

## Student-Guided, Theme-Based Postclinical Conference to Enhance Student Involvement in Clinical Learning

Postclinical conferences (PCCs) are an integral part of nursing students' clinical learning. Their aim is to facilitate student reflection upon clinical experiences and integration of these experiences with theory and knowledge. Current literature is replete about how preclinical training and clinical experience affect learning outcomes (Bucknall et al., 2016; Dobrowolska et al., 2016), but little is known about the features of effective PCCs and how students' reflective practice can be enhanced. In this article, a student-driven, theme-based approach in conducting PCCs is described.

The lead author was the clinical faculty advisor (CFA) for 15 students in their final term of a 4-year baccalaureate nursing program in Toronto, Canada. PCCs occurred for 2 hours, once every 2 weeks during the 12-week term, and were meant for students to discuss and reflect on their most recent clinical experiences. The student-driven, theme-based approach was developed based on Astin's (1984) conceptual framework on student involvement, which "refers to the quality and quantity of the physical and psychological energy that students invest in the college experience" (p. 528). Underlying this pedagogical approach to PCC are principles of active learning and student engagement. This approach calls on students to design the themes for their PCCs. At the beginning of the term, the CFA provided a list of topics that were identified in the literature as new graduate issues or challenges for nursing students (e.g., clinical prioritization, connecting clinical experience with career prospect, coping with inter- and intraprofessional colleagues). Students were also encouraged to suggest other topics. To help students decide on the most relevant

topics, the CFA engaged students in discussing a few examples of each topic. This initial discussion also helped to structure the subsequent seminars to be more engaging. Students were then asked to vote on the five topics that were most relevant to them, and the five topics with highest number of votes became the PCC themes. The students were also involved in choosing the order in which each theme would be presented, so that timely discussion of each chosen topic was promoted.

The CFA facilitated each of the themed seminars and used a variety of active learning strategies to promote participation. Objectives and outcomes were developed based on current literature; this preparatory work was possible because students had indicated their interests and reasons behind their vote ahead of time. The CFA guided reflective exercises (e.g., 1-minute paper, think-pair-share, pro-con grid, role-play) so that students linked their own experience with the theme (e.g., list challenges related to working with interprofessional colleagues). Then, individual reflections were aggregated at the group level and compared with current evidence (e.g., using debates or sticky notes parade to illustrate how interpersonal challenges identified by students fall under the categories of collaborative competence).

Faculty observation (e.g., quantity or quality of comments and interactions) and student feedback (e.g., perceived level of engagement) indicated that our initiative created a space for active participation and reflective practice that was meaningful for each student. The PCC discussion reflected students' integration of clinical experience with theoretical knowledge. Students also commented about how they felt more connected to the program and peers in the PCC group. The relevant themes had drawn common interests among students as they linked

the PCC theme with their own clinical encounters and learned from each other's experiences.

In summary, engaging students in the design of theme-based PCC provided insight into pedagogies that can enrich undergraduate nursing students' clinical learning. Future research should study the effect on learning outcomes, clinical practice, and student involvement and engagement. This can be achieved via participant observations, survey questionnaires and interviews of both students, clinical preceptors, and faculty members.

## References

- Astin, A.W. (1984). Student involvement: A developmental theory for higher education. *Journal of College Student Development, 40*, 518-529.
- Bucknall, T.K., Forbes, H., Phillips, N.M., Hewitt, N.A., Cooper, S., & Bogossian, F. (2016). An analysis of nursing students' decision-making in teams during simulations of acute patient deterioration. *Journal of Advanced Nursing, 72*, 2482-2494.
- Dobrowolska, B., McGonagle, I., Kane, R., Jackson, C.S., Kegl, B., Bergin, M., . . . Palese, A. (2016). Patterns of clinical mentorship in undergraduate nurse education: A comparative case analysis of eleven EU and non-EU countries. *Nurse Education Today, 36*, 44-52.

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