. The exclusion criteria for the literature review included: any research that described clinical supervision of post-graduate students; research that did not evaluate the clinical supervision models of specifically undergraduate nursing students; and research that evaluated clinical supervision models that were not identified within the HWA clinical supervision model framework. A total of 159 articles were initially identified and reviewed for suitability. Of those 159 articles, 27 articles met the inclusion criteria and the articles were then categorised into the five HWA clinical supervision models. This literature search demonstrates that there appears to have been more studies and discussion evaluating the effectiveness of the preceptor, facilitator and dedicated education unit clinical supervision models than the facilitation-preceptor and mentor models. One of the reasons that there is very limited research regarding the mentor model is that the mentor model is rarely used in undergraduate nursing students as the mentor model usually requires a longer-term relationship between the student and the registered nurse (HWA 2010).

Preceptor Model

The preceptor model is a common clinical supervision model used to help nursing students develop their professional knowledge and skills to prepare them for clinical practice as graduate nurses (Altmann 2006; Billay & Myrick 2008; Callaghan et al. 2009; Henderson et al. 2006; Lillibridge 2007; Udlis 2008). Some of the most commonly identified themes from the literature evaluating the effectiveness of the preceptor model are the attributes of the preceptor in terms of their own clinical knowledge, skills and their own attitudes towards nursing students to achieve a positive clinical learning environment. However, one of the main limitations in the studies undertaken by Altmann (2006), Billay and Myrick (2008), Callaghan et al. (2009), Henderson et al. (2006), Lillibridge (2007) and Udis (2008) is not addressing the concepts pertaining to the perceived increased clinical workloads of nurses, the expectations placed on nurses to preceptor graduate and new staff members, the actual willingness of the nurses to be a preceptor and finally, more than one preceptor being allocated to a student during their clinical placement.

Meanwhile, Callaghan et al. (2009) advocate that students place great value on one-on-one engagement with their preceptors to facilitate and achieve their clinical education needs, Croxon and Maginnis (2009) claim that the preceptor model is not always the ‘preferred’ clinical supervision model due to the knowledge, skills, attitudes and the ‘behaviours’ of preceptors. In fact, Croxon and Maginnis (2009) go on comparing the preceptor model to the facilitator model by describing how students prefer the facilitation model over the preceptor model as the facilitation model allows for more opportunities to achieve clinical competencies and that they have more one-on-one time with their facilitators. This finding supports anecdotal evidence confirming that students can often feel that they are there as an ‘extra pair of hands’ and to ‘lighten the workload’ rather than undertaking a clinical placement for their professional development and preparing them as graduate nurses (Donaldson & Carter 2005). Another worthy consideration regarding this concept is how Henderson et al. (2006) found that ‘novice’ nursing students favoured the preceptor model compared to the more ‘proficient’ nursing students who preferred the facilitation model as these

students were considered more self-directed and more familiar with the clinical environment.

Facilitator Model

Validating the findings of Croxon and Magninis (2009), Walker et al. (2012) found in their study of 159 undergraduate nursing students that compared the facilitator model to the preceptor model, that while both models of clinical supervision have positive effects on the clinical learning environment, nursing students overall perceived the facilitation model as a better approach for the development of critical thinking, linking theory to practice and improved clinical competence. Furthermore, Holmlund, Lindgren and Athlin (2010), Lindgren and Athlin (2010), Sander (2012) and Walker et al. (2012) all describe how undergraduate nursing students prefer the facilitation model as students experienced more one-on-one time with their facilitator than their preceptors due to staff shortages, perceived 'busyness' of the clinical environment and being allocated to multiple preceptors.

In Australia, clinical facilitators mainly derive from two main sources. 'Sessional' facilitators are nurses employed by the educational provider to facilitate students. However, some of the issues pertaining to the recruitment of sessional facilitators are that facilitators do not usually work in the health care facility in which they are facilitating students, and are therefore unaware of the clinical environment and are unfamiliar with the preceptors, nurse educators and nurse managers (Brunero & Stein-Parbury 2011). Sessional facilitators can also often be facilitating students across more than one health care facility and any time spent with individual students is often significantly reduced. Sessional facilitators can be seen as the 'middle' person as they are neither employed by the educational or health care provider on full-time or permanent basis, but rather on a 'casual' basis. Due to the casual nature of this employment and limited career opportunities/advancement quality sessional facilitators can be difficult to recruit (Mannix et al. 2006). Academic facilitators are university-employed lecturers who not only have teaching and research responsibilities but also conduct 'site' visits to their nursing students. The used of academic facilitators often results is significant lack of facilitation due to the lack of time academic facilitators have due to their other role commitments and more often than not are only involved when there are student related performance issues (Lofmark et al. 2012). Furthermore, the academic facilitator is not viewed as cost or time efficient by many educational providers due to their other teaching and research responsibilities (Lofmark et al. 2012).
O'Brien, Buxton and Gillies (2008) highlight in their study of 257 undergraduate nursing students and 12 facilitators that the facilitator model was the preferred clinical supervision model by students when facilitators were nurses employed from within the health care provider and seconded to facilitate undergraduate nursing students. This was seen as advantageous by the undergraduate nursing students as they viewed their facilitators as role-models and that they could draw upon the facilitator's clinical knowledge and skills. The facilitator model is also viewed favourably by the facilitators as they are able to concentrate solely on the students' clinical learning objectives and not have to juggle patient care and the added pressure of preceptoring students. Facilitators also viewed facilitating undergraduate nursing students as an opportunity to further professional development by undertaking clinical facilitation (O'Brien, Buxton & Gillies 2008).

Facilitator-Preceptor Model

While Waldock (2010) describes that the major influence for nursing students in the clinical environment is their preceptors, Waldock's (2010) review of the literature, describes some of the major concerns of how preceptors lack training and support

from education and health service providers, lack of support from their colleagues as well as perceived increased clinical workloads. From Waldock's review, Waldock advocates for the role of a clinical facilitator in the clinical education environment to compliment the preceptor model and acknowledges that the facilitator-preceptor model requires further research to evaluate the effectiveness of this model in undergraduate nursing students (Waldock 2010).

Dedicated Education Unit Model

The literature so far supports the notion that the dedicated education unit (DEU) model strongly encourages and fosters a positive clinical education environment not only for nursing students, but for the preceptors, facilitators and educational and health faculty staff (Bourgeois, Drayton & Brown 2011; McKown, McKown & Webb 2011; Moscato et al. 2007; Mullenbach & Burggraf 2012; Murray & James 2012; Murray, MacIntyre & Teel 2011; Ranse & Grealish 2007; Wotton & Gonda 2003).

While the literature advocates that the DEU strongly supports students in the clinical education environment by fostering critical thinking through reflective practice and the greater opportunity to perform clinical skills and procedures, Murray, MacIntyre and Teel (2011) further highlight how the DEU model is an innovative approach to clinical education in an ever increasing climate where there is an increasing strain on human, fiscal and clinical resources. Furthermore, in-line with HWA's aim to increase student capacity, Murray, MacIntyre and Teel (2011) and Moscato, Miller, Logsdon, Weinberg and Chorpenning (2007) demonstrate in their studies that the DEU not only creates a more positive clinical education environment, but that the DEU model has also demonstrated the ability to increase student capacity. Wotton and Gonda (2003) describe that the DEU model accrues more administration costs the overall benefits of the DEU model, including the capacity to increase student capacity, outweighs any increased tangible costs.

Mentoring Model

Jokelainen et al. (2011) conducted a systematic review of the mentoring model in nursing students in the clinical education environment in response to 'mentoring' being a "vague" concept in undergraduate nursing placements (p. 2854). While Bulut, Hisar and Demir (2010, p. 756) claim that mentoring is an important strategy for providing "…support, encouragement and professional vision" for students, Jokelainen et al. (2011) argue that the mentoring model needs to be more further defined and developed to help improve the quality of the clinical education environment for nursing students. Furthermore, Jokelainen et al. (2011) also advocate that it is imperative that mentoring programmes are developed for mentors to enhance recruitment of nursing students to graduate nursing programs.

Discussion

Undeniably, the importance and value of good quality clinical supervision cannot be underestimated in the clinical education environment to ensure that students are adequately supported and prepared for their transition to new graduate nurses. This review of the literature demonstrates that while there are many models of clinical supervision, there are three main models of currently being used in the clinical learning environment in Australia including the preceptor, facilitator and dedicated education unit model. One of the main limitations of the studies is that many of the studies only included undergraduate nursing students from one university or students that had only been exposed to once clinical supervision model and were not able to

compare different supervision models. Another major area that is apparently lacking within the literature is the direct or indirect impact that clinical supervision models have on patient care.

While the preceptor model is considerably more well-known in the clinical learning environment there is appears to be a shift away from this model towards the facilitator model due to the increased pressures preceptors face trying to balance the encompassing role of a 'teacher' and as a 'nurse'. While the role of the clinical facilitator relieves this pressure for preceptors it is imperative that education and health care providers carefully consider the recruitment of facilitators. There is evidence to support that 'sessional' facilitators maybe unfamiliar with the health care facility or academic lecturers that have academic teaching and research responsibilities may not be the most appropriate or best-suited clinical facilitators. More research is required exploring the effectiveness of clinical facilitators who are employed within the health care facility that undergraduate nursing students are undertaking clinical placements is needed. It may seem obvious that trained clinical facilitators who are familiar with the clinical learning environment may be poised in the best position to support and provide the 'best' model of clinical supervision.

Conclusion

In a growing health care environment where human, fiscal and clinical resources are increasingly limited there appears to be a need to examine which clinical supervision model best facilitates clinical education in undergraduate nursing students. With the development of HWA and their aim to provide high quality health care placements while also increasing student placement capacity, there appears to be a lack of direction from educational and healthcare leaders about which clinical supervision model is considered the 'best' choice to achieve the aims of HWA while meeting the educational needs of students and the needs of the education and healthcare providers who all are endeavouring to provide the highest possible quality patient care.

The findings of this literature review demonstrate that the facilitator model is more favoured over the preceptor model due to increasing clinical workloads and lack of preceptor training. Evidence from this review also suggests that the dedicated education unit model is best situated to meet all the aims and needs of HWA, undergraduate nursing students, preceptors, facilitators and the educational and healthcare providers. There is strong supporting evidence that the dedicated education unit model and facilitator model enables students to practise skills and procedures in a more supportive clinical environment and accomplishes the aim of producing critically thinking competent graduate nurses. While the dedicated education unit model offers more support to the nursing students through the use of clinical facilitators there is need to closely examine who is the 'best' facilitator, either sessional, academic lecturers or trained facilitators from with health care facilities that undergraduate nursing students undertake their clinical placements. Another good reason that education and health care providers should consider using the dedicated education unit model in the clinical learning environment is it's capability to increase student capacity. In line with the growing concerns of the aging nursing population it is imperative that the number of students entering nursing increases and that ongoing support and education in the clinical environment is optimised to its fullest potential. Finally, the effectiveness of the dedicated education unit model and the facilitator-preceptor model in undergraduate nursing programs is worthy of further research to help support, recruit and retain nursing students as they prepare to graduate as our future nurses.

References

Altmann, T.K. (2006). Preceptor selection, orientation, and evaluation in baccalaureate nursing education. *International Journal of Nursing Education Scholarship*, 3(1), 1-16.

Australian Health Practitioner Regulation Agency. (2012). Registration. http://www.ahpra.gov.au

Baxter, P. (2007). The CCARE model of clinical supervision: Bridging the theory-practice gap. *Nurse Education in Practice*, 7(2), 103-111.

Billay, D. & Myrick, F. (2008). Preceptorship: An integrative review of the literature. *Nurse Education in Practice*, 8(4), 258-266.

Bourgeois, B., Drayton, N. & Brown, A.M. (2011). An innovative model of supportive clinical teaching and learning for undergraduate nursing students: The cluster model. *Nurse Education in Practice*, 11(2), 114-118.

Brunero, S. & Stein-Parbury, J. (2011). The effectiveness of clinical supervision in nursing: An evidenced based literature review. *Australian Journal of Advanced Nursing*, 25(3), 86-94.

Bulut, H., Hisar, F. & Demir, S.G. (2010). Evaluation of mentorship programme in nursing education: A pilot study in Turkey. *Nurse Education Today*, 30(1), 756-762.

Butterworth, C.A. & Faugier, J. (1992). Clinical supervision and mentorship in nursing. London: Chapman & Hall.

Callaghan, D., Watts, W.E., McCullough, D.L., Moreau, J.T., Little, M.A., Gamroth, L.M. & Durnford, K.L. (2009). The experience of two practice education models: Collaborative learning unit and preceptorship. *Nurse Education in Practice*, 9(4), 244-252.

Cencigh-Albulario, L. (2012). Time bomb raises concerns. The Weekend Australian, 12 May 2012.

Croxon, L. & Maginnis, C. (2009). Evaluation of clinical teaching models for nursing practice. *Nurse Education in Practice*, 9(4), 236-243.

Crookes, P. (2012). Training more nurses and midwives is not the panacea to workforce shortages. Council of Deans of Nursing & Midwifery Australia & New Zealand, www.cdnm.edu.au/wp-content/uploads/2012/05/Health-workforce-20251.pdf

Donaldson, J.H. & Carter, D. (2005). The value of role modelling: perceptions of undergraduate and diploma nursing (adult) students. *Nurse Education in Practice*, 5(6), 353-359.

Haggman-Laitila, A., Erikson, E., Ritta, M., Kirsi, S. & Leena, R. (2007). Nursing students in clinical practice – developing a model for clinical supervision. *Nurse Education in Practice*, 7(6), 381-391.

Hawkins, P. & Shohet, R. (1989). Supervision in the helping professions. Milton Keynes, United States of America: University Press.

HealthWorkforce Australia. (2010). Clinical supervisor support program - discussion paper. (Health Workforce Australia), www.hwa.gov.au/sites/uploads/clinical-supervision-support-program-discussion-paper-26-07-2010.pdf

HealthWorkforce Australia. (2011a). Clinical supervision support program directions paper. (Health Workforce Australia), www.hwa.gov.au/sites/uploads/clinical-supervision-support-program-directions-paper-april-2011.pdf

HealthWorkforce Australia. (2011b). National clinical supervision support framework. (Health Workforce Australia), www.hwa.gov.au/sites/uploads/hwa-national-clinical-supervision-support-framework-201110.pdf

HealthWorkforce Australia. (2013). Nursing retention and productivity in spotlight. *Health Workforce Insights*, (9), www.healthworkforceaustralia.com.au/hwinsights/issue9/index.html

Henderson, A., Twentyman, M., Heel, A. & Lloyd, B. (2006). Students' perceptions of the psycho-social clinical learning environment: An evaluation of placement models. *Nurse Education Today*, 26(7), 564-571.

Heron, J. (1989). Six-category intervention analysis. (Human Potential Research Project), University of Surrey.

Holmlund, K., Lindgren, B. & Athlin, E. (2010). Group supervision for nursing students during their clinical placements: its content and meaning. *Journal of Nursing Management*, 18(6), 678-688.

Jokelainen, M., Turunen, H., Tossavainen, K., Jamookeeah, D. & Coco, K. (2011). A systematic review of mentoring nursing students in clinical placements. *Journal of Clinical Nursing*, 20(19-20), 2854-2867.

Lillibridge, J. (2007). Using clinical nurses as preceptors to teach leadership and management to senior nursing students: A qualitative descriptive study. *Nurse Education in Practice*, 7(1), 44-52.

Lindgren, B. & Athlin, E. (2010). Nurse lecturers' perceptions of what baccalaureate nursing students gain from clinical group supervision. *Nurse Education Today*, 30, 360-364.

Lyth, G.M. (2000). Clinical supervision. *Journal of Advanced Nursing*, 31(3), 722-729.

McKown, T., McKown, L. & Webb, S. (2011). Using quality and safety education for nurses to guide clinical teaching on a new dedicated education unit. *Journal of Nursing Education*, 50(12), 706-710.

Mannix, J., Faga, P., Beale, B. & Jackson, D. (2006). Towards sustainable models for clinical education in nursing: an ongoing conversation. *Nurse Education in Practice*, 6(1), 3-11.

Moscato, S.R., Miller, J., Logsdon, K., Weinberg, S. & Chorpenning, L. (2007). Dedicated education unit: An innovative clinical partner model. *Nurse Outlook*, 55(Jan/Feb), 7.

Mullenbach, K.F. & Burggraf, V. (2012). A dedicated learning unit in long-term care: A clinical immersion for student nurses. *Geriatric Nursing*, 33(1), 63-67.

Myrick, F. (1998). Preceptorship: A viable alternative clinical teaching strategy? *Journal of Advanced Nursing*, 13(5), 588-591.

Murray, T. & James, D. (2012). Evaluation of an academic service partnership using a strategic alliance framework. Nursing *Outlook*, article in press, 1-6.

Murray, T.A., MacIntyre, R.C. & Teel, C.S. (2011). An analysis of the partnership performance: The St Johns Mercy Medical Centre-Saint Louis University School of Nursing dedicated education unit project. *Journal of Professional Nursing*, 27(6), e58-e63.

O'Brien, L., Buxton, M. & Gillies, D. (2010). Improving the undergraduate clinical placement experience in mental health nursing. *Issues in Mental Health Nursing*, 29(1), 505-522.

Ranse, K. & Grealish, L. (2007). Nursing students' perceptions of learning in the clinical setting of the dedicated education unit. *Journal of Advanced Nursing*, 58(2), 171-179.

Severinsson, E. & Sand, A. (2010). Evaluation of the clinical supervision and professional development of student nurses. *Journal of Nursing Management*, 18(6), 669-677.

Nash, R. (2007). Collaboration in clinical education: development, implementation and evaluation of an innovative model of clinical education for undergraduate nursing students. Queensland University of Technology: School of Nursing, Faculty Health, Australia. http://eprints.qut.edu.au/16493/1/Robyn_Nash_Thesis.pdf

Udlis, K.A. (2008). Preceptorship in undergraduate nursing education: An integrative review. Journal of Nursing Education, 47(1), 20-29.

Walker, S., Dwyer, T., Moxham, L., Braodbent, M. & Sander, T. (2012). Facilitator versus preceptor: Which offers the best support to undergraduate nursing students? *Nurse Education Today*, article in press, 1-6.

Waskett, C. (2009). An integrated approach to introducing and maintaining supervision: The 4S model. *Nursing Times*, 105(17), 24-26.

Winstanley, J. & White, E. (2002). Clinical supervision models, measures and best practice. *Nurse Researcher*, 10(4), 7-38.

Wotton, K. & Gonda, J. (2003). Clinician and student evaluation of a collaborative clinical teaching model. *Nurse Education in Practice*, 4(2), 120-127.