ATHABASCA UNIVERSITY

EXPLORING ONLINE APPROACHES FOR CLINICAL POSTCONFERENCE IN NURSING EDUCATION WITH CLINICAL INSTRUCTORS

BY

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A DISSERTATION

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULLFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF EDUCATION

FACULTY OF HUMANITIES AND SOCIAL SCIENCES

ATHABASCA, ALBERTA

MARCH, 2024

Dissertation Approval Page

Athabasca University
Faculty of Graduate Studies

Approval of Dissertation

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EXPLORING ONLINE APPROACHES FOR CLINICAL POSTCONFERENCE IN NURSING EDUCATION WITH CLINICAL INSTRUCTORS

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In partial fulfillment of the requirements for the degree of

Doctor of Education in Distance Education

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Dedication

This dissertation is dedicated to my family, without whom none of this would be possible. To my mother and late father, thank you for inspiring me and instilling me with ambition, drive, and a genuine curiosity. Without your encouragement, support, and the examples you both set for me I would not have neither accomplished as much as I have, nor achieved as many goals as I have in my life.

To my late Papaji (Grandpa) and late Biji (Grandma), thank you, as you both were and will always continue to be a constant presence in my life. Your hard work building our family paved the way for all of us.

To my sister, Mandeep, and my brother, Karun. Thank you for always keeping me in check and giving me the time and space I needed to do my schoolwork. To my brother-in-law, Suke, thank you for the comedic breaks.

To my partner, Navdeep. Thank you for being supportive and listening to me talk about all the different elements of my dissertation, regardless of whether it made sense to either of us or not.

To my dogs, Dexter, Neji, and late Sheru. Thank you for always being present and ready for a walk any time I needed to clear my head or think through the process.

Each of you is a permanent part of the tapestry that makes up my life. Your love and support have only strengthened each thread and inspired me to keep moving forward.

Acknowledgements

Thank you for all the time and commitment that my supervisory committee has dedicated to me and my dissertation.

My co-supervisors, Dr. Debra Hoven and Dr. Pamela Walsh have guided me through this whole research journey, forever changing my way of thinking about research and writing about my findings. Thank you for the times that you reached out to me to check in about my progress. Thank you for all the feedback that you have provided me over the years.

Thank you to Dr. Venise Bryan. Your insightful discussions and feedback have truly provided positive and meaningful guidance for this research.

I appreciate each of you and your guidance.

Abstract

Clinical education involves nursing students working in a healthcare setting under the supervision of a clinical instructor or preceptor. Traditionally, the final hour of a clinical shift is dedicated to post conference, an opportunity for learners to gather and engage in debriefing and critical reflection for the purpose of learning from their experiences. Several factors, such as lack of time and energy, can impact the quality of critical reflection during clinical post conferences. The purpose of this interpretative phenomenological analysis research was to explore clinical instructors' experiences with clinical post conference, either in-person, online or blended, and the meaning critical reflection has for each of them, within the context of conferencing. Data was collected with in-depth, semi-structured interviews, which were audio-visual recorded. An interpretative phenomenological analysis, along with a hermeneutic circle, were used to identify themes regarding clinical post conference (in-person, online or blended) and critical reflection. Both idiographic and convergent themes were identified, which highlighted the value instructors hold for clinical post conference within nursing education, and I make recommendations to prepare educators for online or blended approaches for teaching and learning. Some of the themes have provided a foundation to develop recommendations for planning a meaningful clinical post conference learning experience for both nursing instructor and learner.

Keywords: clinical post conference, online learning, blended learning, critical reflection, nursing education

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Glossary of Terms

Term	Definition
Acuity/Patient Acuity	Level of care required by a patient to promote and maintain wellbeing (Juvé-Uldina et al., 2019).
Bedside Nursing	Direct patient care, which can take place in a variety of clinical settings. For example, in the hospital, home, and residential.
Blended Learning	A course or educational content that is offered partially online and partially in-person (Garcia-Ortega & Galan-Cubillo, 2021).
Cases (specific to IPA)	Case refers to individual, in-depth, semi-structured interviews and verbatim transcript (Smith et al., 2009).
Clinical Education/Clinical Practice	A practical experience at a clinical site, such as a hospital or public clinic, where learners apply theory into practice to safely care for clients.
Clinical Faculty/Clinical Instructor	"Nurse educators who work for an educational institution and provide both direct or indirect supervision, and evaluation of students in the clinical environment, as well as support preceptors who are working with students" (Dahlke et al., 2016, p. 145).
Clinical Post Conference	A group-wide method of facilitating reflection on learning experiences, typically following a clinical shift (Neumeier & Small, 2014).
Clinical Shift	Designated time in a student practice placement for the purpose of learning and consolidation.
Cohort-Based Clinical	A group of up to eight nursing students, with a clinical instructor who attend clinical placement to learn.
Critical Reflection	"Challenging the validity of presuppositions in prior learning" (Mezirow, 1990, n.p.).
Dasein	An embodied human existence, understanding one's presence in the world.

Term	Definition
Debriefing	Involves more than feedback; facilitator and learner engage in a reflective dialogue to explore feedback from the debriefer, the learner and peers, with the goal of building knowledge from the experience (Rivière et al., 2019).
Evidence-Based Practice	Decision-making process supported by current evidence, implicit knowledge, and assessment findings, while also considering patient preferences.
Frames of Reference	Central tenet of transformative learning theory. Frames of reference are ingrained assumption and pre-conceived notions used to perceive and act in the world (Saxena, 2019).
Meaning	To make sense of an experience by interpreting it (Mezirow, 1990).
Nursing Competence/Competence	"Nursing competency includes core abilities that are required for fulfilling one's role as a nurse" or nursing student (Fukada, 2018, p. 1).
Nursing Student or Learner	A learner enrolled in an accredited nursing program (such as BSN, LPN diploma), actively engaged in building knowledge about nursing theory and practice.
Online Clinical Post conference	"A reflective discussion of clinical experiences in an online environment" (Petrovic et al., 2019, p. 1).
Praxis	The combination of reflection and practice of an art, science, or skill, leading to an embodiment of theory.
Safe Nursing/Safe Practice/Patient Safety	Nursing care avoids preventable errors and patient harm (T-Y. Lee et al., 2017).
Transmissive Approaches	The facilitator or instructor is in control of knowledge and is delivering it to the student, leading to passive learning (Tsimane & Downing, 2020b).

List of Abbreviations

Word/Phrase	Abbreviation
Bachelor of Science in Nursing	BSN
Clinical Post Conference(s)	CPC(s)
Licensed Practical Nurse	LPN
Nurse Practitioner	NP
Registered Nurse	RN
Registered Psychiatric Nurse	RPN
Situation, Background, Assessment, Recommendation	SBAR
Volatile, Uncertain, Complex, and Ambiguous	VUCA

Chapter 1: Introduction

In this opening chapter, I introduce the background of the study, problem statement, significance of the study, research questions and conceptual framework. To begin, I provide a brief introduction to nursing education and methodology for my study.

My background is in nursing, in acute care and education. The experiences from both roles have stimulated my interest in innovating nursing education. In Chapter 3 I provide an overview of my background and my role as a researcher. I have also included quotes from my research journal throughout Chapters 3, 4, 5 and 6 to outline my insights, opinions and pre-conceived notions related to my background, experiences in nursing and education, and clinical post conferences (CPCs). My interest in exploring CPC stemmed from a personal perception (or acknowledgement) that I could be doing a better job to help stimulate critical reflection for the nursing students I was working with. This feeling arose in me when I noticed that both the students and I were exhausted at the end of a shift, the questions I was asking were cognitively low-level, the initial responses I obtained from students were single-worded or vague, and I did not have evidence-informed knowledge about how to facilitate meaningful learning through CPC. I reviewed literature to seek guidance on how to improve my competence, which stimulated a desire to learn more, as well as contribute to the overall understanding of CPC and nursing education.

Evolving healthcare and technological advances have signified the need for change in nursing education, with growing interest in pedagogical innovation (Caputi, 2017). Clinical post conferences (CPCs), a component of nursing education, afford such an opportunity. The “format and facilitation [for CPC] is open to interpretation,” which can create lack of standardization and clear goals, increasing potential to miss learning opportunities (Plowe, 2020, p. 2). Most CPCs

are facilitated in-person, at the end of a clinical shift, limiting discussion to low-level, task-oriented questions (Tierney & Abbott, 2020). I believe that CPCs can be strengthened to foster critical reflection amongst nursing students by employing online or blended pedagogical strategies, allowing time and space to encourage deep, reflective thinking.

I used an interpretative phenomenological analysis (IPA) research design to explore post conferencing and critical reflection, for the purpose of determining efficacy perceived by clinical instructors for online or blended approaches to CPC in assisting students to develop critical reflection skills.

Overview and Background

There are four categories of nurses in Canada, including registered nurses (RN), licensed practical nurses (LPN), registered psychiatric nurses (RPN), and nurse practitioners (NP) (Prentice et al., 2020). Each type of nurse has their own scope of practice, and they may need to work collaboratively to care for clients. In the context of this study, I use the terms nurse, nursing, and nursing students to refer to both RN and LPN. Nursing, both a noun and verb, is based in art and science (Henry, 2018). The specialized body of knowledge nurses enter the work field with is rooted in science. Some of this knowledge is artfully applied in patient and family interactions, through care, compassion, and communication (Motter et al., 2021; Vega & Hayes, 2019). Professional and political influences evolve nursing knowledge and education (Tsimane & Downing, 2020b). The scope of practice for LPNs, for example, has expanded considerably over the past decade, including needing to care for increasingly complex patients (Miri et al., 2020; VanDenKerkhof et al., 2017). The aim of nursing education is to prepare nurses to think critically and meet the diverse needs of patients. Canadian nursing education has evolved from practical, in-hospital training to theoretical, university-based education (CASN, 2014). Theory is

fundamental to nursing education and practice, helping nurses understand their roles in different settings and guiding knowledge development, education, practice, and research (Santos et al., 2019). Florence Nightingale is considered the first nursing theorist who defined nursing and converted data into knowledge, thereby developing a foundation for infection control (Riegel et al., 2021). Since her contributions several theorists, such as Hildegard Peplau, Virginia Henderson, Betty Neuman, Dorothy Johnson, Callista Roy, Jean Watson, Madeline Leininger, and Martha E. Rogers, have shaped contemporary nursing practices by further developing nursing theory (Im & Chang, 2012; Tourville & Ingalls, 2003). The practical and theoretical components of nursing education can be based in several learning theories (Aliakbari et al., 2015; Tsimane & Downing, 2020b; Senior & McCullough, 2021). Theoretical components aid in the development of a specialized body of knowledge and practical components facilitate learning how to apply knowledge to care for a diverse clientele (Jennings & Brett, 2018). The art and science of nursing is complimented by liberal arts electives to enhance and transform ways of thinking and knowing, to learn how to maintain the health of individuals, and provides foundational knowledge for nurses to build and improve their practice (Jennings & Brett., 2018).

Clinical education is integral to nursing education, accounting for at least 50% of the curriculum (Farzi & Farzi, 2018; McNamara, 2015; Plowe, 2020). Typically, clinical shifts have three components: 1) preparation (pre-clinical); 2) participating in patient care; and 3) clinical post conference (CPC) (Megel et al., 2013; Vezeau, 2016). Pre-clinical preparation is an opportunity for nursing students to look up and investigate concepts and information related to the patient(s) they will be caring for. Participating in patient care provides concrete experiences to assist in the consolidation of skills, professional development, and socialization into new roles, such as that of an RN or LPN (Schuler, 2021). Matheney (1969) defined CPC as a “group

discussion, usually immediately following" a clinical shift, providing an opportunity to analyze clinical experiences, clarifying connections between theory and practice, developing an understanding of nursing care, clarifying thinking and feelings, maintaining patient-centredness, and reinforcing learning (p. 287). CPCs are an opportunity to help nursing students link previous experiences or knowledge to new experiences to develop novel ways of knowing and applying theory to practice. In a cohort based practical course a clinical instructor is present on site, facilitating learning experiences and engaging in dialogue with learners to promote higher order thinking and reflection (Oermann & Frank, 2018; Spence et al., 2019). Clinical instructors are responsible for planning clinical activities, such as establishing effective learning environments by becoming familiar with the practice site and enabling an organized orientation for students, choosing appropriate patient assignments, providing tools and resources, supervising, evaluating, and providing feedback (Woodley, 2018). Concrete experiences in learning placements are examples of experiential learning. I discuss experiential and transformative learning in the context of nursing education next.

Experiential and Transformative Learning

John Dewey (1938) developed the theory of experience, asserting that guidance, direction, and reflection can give rise to learning from everyday experiences. Experiential learning assists in the development of knowledge through reflection and transformation of experiences. In nursing education, experiential learning is embedded within theory, laboratory, and clinical courses as students learn psychomotor, affective, and cognitive skills through practice and simulation (Grace et al., 2019). Discussion of concrete experiences in theory classes can also lead to experiential and transformative learning. Through this type of learning, the learner can develop a deeper understanding of care provision and patient perspective (Beest et

al., 2018). Learning activities and critical reflection should enable "genuine preparation" for future experiences (Dewey, 1938, p. 48). Over time, many theorists have contributed to experiential learning as a theory and pedagogical strategy for teaching and learning. Two such theories that appear in nursing curriculum are David Kolb's (1984) experiential learning cycle and Jack Mezirow's (1978) transformative learning theory. I discuss both next.

David Kolb's Experiential Learning Cycle. David Kolb (1984) developed an experiential learning cycle, portraying the transformation of an experience into knowledge and learning as a cyclical, four stage process. The four stages are: concrete experience, reflective observation, abstract conceptualization, and active experimentation (Kolb & Kolb, 2018; Krol & Adimando, 2021). Comprehension takes place in concrete experience and abstract conceptualization; transformation of experiences takes place in reflective observation and active experimentation stages. The learning cycle can be entered by a learner at any stage (Lee, 2019), however, engagement in experiential learning process is better fostered by beginning with a concrete experience rather than abstract concepts, as the learner may not have the skills to understand abstract concepts to successfully transform them into knowledge (Kolb & Kolb, 2018; Kolb & Kolb, 2017).

Within Kolb's (1984) experiential learning cycle, CPC can provide a space during reflective observation and abstract conceptualization for nursing students and clinical instructors to explore experiences, engage in critically reflective dialogue to help learners understand abstract or complex concepts and conceptualize changes or adaptations they may need to make in their practice and ways of thinking. In-person CPCs, at the end of a shift, can provide a timely opportunity to begin discussions, explore clinical topics, and stimulate reflection (Wharry, 2021). Nursing students and clinical instructors consider the significance of their experiences and

evaluate the discord stemming from the situation to discover meaning. Kolb's experiential learning cycle, either alone or combined with another theory, commonly appears in literature as a foundational theoretical framework for nursing curriculum and can be integrated into CPC to promote learning (Aller, 2020). A theory that aligns with and compliments experiential learning is transformative learning.

Jack Mezirow's Transformative Learning. Jack Mezirow (1978) posits that there are different methods of learning, such as increasing self-awareness, developing a new skill or understanding new knowledge. A fundamental type of learning is one that involves becoming critically aware of personal belief systems and assumptions and understanding how these embedded notions influence self-conception, decision-making, and relationship-building. Assumptions create expectations, perceptions, thoughts, and feelings individuals have about experiences (Bernard, 2019). This style of learning is known as transformative learning, involving critical reflection to challenge one's frames of reference, with the goal of autonomous thinking, inclusivity, becoming reflective and prompt change in ways of thinking (Mezirow, 1997; Mezirow, 2003). "Transformative learning is learner-centered, where the student [voluntarily and] actively engages through critical reflection and discourse" (Cranton, 2016; Tsimane & Downing, 2020a, p. 91). Mezirow (1978, 1991, as cited in Cranton, 2016) described 10 phases that lead to transformative learning: (1) experiencing a disorienting dilemma; (2) undergoing self-examination; (3) conducting a critical assessment of internalized assumptions and feeling a sense of alienation from traditional social expectations; (4) relating discontent to similar experiences of others – recognizing that the problem is shared; (5) exploring options for new ways of acting; (6) building competence and self-confidence in new roles; (7) planning a course of action; (8) acquiring the knowledge and skills for implementing a new course of

action; (9) trying out new roles and assessing them; and (10) reintegrating into society with a new perspective. In nursing education, transformative learning can spark independent thinking, overwriting knowledge gained from unquestioned life experiences (Tsimane & Dowing, 2020b). "Transformative learning requires [nursing students] to facilitate their own understanding and experience to restructure or revise their experiential significance, which is used as a direction for future action" (Cheng et al., 2020, p. 2). This type of learning can be viewed as an opportunity for change in nursing education, along with building emancipatory knowledge with the goal of preparing nursing students for their roles as life-long learners in the healthcare field. The aim for both experiential and transformative learning amongst nursing students is to develop skills to continually evaluate their thought processes and behaviours within experiences to identify trends to promote change. CPC, as previously mentioned, can be an effective platform to stimulate critical reflection for the purpose of transformation and learning. I elaborate on both experiential learning and transformative learning in the context of nursing education in Chapter 2. Some barriers that can hinder nursing education are discussed below.

Barriers for Nursing Education

Despite the need for quality experiences and evidence-based pedagogical strategies, there are many barriers to nursing education, such as limited quality clinical sites, faculty shortages, and agency restrictions for access to electronic health records (Aller, 2020). Instructor communication is focused on medications, time management and laboratory values, concentrating on low-level thinking rather than understanding the whole clinical picture (Nielsen, 2016). The whole clinical picture is understanding the patient's health status in the wider context of their medical/surgical history, presenting health condition and treatment plan (Chua et al., 2019). "Nursing education programs are perceived as not adequately preparing

nursing students for their role in society. There is an appeal for education programs to be more flexible and socially relevant to address" such shortcomings (Tsimane & Downing, 2020b, p. 92). Students tend to experience stressors in the clinical setting, such as fear of making errors, unfamiliarity with the clinical setting, and interpersonal interactions (Oermann & Frank, 2018). Whalen acknowledged that clinical instructors also face stressors, such as high demands, heavy workloads, poor financial compensation, and burnout (Whalen, as cited in Woodley, 2018).

Clinical learning environments can also be plagued with problems; for example, persistent staffing shortages, and requests for students to complete tasks outside of their scope of practice (Newton & McCormack, 2020). Learners tend to be task-oriented in their learning, putting greater emphasis on skill acquisition than on the art and science of nursing (Newton & McCormack, 2020). In addition, there may be variations in facilitation approach, as some faculty may emphasize completing tasks over developing other skills, which may negatively impact learning outcomes and strengthening of critical thinking and reflection skills (Farzi & Farzi, 2018). An additional compounding and well documented factor is a gap between nursing theory and practice, indicating a disparity between what learners gain from nursing theory and their experiences in clinical settings (Akram & Akram, 2018; Kinyon et al., 2021; Schuler, 2021). Meaningful and transformative nursing education is fundamental for the preparation of nursing students who are ready to practice safely, competently, and ethically at time of graduation (Spence et al., 2019). This implies that teaching and facilitation must move past transmissive practices to evidence-based pedagogical strategies that promote critical reflection and transformative learning (Oermann & Frank, 2018). To be an effective clinical instructor, one must possess clinical expertise and a firm understanding of teaching and learning theory, types of knowledge and how learners prefer to learn (Jennings & Brett, 2018).

Clinical Post Conference

Clinical post conferencing (CPC) is not a novel idea (Matheney, 1969; Mitchell & Krainovich, 1982), however, facilitation strategies can be improved and enhanced with the use of technology. Lister (1966) described the importance of CPC in helping learners develop complex thought processes in a group setting and becoming acquainted with their new roles as healthcare professionals. CPC is traditionally facilitated in-person, at the end of a clinical shift, presenting an opportunity to integrate theory by exploring clinical experiences, professional development and cultivate cognitive, psychomotor, and affective domains of learning (Geister & Thompson, 2019; Vezeau, 2016). A conference should provide depth and breadth of discussion to stimulate reflection and transformative learning (Vezeau, 2016). Positive patient outcomes tend to depend on both nursing instructors and students understanding the intended learning outcomes (Griffiths, 2016).

The small amount of literature that contributes to CPCs illustrates the positive role conferencing can have on learning and development for nursing students, however, there are many associated problems. In my review of literature related to CPC, which I present in Chapter 2, one of the issues that arose is a lack of research linking critical reflection to CPC, demonstrating a need for further exploration of this phenomenon. Clinical faculty have identified a lack of available space for confidential clinical post conferencing (Dahlke et al., 2016; Mitchell & Krainovich, 1982), which can lead to superficial conversations. A clinical shift may be busy, with multiple tasks, acute patients, staffing shortages and more, which may cause nursing students and instructors to become fatigued, serving as a barrier to engaging in a deeply reflective process (Adegbola, 2011; Hsu, 2007). As a result, discussion can dissolve into superficial remarks, recounting completed skills rather than exploring the essence of an

experience, and transmissive approaches to teaching, such as imparting knowledge in didactic lectures (Tsimane & Downing, 2020b). Existing research tends to focus on the role of CPCs in building critical thinking skills, depreciating the role of critical reflection in learning. The depth and breadth of discussion that is required for critical reflection cannot take place due to a combination of the circumstances outlined above.

To mitigate the problems associated with a traditional approach to CPCs and to foster critical reflection, I suggest an online or blended approach. As an under researched area in clinical education, online or blended approaches to CPC can be an innovation, with the potential for creative pedagogical strategies for teaching and learning. Researchers who have contributed to this field of study have suggested that various asynchronous activities can positively influence learning (Hannans, 2019; Petrovic et al., 2020). Online, asynchronous discussions provided learners with time to synthesize learning through active reflection rather than passive engagement (Geister & Thompson, 2019). Similarly, Hannans (2019) found that a web-enabled, audio-visual platform for asynchronous online discussions maintained qualities of human interaction, such as tone and non-verbal communication, promoting learner engagement and collaboration, as well as time and space to engage in reflection. Considering the relevant literature, I believe transitioning CPCs to an online environment creates time and space for meaningful critical reflection about learning experiences, thus providing opportunity for transformative learning (Bristol & Secor, 2012).

Critical Thinking

A considerable amount of nursing education research focuses on critical thinking, including literature related to CPC, therefore I will briefly discuss critical thinking prior to critical reflection. del Bueno (2005) stated that at least 65% of new nursing graduates have

difficulty thinking critically and applying theory and knowledge into practice, explaining that novice nurses can struggle to accurately identify problems and subsequently implement the correct interventions in response to the concerns. Nurses play an integral role in patient outcomes; however, the theory-practice gap can lead to unsafe and incompetent care provision (Kavanagh & Szweda, 2017; Schuler, 2021). For this reason, the development of critical thinking skills is a priority in nursing education (Li et al., 2019). A component of critical thinking involves transforming knowledge, which requires reflection, linking critical reflection to developing critical thinking skills. I will expand on critical thinking and critical reflection in Chapter 2.

Critical Reflection

Critical reflection can be difficult, involving a deep appraisal and examination of personal preconceived notions that serve as the foundation of personal belief systems, with the goal of transformation and learning (Brookfield, 2017; Mezirow, 1990; Ng et al., 2015). Assumptions formed from preconceived notion's structure how experiences are interpreted and understood by individuals (Mezirow, 1990). In a nursing context, certain unexamined assumptions can result in negative outcomes, such as ineffective instructional decisions, inequitable teaching practices, unethical and incompetent decision making and inequity in therapeutic relationships developed between student and patient (Ng et al., 2019). Critical reflection can help student nurses expand their understanding of the unique relationship they develop with patients, healthcare teams, and themselves, outlining the roles and responsibilities each of them must uphold to be ethical and competent in practice (Dasgupta, 2016). The aim of critical reflection in nursing education, integrated with experiential and transformative learning,

is to transition from latent preconceived notions to an active and deep understanding, linking theory and evidence-informed practice (Kuennen, 2015).

Online and Blended Education and Learning

Rapidly evolving technology is paralleled by advancements in online education (Bates, 2014). A growing opportunity exists to transition components of nursing education to online learning environments that are crafted to inspire and actively engage learners to prepare them for clinical practice (Jowsey et al., 2020). Online education is not bound by the limitations of time and space and has the potential to transform the conventional learning environment by fostering discourse, critical thinking, and reflection (Montelongo, 2019; Tilak & Glassman, 2020). There are many benefits associated with online learning, such as convenience, autonomy on when and where to access information, and time and space for critical reflection (Thompson, 2016).

Learners have shared some negative perceptions about online learning such as fear of having to teach oneself, loss of in-person interactions, and low-quality education (Thompson, 2016). Some of these negative perceptions can be alleviated by instructors being present and by providing clear expectations and guidelines. The pandemic of coronavirus disease that started in 2019 (COVID-19) had a significant impact on nursing education. Clinical and theory courses were transitioned online in response to an unprecedented time (Thomas et al., 2020). Wallace et al. (2021) found that nursing students developed resilience by discovering their strengths during the emergency transition to remote teaching in response to COVID-19, demonstrating the positive impact an online or blended approach to teaching and learning can have.

Faculty can also be resistant to online learning, citing reasons such as a lack of professional development and training opportunities for learning management systems, increased workload, and lack of familiarity with online pedagogical strategies (Thompson, 2016). Faculty

can be motivated and inspired by timely training and collaboration (Montelongo, 2019). During the pandemic of COVID-19, nursing faculty were presented with the challenge to transition educational content to an online learning environment, requiring instructors to be adaptable and innovative. Nursing faculty who received training to facilitate online learning rated their experiences positively compared to those who did not (Eycan & Ulupinar, 2021). In the sections below, I will outline how current literature and my experiences in clinical education have led me to the formulation and identification of the research problem I explored and the significance it could have for clinical nursing instructors, students, and ultimately improved patient outcomes.

Problem Statement

Traditionally, CPC is completed as an in-person format, following the clinical shift (Geister & Thompson, 2019). Time is dedicated to exploring clinical experiences and complex issues associated with clients and healthcare (Gesiter et al., 2019). Currently, research suggests that CPC is not conducive to learning. Berkstresser (2016) and Rentmeester (2006) cited a lack of time and space for discussion, superficial question-answer teaching and learning, participant fatigue and a teacher-centered focus as potential challenges that can negatively impact CPCs. Tierney and Abbot (2020) added that learner fatigue leads to low levels of participation. Transmissive approaches (see glossary of terms on page X) to teaching and learning have resulted in nursing students being underprepared for the complexities of the contemporary healthcare setting and being "unable to adapt to unforeseen circumstances" and subsequently problem solve (Tsimane & Downing, 2020b, p. 92). CPC is most effective when participants are engaged and active rather than passive recipients (Vezeau, 2016). Therefore, an online asynchronous, or blended approach to CPC should be considered to promote deep critical reflection amongst nursing students. "To achieve transformative learning in nursing education,

both nursing students and educators should be ready to embrace a new way of learning for change" (Tsimane & Downing, 2020b, p. 92).

Research Questions

To explore CPC and clinical instructors' experiences and sense-making, the main research question and sub questions were as follows:

From the perspective of nursing clinical instructors, how useful could online or blended formats of clinical post conferences be in developing critical reflection skills in nursing students?

Sub Questions:

1. From the perspective of clinical instructors, how useful have traditional, in-person clinical post conferences been in developing critical reflection skills in nursing students?
2. What potential do nursing clinical instructors perceive for asynchronous or blended formats of clinical post conferences to better develop critical reflection skills in nursing students?
3. To what extent do nursing clinical instructors believe they are ready to facilitate clinical post conferences in an online or blended format?
4. What resources or training do nursing clinical instructors believe they need to be ready to facilitate clinical post conferences in an online or blended format?

In Chapter 3, I discuss what informed the development of the research questions.

Contribution/Significance of the Study

I believe that the findings of this study will enrich the literature around clinical instructor experiences related to online CPC by providing insights into a new and innovative approach to facilitating online post conferences. Much of the existing literature related to CPC is qualitative and mostly focused on student experiences. In contrast to this, I explored nursing clinical instructor perceptions of online post conferences through interviews. Current literature is lacking in explorative and empirical evidence for online or blended post conferencing in nursing programs, as well as development of critical reflective skills. As Oermann (2020) stated, there is a further need for educational studies to promote evidence-based practice. I believe my discussion with nursing faculty engaged in clinical courses and post conferencing has added a deeper understanding of current post conference practice, as well as potential pedagogy or instructional strategies for meaningful online or blended post conferencing to assist learners to build critical reflection skills.

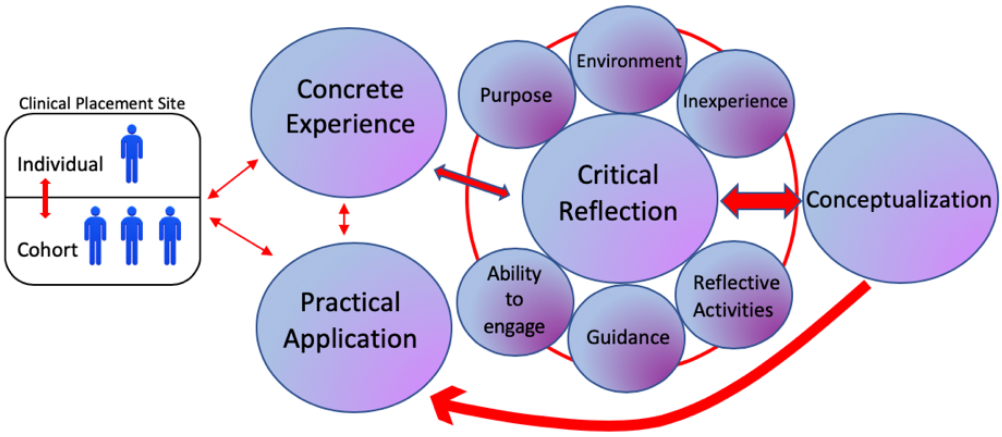
Conceptual Framework

A conceptual framework is a representation of a researcher's worldview of a central concept and related concepts or theories (Adom et al., 2018). A conceptual or theoretical framework can offer many benefits to a study, assisting in contextualization of theories into a study or serving as an explanation for the progression of the study (Adom et al., 2018). My research interest lies in interpreting the lived experiences of clinical instructors and how they make sense of their facilitation during CPC, either in-person or online, to build critical reflection skills amongst clinical nursing students. CPCs are an opportunity for students and faculty to collaborate and learn from one another. However, participation alone may not foster deep

learning or stimulate critical reflection (Hermann, 2006; Rossignol, 2000). Varying the structure or design of CPC, such as a blended approach, can help promote engagement, participation, and active learning (Rossignol, 2000). In addition to a traditional approach to CPC, creative strategies, such as art-based pedagogy, can help stimulate critical reflection and new ways of thinking and knowing (Obara et al., 2022). I developed a conceptual framework to represent the concepts that may impact a students' ability to engage in critical reflection, informed by literature and personal experience. Conceptualization of this framework was stimulated by a personal perceived need to change the current method of CPC to enrich nursing education. Traditional and transmissive approaches to facilitation lead nursing students to assume a passive role in their learning, which can hinder opportunities to build cognitive, reflective, psychomotor, and affective abilities (Rossignol, 2000). Influenced by experiential and transformative learning, I developed a practical guide for CPC, depicted in Figure 1 below. I believe a blended or online approach to CPC can present opportunities for critical reflection and learning through silence, stillness, discussion, and self-directed exploration. I will briefly discuss each component following the pictorial depiction of the conceptual framework below.

Figure 1

Conceptual Framework: Practical Guide for Clinical Post Conferencing



Source: Original

Conceptualization

Critical reflection is the central concept, depicted in a circle. Within nursing clinical education, one of the roles of critical reflection is to help students learn from concrete experiences (Krol & Adimando, 2021). Therefore, the conceptual framework begins with the learning environment, which could be a unit in a hospital, a community clinic, a school, or an alternative healthcare related setting, including interdisciplinary team members, nursing student(s), and clinical instructor(s). The clinical placement site hosts student practice experiences, which can be either an individual student or cohort wide experience, both of which can influence each other. Within the clinical placement site, students apply learned theory and skills and have concrete experiences. Critical reflection on experiences can help students conceptualize learning, revise practice, practically apply changes, and continue to professionally develop as a safe and competent nursing student (Fook & Askeland, 2007).

Critical Reflection

Critical reflection, generally, is a process of contemplation that assists adults to examine existing assumptions, belief, and value systems that regulate their actions to elicit change in actions and ways of thinking (Arend et al., 2021; White et al., 2006). Nursing students should build reflective skills to ensure pre-conceived notions are not directing their actions within the healthcare setting to promote care provision and interactions that are ethical in nature (Kim et al., 2018). Critical reflection requires individuals to understand what governs their actions by challenging existing ways of thinking or belief systems to promote change and emancipate one's self from presumptive thought processes for a positive impact on society, interactions, or within organizations (Fisher, 2003; Mezirow, 1990). Furthermore, critical reflection can assist in

strengthening experiential learning and constructing knowledge that can be applied to future practice (Hannans, 2019).

Possible Barriers and Facilitators to Engaging in Critical Reflection

In the conceptual framework (Figure 1 above), 'critical reflection' is surrounded by smaller circles. I intentionally placed each circle in proximity to each other and in contact with the overall concept of critical reflection. This placement is meant to represent the connection between the concepts and critical reflection. I used a red ring to connect the smaller circles to demonstrate that each concept is related within the context of CPC and critical reflection, based in literature, which I will outline below. The outlined concepts may serve as barriers or facilitators to engaging in critical reflection.

Purpose. The top left circle in Figure 1 states 'purpose.' Purpose relates to the intention and goal of engaging in critical reflection. There needs to be a clear purpose for engaging in critical reflection during CPC for meaningful learning (Plowe, 2020). The purpose for reflection can include professional development, personal growth, changing personal beliefs, actions, behaviours, and attitudes, building practical knowledge, social change, developing critical thinking and more (Beveren et al., 2018). An enriched learning and well-planned CPC can endorse an optimal environment for meaningful reflection and to achieve the intended purpose (Hermann, 2006). Each participant engaging in critical reflection should understand that the process is not limited to a single intent, and it is voluntary because even if an experience or dialogue provokes a thought process, the individual may not engage in critical reflection (Cranton, 2016).

Environment. Moving clockwise, the next circle states 'environment.' The environment refers to an in-person or online platform for CPC. Traditionally, in nursing clinical practice,

students are asked to engage in reflection during post conference, the final hour of a clinical shift. Matheney (1969) described limited space in clinical sites as a barrier to a meaningful CPC, which has continued to present as a challenge (Berkstresser, 2016; Plowe, 2020). Limited space can be addressed with an online environment, which can also promote a student-centred approach rather than a teacher-centred one (Berkstresser, 2016). An environment that best supports and fosters critical reflection for both students and instructors should be selected, being mindful of needing time, space, stillness, and silence for meaningful critical reflection and learning. A blended learning approach that combines in-person and online education might be preferable, as it would allow time for both debriefing and critical reflection.

Inexperience, Reflective Activities and Guidance. The next circle states ‘inexperience.’ Even if someone is receptive to engaging in reflection they may not know how, they may be unaware of which activities would be meaningful, or not understand the purpose (Ng et al., 2019). The clinical instructor may be unaware of how to encourage and stimulate critical reflection (Ng et al., 2019). Clear guidelines and intention can help provide clarity and direction for novice leaners and practitioners. The next circle states ‘reflective activities.’ There are many different reflective activities that help build reflection skills. Hannans (2019) asserts that time must be spent on developing diverse, dynamic, and interesting learning activities for the online environment to promote meaningful learning individually and cohort wide.

The next circle states ‘guidance.’ Assigning reflective activities with little guidance and unclear instructions is unlikely to encourage critical reflection and learning (Lee, 2018). Learning activities should be simple, engaging, and accompanied by clear instructions (Reimer & Whitaker, 2019). The clinical instructor needs to be available for guidance and to answer questions students may have (Lee, 2018). The final circle states ‘ability to engage.’ Ability to

engage in critical reflection is connected to intrinsic and extrinsic factors, such as energy level, workload, existence of distractors, presence of other responsibilities or priorities, perceived importance of the issue or experience to be reflected on (Berkstresser, 2016; Tierney & Abbott, 2020). I believe strategies to improve engagement can include providing time, silence, space, and stillness for the purpose of engaging in deep, meaningful critical reflection.

Conceptualization, Practical Application, and Descriptors. Conceptualization occurs after critically reflecting on an experience when the student develops a plan or idea about how they will change their practice and/or way of thinking, thereby engaging in transformative learning (Kolb & Kolb, 2017). Following conceptualization, the student will ideally have an opportunity to practically apply their plan in the clinical practice area, working through the cycle again for each experience. The framework also contains directional arrows, representing a connection between the concepts and how individuals may engage in a critically reflective process through CPC.

Summary

In this chapter, I introduced the present research, providing context of the problem and background. An IPA has been chosen to address the proposed research question and sub-questions. A conceptual framework, informed by Kolb's experiential learning cycle (1984) and Mezirow's transformative learning theory (1978), has been depicted in Figure 1 as a potential guide for clinical post conferencing, either online, blended or in-person. In Chapter 7, Figure 4, I provide an updated framework, informed by the research findings, grounded in the words of the participants. In Chapter 2, I present the literature review, which will be followed by Chapter 3. In the third chapter I present an in-depth, detailed discussion about the methodology, and methods that I used for this qualitative research. In Chapter 4, I provide an overview of implemented

strategies and my reflexive learning. Chapters 5 and 6 present the idiographic findings and the convergent findings, respectively, along with a discussion rooted in relevant literature. Chapter 7 concludes the research study by discussing implications of the findings for clinical instructors and nursing education, offering recommendations for future research, and outlining the significance of the research findings.

Chapter 2: Literature Review

In this study I explored online or blended approaches for clinical post conference (CPC) with clinical instructors. As the topic of this research project is nursing clinical education and critical reflection, the following literature review will begin with an overview of nursing education, followed by a description of CPCs. Themes related to CPC include describing what it is, intended purposes, traditional practices, and associated challenges, and online, asynchronous, or blended approaches. This will be followed by a review of literature related to reflection and its conceptual evolution, and critical reflection. The themes related to critical reflection include defining and describing the concept, criticisms, risks, and applications in nursing education.

Inclusion criteria for my literature searches included nursing and related health disciplines, education and adult learning, critical reflection or reflection, post conference (in-person, blended, or online synchronously or asynchronously), written or translated in English, peer-reviewed, written within the last 10 years, and articles about clinical education were reviewed and considered if post conferences were included within the content, and to provide context for nursing education.

Search terms included “critical reflection”, “reflection”, “critical reflection and/in education”, “critical reflection and/in nursing”, “nursing post conference(s/ing)”, “clinical post conference(s/ing)”, “post clinical conference(s/ing)”, “computer mediated conferencing”, “nursing and critical reflection”, “critical reflection and critical thinking”, “nursing education”, “nursing clinical education”, “experiential learning”, “experiential learning and nursing”, “transformative learning”, “transformative learning and nursing”, “licensed practical nursing and education/learning”, “LPN education”, “LPN and clinical/education” and “LPN and clinical post conference.” Following the completion of the research and data analysis, I returned to the

literature and completed a review of literature related to team communication and professional development, as well as more recent literature.

Search engines used include Google Scholar, Science Direct, EBSCO, CINHAL, ProQuest, PubMed, and Wiley Online Library. Relevant journals, books and credible websites were also reviewed. Websites were considered credible if developed and maintained by established institutions, such as universities and associations.

Nursing Education

According to the World Health Organization (WHO) "nurses account for more than half of the world's health workers" (WHO, 2020, para. 1), and there is a need to educate nurses in the art and science of nursing to promote healthy outcomes for patients receiving care. The world's population is aging, with increasingly complex non-communicable diseases and conditions (Baker et al., 2021; K. E. Lee, 2018; WHO, 2018). This change in the world's population and health complexities demonstrates a need for nurses to be prepared to manage these health issues, along with the epidemics and pandemics that have occurred over the years (Egerod et al., 2021; WHO, 2018). Patient complexity and high demands on nursing professionals has emphasized the need for intra-professional collaboration between registered nurses (RNs) and licensed practical nurses (LPNs) (Prentice et al., 2020). In response to changes in healthcare needs, Canadian nursing education began in hospital-based training, slowly transitioning to either college or university-based diploma and baccalaureate programs (Landeen et al., 2020). Nursing theory and education includes multiple theoretical and philosophical perspectives, each ideally contributing to a holistic understanding of care provision, health, healthcare needs of unique individuals, and intra-professional collaboration (Prentice, 2020; Shea et al., 2019). The aim of nursing education is to help learners become self-regulating practitioners who are competent and possess the ability

to critically think in different settings, while working with diverse individuals across the lifespan (Baker et al., 2021; K. E. Lee, 2018). This type of nurse is also required to care for and meet the needs of an increasingly complex patient population and to translate theoretical knowledge into practical knowledge. Despite the stated intentions of nursing education, curriculum tends to be content-driven and structured (Fletcher & Meyer, 2016). This implies that nursing education can be instructor-centred, using didactic practices to lecture about theory, rather than providing opportunities for students to enhance their capabilities through evidence-based pedagogical strategies (Lee, 2018). To promote evidence-based pedagogical strategies, nursing instructors can use experiential learning and transformative learning.

Experiential Learning in Nursing Education

Experiential learning is broadly used in nursing education, assisting nursing students with contextualizing abstract knowledge (Beest et al., 2018; Grace et al., 2019; Hill, 2017; Park et al., 2020). Pedagogical strategies within experiential learning actively "engage students in the learning process," in the classroom or clinical placements (Murray, 2018, p. 1). Learning activities can include simulation, case studies, role-playing, and interactions with patients and families (Aamlid & Tveit, 2022; Seibert, 2021).

Dewey (1938) asserted that knowledge is socially constructed through experiences. In nursing, the clinical instructor's role is to facilitate learning experiences that align with learners' capabilities and readiness to learn, along with the opportunity to critically reflect on experiences to connect with meaningful learning (Murray, 2018). Instructors can use their past experiences in nursing to guide students in their current experiences (Rodriguez-Garcia et al., 2018). The goal of experiential learning is to prepare nursing students with knowledge for and ability to adapt

problem solving in future experiences and to understand the patient's perspective (Beest et al., 2018).

Grace et al. (2019) and Beest et al. (2018) found that having nursing students participate in simulation in the role of the patient helped improve the authenticity of their experiences and their ethical capacity, increasing engagement and satisfaction with their learning. Experiential learning is also an opportunity for nursing faculty to role model positive behaviours in various situations (Grace et al., 2019). Krol and Adimando (2021) completed qualitative data analysis on participant feedback for a small-scale change project based in Kolb's (1984) experiential learning cycle and found that students were very satisfied with their learning and the implemented interventions. In a quasi-experimental study, Park et al. (2020) concluded that web-based experiential learning strategies were successful in enhancing nursing student understanding of evidence-based practice in healthcare. Hill (2017) also implemented experiential-based learning interventions and found that students provided positive feedback to the researcher for this type of learning. In 2023, in a study using experiential learning activities to help nursing students develop quality improvement skills, Gaffney noted an improvement in their knowledge and professional development. Thus, it seems that experiential learning aligns with and promotes the goals of nursing education (Murray, 2018).

Experiential learning is widely used in nursing education; however, Murray (2018) outlined some potential challenges associated with it, namely insufficient time to experience, reflect, and make meaning from learning. Fowler (2008) contends that complex patients, heavy workloads, and potential personal or professional problems can lead to exhaustion, which would leave less energy to engage in reflection to help students connect their experiences to their learning. Students may also have insufficient experiences to draw from to create meaning and

learning from current experiences to apply to future ones. Grace et al. (2019) further suggested that experiential learning can sometimes overlook student discomfort, such as physical pain from repetitive maneuvers or emotional distress from sensitive topics, outlining the value in avoiding assumptions in pedagogical strategies and the need for ethical decision making when selecting learning activities. Lewis and DeSantis (2021) suggest that during clinical placements, learners will have experiences that are not shared by their clinical instructors. In such cases, the intricacies of these experiences may be difficult for instructors to understand. Considering the arguments made by Murray (2018) and Grace and colleagues (2019), as well as the literature discussed within this section, it is reasonable to suggest that providing space and time for critical reflection that is separate from the clinical site and experience can help the learner deeply explore and describe their experience and afford the clinical instructor an opportunity to delve into the experience and learning with the student.

Transformative Learning in Nursing Education

As cited in van Schalkwyk et al. (2019) transformative learning theory, developed by Jack Mezirow, was influenced by Thomas Kuhn's concepts of paradigm, Paulo Freire's work on conscientization and Jürgen Habermas' work on domains of learning. There are two main assumptions within transformative learning theory: Learners are adults and adults are capable of rational thought and discussion (Briese et al., 2020; Mezirow, 1997). Nursing education has similar assumptions. Health discipline education has seen an increase in the use of transformative learning theory (Van Schalkwyk et al., 2019). Transformative learning can be effective in helping faculty develop learning activities that inspire, motivate, and empower nursing students to deeply examine their frames of reference and ways of thinking, to encourage critical reflection, inclusivity, and capability for change for autonomous and critical thinking (Bernard,

2019; Fletcher & Meyer, 2016; Oh et al., 2021). In 2023, using a concept analysis of existing literature, including dictionaries and thesauruses, Froneman and colleagues aimed to define transformative learning within the context of nursing education. They suggest that transformative learning is:

> a change process that creates shift in nursing students' frame of reference and a positive change in thoughts, feelings, beliefs and behaviour. In this change process of acquiring knowledge, skills, and understanding they discover new meanings and perspectives through studying, engaging and interpreting direct and active experiences and critical reflection that leads to a better understanding, learning and improved practice as a nurse in a present way. When deep, constructive, meaningful learning occurs, it generates a complete change in nursing students' state of being (pp. 2926-2927).

Early exposure to transformative learning in nursing education is linked to the cultivation of lifelong learning and praxis (Fletcher & Meyer, 2016). Bernard (2019) investigated teaching strategies through the lens of transformative learning. He noted that instructors reported higher levels of job satisfaction and increased success with students achieving their learning outcomes when active learning strategies based in transformative learning theory were used. The instructors who participated in his study also experienced a transformation in their teaching strategies, as each of them became more aware that passive instruction was not meeting the learning needs of the students.

Briese et al. (2020) describe some criticisms of transformative learning, such as differing life experiences amongst peers, resulting in varied frames of reference. The researchers continue by stating that facilitating discussion between peers can help stimulate critical reflection through the sharing of experiences and perspectives. Newman (2012) presented a well-written and

thought-provoking criticism of transformative learning theory. In this work, Newman states that he suspects that transformative learning does not exist, claiming that learning that takes place because of transformation can only be verified by the learners. Contrary to this assertion, Tsimane and Downing (2020b) state that the outcomes of transformative learning are observable in students. In his critique and from his perspective, Newman (2012; 2014) discusses six flaws with transformative learning: 1) presented as differing in kind rather than degree; 2) failure to differentiate between identity and consciousness; 3) assumption that learning can be finite, demonstrated through Mezirow's (1991) 10 phases to transformative learning; 4) discourse is described as central to transformative learning; 5) mobilization is mistaken for transformation; and 6) association of spirituality. Cranton and Kasl (2012) refuted some of the arguments made by Newman, reinforcing the effectiveness and value of transformative learning. Christie et al. (2015) outlined criticisms from academics and researchers over the years, such as increased need to better understand the context in which transformative learning takes place, and an emphasis on rationality versus alternative ways of knowing, such as affective and spiritual. Despite the criticisms outlined above, Bernard (2019), with his qualitative case study, concluded that transformative learning strategies used by nursing instructors had a positive impact on student learning outcomes and transformation of nursing students to safely care for complex patients. Online or blended pedagogical strategies for CPC, influenced by transformative learning theory, have the potential to stimulate meaningful critical reflection amongst nursing students.

Clinical Education

To best understand clinical post conference, one must gain a sense of what clinical education is. The Canadian Association of Schools of Nursing (CASN) (2014) and WHO (2020) have stated that nurses must be educated to provide safe, evidence-based care, while also

developing skills for lifelong learning. Clinical education, a practical experience placement, is an important component of nursing education, providing opportunities to link theory to evidence-based practice and consolidate knowledge (Dahlke et al., 2016; Harvey, 2015; Rohatinsky et al., 2016). Clinical learning occurs within the context of practice and experiences, optimized when students are accepted as members of the healthcare team and are engaged in the cognitive, affective, and psychomotor work of nursing, with meaningful feedback from instructors or preceptors (Jesse, 2018). Clinical instructors must be confident in their ability and knowledge about how to support and guide students in the clinical setting (Dahlke et al., 2016).

Role of the Clinical Instructor

Clinical instructors are nurses who facilitate learning experiences, foster positive learning environments, and participate as role models for nursing students in clinical placements (Akram & Akram, 2018; Raso et al., 2019). Their contribution to learning includes guiding students on how to integrate theory into evidence-based practice, planning care, facilitating learning opportunities, supervising clinical skills and procedures, engaging students in clinical reasoning, critical thinking, and critical reflection (Jennings & Brett, 2018; Raso et al., 2019). Instructors should possess a current, discipline-specific specialized body of knowledge and understand teaching and learning pedagogy (Jennings & Brett, 2018; Raso et al., 2019).

A clinical instructor with clinical expertise but little knowledge of teaching and learning theory can stand in the way of valuable learning experiences (Oermann & Frank, 2018). When instructors understand the students they will be working with, they can help encourage a positive learning environment; for example, LPNs bridging into a degree program will have an existing professional identity and an understanding of the nursing process, which must be considered when facilitating learning experiences (Chachula et al., 2020). To support student learning,

professional development, and effective instruction, clinical faculty need to be supported through orientation and mentorship (Nabavi et al., 2023). With their pilot mixed methods descriptive design, Dahlke et al. (2016) used questionnaires to understand the perceptions of nursing instructors related to the support they need for clinical instruction. The researchers found that clinical instructors reported feeling supported by open communication with students, colleagues, interdisciplinary team members, and access to computer-mediated resources; they felt hindered by barriers such as busy units that prevented effective communication and meaningful engagement with students, limited physical space, complex workloads, and increased patient acuity. The barriers mentioned by Dahlke et al. (2016) could be mitigated by moving CPC to an online or blended mode, in a space and at a time separate from the demands of supervised clinical shifts.

Clinical Post Conference

Clinical post conferencing is an integral component of nursing clinical education (Tierney & Abbott, 2020). Lister (1966) described clinical post conference as "any teacher-student communication centering on case material, and that its effectiveness is directly related to the degree to which all persons present at it are actively involved in the problem-solving process" (p. 84). Clinical shifts often end with post conferences, a cohort-wide gathering with the clinical instructor (Matheney, 1969; Tierney & Abbott, 2020). Discussion and learning activities during this time are meant to build reflective and critical thinking skills by engaging in reflection (Evans, 2013; Vezeau, 2016). CPC is an effective teaching strategy and an important component of the learning process of nursing students (Adegbola, 2011). CPCs should be well planned, and discourse that takes place should relate to course objectives (Oermann, 2008).

Purpose of Clinical Post Conference

There are several purposes of clinical post conference, such as developing critical thinking skills, synthesizing clinical experiences, connecting clinical learning experiences and learning outcomes, providing a dedicated time to engage in reflective process, engaging with the affective and cognitive domain of learning, building knowledge related to nursing process, critically examining care provided, integrating theory into practice through discussion, and sharing ideas (Berkstresser, 2016; Oermann, 2008). Clinical post conferencing can also serve as an opportunity for nursing faculty to assess and evaluate students (Cooper et al., 2004), as well as facilitate and role model team-based communication with them (Marlow et al., 2018; Yi, 2016). Wink (1995) identified three characteristics for CPCs: "[a] group event, contributes to achievement of … course objectives, and an [opportunity] for students to explore personal feelings and attitudes related to client care" (p. 29). Learner participation evolves over time, for example, transitioning from answering questions, to initiating discussions, to leading discussions (Wink, 1995). Learners are also expected to engage in critical reflection, where underlying beliefs, values and assumptions are examined and discussed within the context of complex client needs to engage in critical thinking and connecting theory to their clinical experiences (Geister & Thompson, 2019; Wink, 1995). Post conferencing aims to activate thought processes that consider the patient and their experience (Hsu, 2007). The purpose of CPC is achieved through teaching strategies. I will review literature related to traditional approaches to facilitating post conferences first.

Traditional Approaches to Clinical Post Conference

A traditional approach to CPC generally involves an in-person meeting between instructor and learners, following the clinical shift. To cultivate a conducive learning environment, conferences and learning activities should be pre-planned and linked to course objectives (Harvey, 2015; Oermann, 2008). Learning activities can include presentations (instructor or learner-led), guest speakers, discussion, question-asking, and case studies (Cooper et al., 2004). Yehle and Royal (2010) changed the traditional approach to CPC by scheduling it for another day to reinforce active learning and promote socialization with and amongst learners. In their study, 90 minutes were dedicated to clinical post conferences, 12 to 15 minutes for each learning activity, which incorporated technology and activities, such as games and learner-led presentations to facilitate learning and engagement. In their evaluation of the interventions, learners expressed appreciation for improved collaboration with peers and educators asking questions to ensure understanding. They also reported that faculty seemed disorganized and were rushing through activities. Multiple iterations of this approach demonstrated improvement in collaboration and understanding, which led Yehle and Royal (2010) to conclude that clinical post conferences help students link theory to practice. However, they did not comment on how students demonstrated improvement in clinical practice or engagement in reflection or on the transformative effect on learning. Despite positive outcomes, traditional approaches to post conferencing face challenges. These are explored next.

Challenges with Traditional Approaches to Clinical Post Conference

One of the biggest challenges with CPC is the lack of evidence-informed practice (Letizia et al., 1998; Plowe, 2020; Vezeau, 2016). Despite lack of evidence, CPCs remain predominant in

clinical education, demonstrating the value instructors and students attach to the practice (Plowe, 2020). Although the purpose of CPC is to build reflective capacity and to deeply explore clinical experiences to bridge the gap between theory and practice, link ideas, and build critical thinking skills (Hsu, 2007), many focus on low-level cognitive questions, emphasizing superficial experiences and tasks (Megel et al., 2013). Evans (2013) claims that current strategies employed for CPCs encourage passive learning rather than active learning. Factors such as "fatigue, time constraints, mismatch between conference method and student, verbal communication skills, [and] personality" can prevent deep, reflective process and meaningful discussion (Neumeier & Small, 2014, p. 2). Wink (1995) argued that although CPCs are integral to learning, faculty must ensure that post conferences do not impede learning with inconvenient timing. Conferences can have too narrow of a focus, detracting from valuable, complex experiences and potentially impacting quality of reflection and learning. Wink (1995) recommends considering whether CPC is needed for the experiences of that day; if not, then it should be cancelled. If deemed essential for that shift, then instructors must determine which learning objectives are to be addressed. Time constraints prevent faculty from facilitating dialogue about clinical experiences with each student, as well as meaningfully exploring complex issues that may have arisen through the clinical shift (Plowe, 2020; Wink 1995).

Hsu (2007) used a qualitative study design to ascertain teacher perceptions and opinions of CPCs. Data was collected with observation, field notes, which included accounts of non-verbal communication, and taped transcriptions from a sample of 10 master's prepared nurse educators from a two-year nursing program at a nursing college in Taiwan. The data showed that nursing faculty tended to emphasize clinical experiences and assignment related discussions; questions used by instructors to explore experiences in the clinical shift were low levelled, per

Bloom's Taxonomy, encouraging recall, description, and some demonstration, rather than analysis, evaluation, or creation. Hsu (2007) also reported that some instructors did not have time to get to know the patient(s) students were caring for, which led to simple, theoretical questions rather than practical, deep questions, promoting superficial discussions. These findings are similar to others in the field. The findings indicate the importance of creating an environment that is conducive to learning.

Letizia and Jennrich (1998) identified a need to better understand the learning environment within clinical post conferences. They found, however, that no tool existed to complete such an evaluation. Following an exhaustive search of literature, Letizia and Jennrich (1998) developed the Clinical Post-Conference Learning Environment Survey (CPCLES). The study had two purposes: Content validation of a newly developed instrument and explore nursing student and faculty perceptions of clinical post conference learning environments. Content validity of CPCLES was completed by 10 content experts, internal consistency was evaluated with Cronbach's alpha coefficient, and Pearson *r* correlation coefficient was used with a convenience sample of 10 students to ensure temporal stability. The instrument consists of 54 items, a seven-point Likert scale and six subscales: involvement, cohesion, teacher support, task orientation, order, organization, and innovation. Two data sets were collected from the instrument: Actual experiences with CPCs and importance of each statement for CPCs. The sample consisted of students and faculty from three different Midwestern nursing schools. The CPCLES was completed by participants at the end of the clinical experience to get a sense of collective experience versus single point data. The research findings indicated that both faculty and students perceived innovation to be the least important and to occur infrequently. This finding contradicts calls for innovation in nursing education made by organizations, such as

CASN and the National League of Nursing (NLN) (Caputi, 2017; NLN, 2003). Letizia and Jennrich (1998) also found that both perceived teacher support to be the most important and occurred most frequently. The researchers found statistically significant differences between actual and importance ratings of the subscales, indicating that the CPC learning environment lacked key components that are perceived to be important by students and faculty. These findings may help implement positive changes in the CPC learning environment. The instrument developed by Letizia and Jennrich (1998) was later used by Megel et al. (2013) to examine student and faculty perceptions of the post conference learning environment, resulting in similar findings and subsequent conclusions to Letizia and Jennrich (1998). However, Megel et al.'s (2013) study was limited by a small sample size. CPCLES could be a useful tool in evaluating online or blended CPC learning environments from the perspectives of instructors and students.

Harvey (2015) noted that some instructors requested feedback and guidance on facilitating post conferences, indicating differing experiences for learners. In response, Harvey (2015) developed high level, standardized guided questions for nursing clinical educators to use during post conferences. Instructors were oriented to the clinical course in advance, which included an explanation of standardization and guidance on facilitating discussion in post conference. Instructors spoke in favour of standardized CPCs, reporting that their experiences improved, and that they gained a better understanding of curriculum. This was not an official research study yet contributed an innovative strategy for clinical post conferencing. This innovative spirit can be carried forward in a preliminary discussion of an alternative method of facilitating CPCs, namely online or blended approaches.

Online, Asynchronous or Blended Clinical Post Conference

To reflect on an experience deeply and meaningfully, time and space is needed, both of which can be offered in an online learning environment. A traditional approach to CPC, as mentioned earlier, can serve as a barrier to meaningful critical reflection due to limited time and space in the clinical setting (Ebersole-Berkstresser, 2013; Hannans, 2019). Asynchronous or blended learning environments provide flexibility for learners to choose when to engage with the learning activity, accounting for physical and emotional readiness (Berkstresser, 2016). The learner is also allotted time to critically think and reflect on what they would like to say, transitioning beyond passive learning (Geister et al., 2019; Hermann, 2006). The focus for the learning and reflective process is learner-centred, ushering the learner from passive learning to active learning (Berkstresser, 2016). The asynchronous online learning environment can be emboldened with strategies, such as reflective journaling, developing an e-portfolio, and forum discussions (Berkstresser, 2016). Hannans (2019) identified benefits to asynchronous online CPCs: equity in participation opportunities, time to engage in reflection, evidence of higher cognitive level discussions, and community building. It is worth noting that Murray (2018) asserted that "lack of immediate feedback and nonverbal communication, … can make learning experiences less meaningful" (p. 4) when completed online. Conversely, Zapko (2013) noted that the social components of online CPC fostered peer learning. Participants in Zapko's (2013) study stated that online CPC as a pedagogical strategy provided time to think and reflect. Developing and using evidence-informed pedagogy for post conferencing can promote an environment that supports the integration of theory into practice and provides opportunities for meaningful learning (Montgomery & Handley, 2015).

Cooper et al. (2004) completed a quasi-experimental study involving 32 students who took part in online post conference and 45 students who participated in traditional face-to-face post conferencing over a six-week period. An 11 item Likert-scale was used to evaluate student experiences. Both experiences were rated high and positively by both groups; the online post conference group did report greater satisfaction with "participation, convenience and reflection on ethical issues" (p. 164) compared to the traditional approach group. Cooper et al. identified online clinical post conferencing as an innovative method of meeting student learning needs successfully. Transformative learning may have been achieved but this remains unclear from the discussion, as it was not a focus of the study.

In their pilot study to explore how to optimize learning during CPCs following a clinical shift, Heid (2015) used a Likert-style scale to collect student experiences and narrative responses. The results indicated deep learning by students in an online, reflective environment, as well as learner support for online CPCs, emphasized with the inclusion of anonymous, direct quotes. Reflection completed by faculty was also reported, which demonstrated evidence of positive student outcomes, as nursing students were becoming increasingly responsive to patient health changes, and improved application of theory into practice. It is worth noting that students who were participating in online CPCs were also engaged in face-to-face conferencing activities, such as during lunch, which did not seem to be accounted for in their responses. It appears students were engaged in a blended approach to clinical post conferencing, which is what led to deep learning about complex issues. The pilot study was repeated with subsequent cohorts, with comparable results.

Evans (2013) reported on the effective use of asynchronous discussion forums for post-conference. Faculty observed increasingly engaged learners and felt that the students

demonstrated improvement in critical and reflective thinking. It was unclear in this study what the study outcomes were being compared to or what measures were used to determine positive outcomes. Despite the positive outcomes demonstrated through the research, some challenges may present themselves when engaging in an alternative format of clinical post conferencing.

Challenges Faculty May Face with Asynchronous or Blended Clinical Post Conference

Although online CPCs have the capacity to improve reflective practice in nursing students, faculty and students may face challenges. These challenges can include increased time commitment to review online learning activities by instructors and looking for evidence-based literature to support their statements and arguments by students (Bristol & Kyarsgaard, 2012; Hannans, 2019; Heid, 2015). Bristol and Secor (2012) reported on the implementation and subsequent evaluation of student and nursing faculty experiences with online clinical post conferences. Unfortunately, this report neither mentioned the location of the study, the research design, nor the type of methods used for data collection and analysis. A detailed description of how online CPCs were integrated into curriculum was, however, provided. Students initially expressed dissatisfaction with online post conferencing, indicating lack of value for the assignments involved. Furthermore, facilitating post conference online can be a new experience for some, which introduces an element of unfamiliarity with technology and environment (Bristol & Secor, 2012; Vezeau, 2016). For some, an online learning environment is negatively impacted by a perceived absence or loss of non-verbal communication, such as tone and facial expressions (Heid, 2015; Neumeier & Small, 2014; Zapko, 2013). Additionally, literature related to reflection has shown that time and space is needed for deep, meaningful reflection (Hoven, 2020; Rose 2013). Conversely, it has also been suggested that the passage of time can negatively impact recall and quality of treatise (Bristol & Secor, 2012; Neumeier & Small, 2014).

Benefits of Asynchronous or Blended Clinical Post Conferences

Bristol and Secor (2012) found that despite their concern with increased time commitment, clinical instructors who facilitated online post conferences felt that they were able to better evaluate individual student learning. Further, they noted that online post conferences allotted more time for students to deeply think about their experiences and engage in increasingly complex thought processes, improving learning outcomes. In their pilot study to investigate student experiences with an online learning environment, Santy et al. (2009) analyzed final reflective forums to investigate student experiences. The students reported positive experiences with the learning activity, stating they had fun and found the approach interesting, signifying the potential for meaningful critical reflection and transformative learning in an online environment. A literature review related to online post conferencing was completed by Petrovic et al. (2019). Based on the literature, the authors found that online post conferencing improved praxis and learners demonstrated deeper reflections and subsequent learning. They also identified themes that arose from their literature search relevant to online CPC, some of which included convenience and flexibility, connecting theory to practice enhancement, improved peer collaboration, supporting digital literacy, as well as potential challenges. Petrovic et al. (2019) suggested further research is required to increase evidence-based support for online or asynchronous CPC, as well as to better understand how critical thinking and decision-making are developed through CPC.

Evolution of Reflection

Reflection, a creative process, is conceptually and practically connected with education, aiding in transformative learning (Kuennen, 2015). In his seminal work *How We Think* (1933),

John Dewey envisioned reflection as a component of education, describing reflective thought as a stream of sequential ideas that build upon one another rather than a disorganized process that can be engaged and disengaged with. He continued his argument by suggesting that reflective thought involves curiosity and time, stimulated by a phenomenon that embeds doubt, leading to thinking, followed by a process to seek resolution to end doubt, resulting in transformation in thinking and action. Dewey (1933) outlined five phases to reflective thought: Suggestion, which involves anticipatory thinking of possible solutions; intellectualization, which involves problematizing an experience; hypothesizing, which involves data gathering; reasoning, which involves expanding ideas; and testing, which involves taking action to solve the problem. Dewey's pragmatic approach to reflective thought frames reflection as an independent initiative, to be completed as a means of problem-solving, to be applied to other situations. Donald Schön (1984) built upon Dewey's reflective thinking by introducing space for reflection: reflection-in-action and reflection-on-action, placing reflection at the centre of what practitioners do. Reflection-in-action provides space to think during an experience with an element of surprise. This sort of reflection is bound by time, as the experience may last a few minutes or span days. Reflection-on-action occurs after an experience and requires the practitioner to retrospectively examine their experience, challenging decision making, and actions taken in the process. Rose (2013) further builds on the concept of reflection by offering an intelligent critique and new perspective. She argues that meaningful reflection requires time, slowness, quiet, and solitude. Reflection-in-action contradicts this. Rose offers reflection-then-action, building on Schön's conceptions of the relationship between action and reflection. Rose posits that taking the time to engage in slow, solitary reflection will stimulate creativity, awareness, leading to socially just and transformative thinking, ideally demonstrated in subsequent actions, establishing reflection

as a central concept for learning. Schön (1983) also contributed the concept of epistemology of practice, fostered through intentional, embodied reflection and artistic practice, supported by tacit knowledge, which can help develop meaning, understanding, and new knowledge. In nursing education, the understanding of professional practice developed because of this type of reflection can help nursing students better understand their roles and responsibilities when caring for patients (Kinsella, 2010). Over the years, theorists have contributed to the understanding of and development of reflection. The definition of reflection that will be used in this study is one proposed by Hoven (2020). She defines reflection as

> what happens in the interstices in our minds and being between stillness, cognition, movement and affect (feelings, emotions and beliefs). It is where creativity and deep understanding emerges – including creativity of construal, thought, ideas, and insight. It is this embodied emergence of imagination and creativity that propels innovation and brings about transformation (pp. 434).

Reflection in Nursing Education

Reflection in nursing is an integral part of practice and learning (Asselin & Fain, 2013; Batterbee, 2023; Miraglia & Asselin, 2015). “Reflection is often presented as a pedagogical tool to support the acquisition of particular knowledge, skills and attitudes” (Ng et al., 2015, p. 465). With a critical narrative approach, Ng et al. reviewed literature related to the application of reflection or reflective practice in medical education, finding three relevant trends: utilitarian application of reflection, reflection and assessment, and a focus on the self as the object of reflection. They further their argument by stating that “reflection is not only conceived of as a learning technique to be measured and evaluated, but also as a way of being and seeing” (p. 468). Through a systematic narrative review, Steven et al. (2020) found that reflection in nursing

education positively correlated with learning, and that there is a need for nursing instructors to provide differing perspectives to stimulate deeper learning. Nursing education is influenced by many learning theories. Kolb's (1984) experiential learning cycle and Mezirow's (1978) transformative learning theory commonly appear in nursing literature and have been discussed earlier. Other learning theories, such as Tanner's (2006) clinical judgment model, also appear in literature related to reflection in nursing education. Tanner's (2006) clinical judgment model consists of four components: noticing, interpreting, responding, and reflecting. The reflecting component builds upon Schön's (1983) seminal work of reflection in-action and on-action, encouraging nurses to consider what is gained from each experience and how it contributes to new knowledge. Schuler (2021), influenced by Tanner and Mezirow, developed the reflection, feedback, and restructuring model for role development, also placing emphasis on reflection as a key component for learning.

There are other frameworks for reflection that appear in literature, such as Gibbs' (1988) model of reflection and Rolfe et al. (2001) reflective model. Both models tend to be used to guide reflective journaling, which is widely recognized as an effective method of reflection and learning in clinical education (Hwang et al., 2018; Oliver et al., 2021). Gibbs' (1988) model of reflection consists of six stages: Description, feelings, evaluation, analysis, conclusion, and action plan. Rolfe et al.'s (2001) model consists of three questions: What, so what and now what? Both models are guides to engage in deep, critical reflection in relation to experiences, to learn from them and create a plan moving forward.

Defining Critical Reflection

Many theorists have contributed to the concept of critical reflection; however, the theoretical notion of reflection existed prior to the introduction of the critical concept. One of the

first theorists to do so was Jürgen Habermas. In his seminal work *Knowledge and Human Interests* (1971), influenced by the likes of Dewey, Habermas describes critical reflection as "the critical dissolution of objectivism, that is the objectivistic self-understanding of the sciences, which suppresses the contribution of subjective activity to the preformed objects of possible knowledge" (p. 214); essentially stating that examining one's embedded truths, which are informed by interactions within society and politics, can aid individuals to gain emancipatory knowledge and autonomy.

Paulo Freire (1974), surrounded by political strife, social oppression, and illiteracy, developed conscientização or critical consciousness to promote critical pedagogy and educate groups of rural, illiterate citizens in Brazil. Critical consciousness involves an individual realizing their self-worth and how their gender, culture, race, work, decisions, and actions impact the world around them (Halman et al., 2017). The outcome of critical consciousness is an empowered individual, who is proud of their work and considers the impact of their decisions and actions outside of themselves, resulting in a transformation in their thinking process (Halman et al., 2017). Furthermore, influenced by Habermas's critical social science, Stephen Kemmis spoke of critical action research, adding to the concept of critical reflection by outlining the importance of educational practitioners participating in education action research for the purpose of engaging in self-reflection and gaining self-understanding to best comprehend the consequences of their actions (Carr & Kemmis, 1986). For this study, critical reflection is defined as "challenging the validity of presuppositions in prior learning" (Mezirow, 1990, p. 7).

Exploring Critical Reflection

Habermas, Mezirow, Kinsella and Brookfield are amongst many theorists who have contributed to the development of critical reflection. Informed by critical theory and critical

inquiry, critical reflection involves a deep appraisal and examination of personal preconceived notions that have built belief systems to help individuals examine power relations in social and political contexts, with the goal of correcting erroneous problem-solving habits, transformation, and learning (Brookfield, 2017; Brookfield, 2015; Mezirow, 1990; Ng et al., 2015). The assumptions that formulate from preconceived notions structure the way experiences are interpreted and understood (Mezirow, 1990). If left unexamined, assumptions can lead to negative outcomes, such as ineffective instructional decisions, inequity in teaching approaches, unethical and incompetent decision making (Ng et al., 2019). Brookfield (2017) outlined four lenses for critical reflection for educators: Students' eyes, colleagues' perceptions, theory, and personal experience. Building such capacity and skill within one's self will assist in facilitating critically reflective learning experiences for learners. The students' eyes lens provides educators with insight into how learners are experiencing learning, providing opportunity to facilitate reflective discussions, and learning activities to explore meaningful and complex situations. The colleagues' perceptions lens encourages critical reflection through open dialogue with colleagues to better understand and raise awareness of assumptions, in hopes of offering different perspectives and determining the crux of the issue. The theory lens emphasizes the importance of exploring theory that aligns with one's teaching and learning philosophy. Discovering a theory that resonates can help make sense of the many layers of education, such as teaching, learning, classroom, distance, and transformation. The personal experience lens places value on appreciating, accepting, and understanding one's own experiences in education to better comprehend curriculum development, assessment preferences, and implemented learning activities. Deeply understanding personal experiences can also assist educators in appreciating learner experiences and helping them explore assumptions and biases within the healthcare

educational context (Brookfield, 2017; Halman et al., 2017). Critical reflection provides opportunities for informed decision-making and actions, developing rationale for practice and coping mechanisms for stressors associated with teaching, avoiding self-blame for others' failures, role modeling for learners and observers, promoting engagement and trust between the educator and learner, as well as the teaching and learning process (Brookfield, 2015; Brookfield, 2017).

Risks Associated with Critical Reflection

Several scholars have identified risks associated with critical reflection. Brookfield (2017), for example, identified that critical reflection can be damaging, especially if one realizes that their practice is based on "unchecked assumptions and assimilation" (p. 225), potentially becoming critical of one's self. Educators may also loose clarity in their teaching process or role by engaging in critical reflection, as complexities, missed opportunities and overlooked instances come to the forefront (Brookfield, 2017). Coward (2018a) encourages making a conscious effort to acknowledge what went well, rather than becoming transfixed on what may have gone wrong. Brookfield (2017) speaks to the risk of alienating colleagues by engaging in professional development and engaging in new practice methodologies, which can be mitigated by various strategies, such as affirming colleagues' abilities and introducing your learning and reflective experience by beginning with a feature of your practice that you may be worried about. There is a risk that those who engage in critical self-reflection may become overly self-critical of their performance rather than examining their decision-making process for the purpose of improvement and safety (Smith, 2011). To overcome this risk, the instructor should explicitly explain that critical reflection can take different forms and what the purpose and intent of

engaging in such an activity is (Smith, 2011). In addition to the risks associated with critical reflection, there are also some criticisms. These are discussed next.

Criticisms of Critical Reflection

Some scholars have criticized critical reflection as there is no uniform definition, theory, or approach (Ng et al., 2015). In the literature, terms are used interchangeably to describe critical reflection, making it difficult for practitioners and learners to completely understand and engage in the process, increasing the chances of experiencing the aforementioned risks (Fook & Askeland, 2007). The lack of a clear definition has also led some educators to inadeptly incorporate critical reflection into courses, wasting time and effort (Ng et al., 2019). The reflective process is also sometimes approached as a strategy or tool for education, which can Ng et al. (2015) claim can lead to reductionism. They explain 'reductionist approaches' as deconstructing reflection into steps, potentially creating a prescriptive atmosphere, possibly negatively impacting one's ability to critically reflect. Their critical narrative review of literature identified that reflection is often used as a tool in education, the self is used as the object of reflection, and reflection is used as a method of assessment, all of which are 'problematized' by the authors as reductionist approaches to reflection, contradicting the "philosophical underpinnings" of existing theory (p. 467). Ng et al. (2015) address the issues embedded within reflection and education thoughtfully and comprehensively, raising key areas of concern that may be unintentionally providing negative consequences to the critical reflective process.

Critical Reflection in Nursing Education

Critical reflection is an integral component of learning, as well as nursing education and practice. The purpose of critical reflection in nursing is to examine how assumptions and power

relations mould and enhance practice (Halman et al., 2017; Ng et al., 2019; Shin et al., 2023). The benefit and purpose of critical reflection is often misunderstood (Coward, 2018a; Ng et al., 2019). Misunderstandings and ineffective implementation of critical reflection may stem from complicated, inconsistent, and contextual dependent interpretation and application of the term (Smith, 2011). Reflection is sometimes thought of as a therapy rather than a method of professional and personal growth and development (Coward, 2018a). The benefits of reflection are gleaned when improvement in practice occurs (Coward, 2018b). Guided reflection, for example, can assist learners to deeply explore learning experiences and comprehend complex issues clearly, gaining knowledge and skills to apply in practice (Hayes et al., 2017). Ng et al. (2019) echoed this sentiment by stating that "the overall goal congruent with the theoretical literature would be to teach students to approach their clinical work as a form of praxis" (p. 1125). Hwang et al. (2018) found that critical reflection through journaling helped nursing students explore their biases related to mental illness and as a result improve their competency with mental health nursing. Peterson and colleagues (2023) further suggest that when nurses utilize an analytical lens of critical reflection, they are more likely to think beyond their assumptions and improve the quality of their work and critical thinking.

Lutter (2018) acknowledges that research on CPCs has focused on building critical thinking skills amongst nursing students; however, reflection and building reflective skills is equally important. Rose (2013) asserts that reflection and critical thinking are intertwined and cannot be separated. In a qualitative research design, Lutter (2018) completed an in-depth exploration of learner perspectives about the impact of art-based learning (ABL) on reflective practice with 29 nursing students at a private college. Data was collected over two semesters, followed by an inductive analysis of a final reflective paper. Students reported "developing new

perspectives, appreciating the patient experience, reflecting on feelings and growth and recognizing the value of ABL" (p. 549), which indicated an evolving understanding of nursing as well as the patient experience. The findings also demonstrated positive learning outcomes and development of reflective skills; however, the researchers acknowledged that the results may have been this positive because the students were aware of the research. This study did not delve into the longevity of the reflective skills gained from an arts-based CPC, nor instructor experiences in a new facilitation method (Lutter, 2018). The implication from this study is that critical reflection needs to be thoughtfully integrated throughout curriculum, encouraging learners to question their assumptions and challenge established constructs, such as power relations (Ng et al., 2019), even within CPCs. James and Brookfield (2014) suggest integration of imagination to promote student engagement. Strategies that include personal meaning, different methods to teach the same content and creating situations that are unfamiliar improve student engagement and foster retention and learning. Imagination or artistic engagement requires nursing students to consider differing perspectives and openness to diverse ways of thinking and learning. A literature review and qualitative thematic analysis by Obara et al. (2022) led them to conclude that art-based strategies stimulated critical reflection amongst nursing students, which led to the development of new knowledge and deeper levels of understanding, supporting praxis.

Critical Reflection and Critical Thinking

The concept of critical thinking is not within the scope of this study; however, it is a central tenet of nursing education, often appearing in the literature for CPCs as a primary goal for nursing students. As previously mentioned, one of the goals of nursing education is to cultivate critical thinking (CASN, 2014; WHO, 2020). One of the reasons that critical thinking is

a focus in nursing is because patient outcomes are intertwined with nurses' ability to think critically (Willers et al., 2021). Similar to critical reflection, critical thinking does not have a uniform definition. Many researchers and academics have offered definitions for critical thinking. A Delphi technique was used by Scheffer and Rubenfeld (2000) to define critical thinking in nursing. The researchers identified 10 habits of mind that align with affective domains of learning, and seven skills that align with cognitive domains of learning. The 10 habits of the mind of critical thinking are: confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection. The seven skills of critical thinking are: analyzing, applying standards, discriminating, information seeking, logical reasoning, and predicting and transforming knowledge (Scheffer & Rubenfeld, 2000; p. 352). Willers et al. (2021) defines critical thinking as "reflective thinking that affords individuals to decide what to believe and what to do" (p. 1). Christianson (2020) suggests that critical thinking is "built on a questioning and probing attitude", linked closely with emotional intelligence (p. 62). Each of the definitions provided demonstrate the affective and artistic requirements of critical thinking, thereby illuminating the interrelationship with critical reflection. Fisher (2003) and Rose (2013) both described the inseparable connection between critical reflection and critical thinking skills. Locating these connections within health disciplines, in their pilot study, using pre- and post-tests to assess clinical instructors' improvement in critical thinking by engaging in critical reflection, Shin and colleagues (2023) found that their participants demonstrated enhanced understanding of critical thinking and teaching efficacy. Many learning activities can be used to promote and develop critical thinking, such as simulation, reflective journaling, self-evaluation, reflective learning, and concept mapping (Willers et al., 2021). Reflection and inquiry are extensively used in nursing education

to stimulate critical thinking in the clinical environment, signifying the need for learners to build critical reflection skills, which can be supported with online or blended CPCs (Willers et al., 2021). It is worth noting that Ebersole-Berkstresser (2013) found that online CPC did not have a significant impact on students' ability to critically think.

Online Education and Learning

Online courses have the potential to be just as rigorous and challenging as in-person modalities (Kozlowski-Gibson, 2018). Online learning has grown and evolved considerably over the past few decades, gaining popularity (Panigrahi et al., 2018; Rasmussen, 2018), with an increasing interest and growth in online and blended approaches to education and learning (Guilbaud et al., 2021; McPherson & Bacow, 2015). There is an increased demand for online or blended approaches to teaching and learning, which has become even more prominent since the COVID-19 pandemic (Amankwaa et al., 2022). A commonly documented benefit to online learning is flexibility for both student and faculty and the ability to engage in learning in diverse geographical areas (Guilbaud et al., 2021; Panigrabi et al., 2018). Blended approaches combine in-person and web or technology-enabled learning environments. Leidl et al. (2020) and Dziuban et al. (2018) claim that blended approaches for teaching and learning have a positive impact on learning outcomes for students. When faced with a variety of learning environments, students tended to rate blended approaches favourably (Dziuban et al., 2018). Leidl et al. (2020) completed a review of existing literature and concluded there is evidence to support integration of blended learning approaches in nursing education. Sáiz-Manzanares et al. (2020) concluded the same, stating blended learning seems to be an effective learning environment for nursing students.

COVID-19 and Nursing Education

While discussing online education, we must consider the unprecedented time presented by COVID-19, which required schools of nursing to quickly adapt to emergency remote teaching (Lewandowski et al., 2021). There were some unique challenges faced by nursing faculty because of this sudden change. In their descriptive qualitative phenomenological approach, Nabolsi et al. (2021), for example, explored nursing faculty experiences during their emergency transition to online. They found that faculty felt that students did not know how to engage in online learning and instructors felt underprepared technically, logistically, and psychologically for this type of teaching and learning. Reported in the same study, faculty expressed a sense of decreased quality of interaction online because not all participants were sharing their cameras, leading to a loss of eye contact. Another challenge discussed by Nabolsi et al. (2021) was that domains, such as skills and attitudes, were much more difficult to teach and facilitate online than knowledge and nursing theory. A cross-sectional, descriptive correlational study by Oducado & Estoque (2021), found that up to 45% of their participants reported that online learning during the pandemic was very stressful and 37% experienced low satisfaction with their educational experiences within this context. McKay et al. (2022), with their qualitative descriptive study in the United States found that clinical instructors experienced increased stress and anxiety, and felt underprepared, which was worsened by the feeling that there was a lack of collaboration and support when they were required to rapidly transition to the online environment. These researchers also found that clinical faculty expressed joy related to learning new teaching strategies to facilitate virtually. With an international perspective, Agu et al. (2021) contributed a reflective discussion, through which they suggested an inequity was created during the pandemic because of limited availability of appropriate electronic devices to access education and online learning, inadequate financial resources, limited internet access and student anxiety related to

new methods of assessment and evaluation. They offer a *Cycle of Recovery* for educational systems and institutions as a method of moving forward and contingency planning for future emerging threats. The cycle includes preparation (developing resources to streamline required transitions during a crisis), responding (integrating alternate learning activities, such as simulation, to supplement or temporarily replace clinical experiences), coping (providing support in a variety of capacities, such as counselling) and recovery (developing contingency plans). It is important to note that these reports are strictly related to online learning during the COVID-19 outbreak, which required quick transition to online teaching and learning, regardless of preparedness and willingness for such a modality. In their edited book titled *Leadership in a VUCA World* (2023), Sabina, Colwell, and Tager, presents the lived experiences of leaders who have worked in volatile, uncertain, complex, and ambiguous environments, such as the pandemic, offering cautious guides to prepare to live and work during such times. Tager, for example, wrote of his experience navigating the demands of an international crisis created by the pandemic and how he and his team empowered learners in his district to engage in creative and collaborative problem-solving in planning and organizing their high school graduation in adherence to the center for disease control and prevention guidelines. Another example is provided by Morin (2020) in their editorial, in which they discussed the opportunities afforded by the experiences during the pandemic, such as planned integration of online education, strengthening curriculum by moving from content-based to concept-based, and researching student learning outcomes because of instructional changes required during the pandemic. In addition, and somewhat ahead of their time, in their research prior to the onset of the pandemic, Dziuban et al. (2018), Leidl et al. (2020) and Sáiz-Manzanares et al. (2020) concluded that there

were positive experiences with online and blended education and learning under less stressful and critical times.

Professional Development

In the context of nursing education and faculty, professional development involves engaging in activities that allow health professionals to build knowledge, skills and behaviours as instructors working with students (Sezer & Şahin, 2021). Nursing faculty may access professional development opportunities, such as conferences and webinars, however, this does not assure an effective translation of knowledge into practice (Ignatavicius & Chung, 2016). In their survey, studying the transfer of knowledge from an educational conference into nursing educational practice, Ignatavicius and Chung (2016) found that professional development assisted faculty to enhance their practice and improve their teaching and learning process. Hunker and Robb (2021) found that feedback from leadership can help promote continued professional development amongst nursing faculty, which is especially useful when facilitating online. Phillips and colleagues (2019) developed and implemented an eLearning faculty development course about clinical teaching. They found that faculty were satisfied with their professional development and reported knowledge and skill acquisition, which they felt they could apply in their practice when working with students. McPherson and Candela (2019) completed a Delphi study and found that clinical faculty want more training in their role, especially when they are novice with informal education. These researchers concluded that nursing programs should better prepare and provide support for clinical faculty to help them understand their role and professionally develop. In their qualitative descriptive study exploring the lived experiences of clinical faculty, Hoffman (2019) asserted that when starting in their roles, it took approximately three years for clinical instructors to feel comfortable with their

responsibilities related to nursing education. In their hermeneutic phenomenological study, Cooley and De Gagne (2016) reported on the experiences of nursing faculty in education and academia. The participants of their study reported feeling like they lacked academic knowledge, there was an inadequacy in support and guidance, and they experienced lack of confidence related to inexperience. The authors were able to ascertain that faculty found ongoing mentorship and guidance very valuable to their professional development and transition to an academic based role. Ongoing professional development can offer support to clinical faculty to better engage with the teaching and learning process.

Implications

The literature review revealed many aspects of nursing education in relation to critical reflection, CPCs, and online education. There is a need for reform in pedagogical strategy, relevant to clinical education and post conferencing. A blended approach to conferencing can provide opportunities for immediate debrief, followed by time and space for deep, critical reflection.

Gaps in Literature

This review of literature about CPCs has identified that online post conferencing appears sparingly in literature. Student and faculty perspectives, as well as critical reflection related to online clinical post conferencing are also limited. There were no studies related to LPN clinical education and clinical post conference. Few studies were found on the efficacy of online or blended approaches to clinical post conferencing and nursing education. Lastly, the connection between critical reflection and critical thinking also seems to be inadequately established.

Summary

Through the literature review I explored nursing education in the context of clinical education and post conferencing. Although there was limited literature available for online clinical post conferencing, the existing research correlated learning experiences positively with online activities. The need for innovation in nursing education has been established, creating a platform for this IPA study. It is important for educators to consider and determine whether more innovative strategies for clinical post conference, such as blended learning activities, can enhance critical reflection capacity and learning outcomes for nursing students (Evans, 2013). Exploration of the meaning clinical instructors hold for post conference, education and critical reflection needs to be explored. The methodology and methods that I used for this research study are presented in Chapter 3.

Chapter 3: Methodology

In this chapter, I present the methodology, including a discussion about the qualitative study design, role of the researcher, participant criteria and recruitment, data collection and analysis strategies, ethical considerations, and trustworthiness.

Interpretative phenomenological analysis (IPA), a qualitative methodology, is an approach to deeply explore experiences of significance to make sense of them (Smith et al., 2009; Smith & Fieldsend, 2021). Qualitative research seeks to inquire, explore, and comprehend the meaning that individuals or groups attribute to experiences (Creswell, 2014). The purpose of this IPA was to explore the meaning critical reflection has for nursing clinical instructors within the context of nursing education and clinical post conferences (CPC) that are in-person, online or blended. I felt that gaining an understanding of the perceptions of clinical instructors could help make improvements, such as reflective practice, clinical judgment, and learner experiences. I begin Chapter 3 with an overview of my background and role in this study, followed by a description of IPA, as presented by Smith, Flower, and Larkin (2009).

Background and Role of the Researcher

Transformative learning in nursing education acquired through experiences is significant, as nursing professionals can be stimulated to think more autonomously, to understand their assumptions, and learn to think beyond them (Tsimane & Dowing, 2020b). CPCs provide an opportunity to encourage the development of critical reflection skills amongst nursing students by deeply exploring experiences with high-level questioning and creative learning activities. My background is in nursing, with experience in bedside and education. I always knew my career destination was education. When the opportunity presented itself, I accepted and began my

journey as a nurse educator, primarily in clinical education. My experiences in nursing school, bedside care, and as an educator in the field have helped me develop a unique view of nursing practice and education. As I discussed in Chapter one, I engaged in critical reflection to better understand my perspective related to clinical post conference. I believed the way I was facilitating CPC was not conducive to learning and could be more meaningful for both myself, as a clinical instructor, and nursing students. Several factors, such as feeling exhausted, dissatisfied, disconnected, and disjointed with and from CPC contributed to my interest in exploring this topic. The aim was to build knowledge, enhance my practice, and contribute to nursing education positively. Two main adult education theories have influenced my perspective about nursing education: Mezirow's Transformative Learning (1978) and Kolb's Experiential Learning Cycle (1984), both of which I discussed in Chapters 1 and 2.

Nursing students are required to learn how to apply knowledge in practice through repeated experiences and reflection. However, despite this requirement of nursing students, there is a well-documented gap between acquiring theory-based knowledge and application in practice (Hanberg & Brown, 2021). In the clinical setting, experiences take place through interactions with the healthcare setting, which includes vulnerable individuals, hospitals, families, and care providers. For nursing professionals, including students, to genuinely grasp the impact of their actions or inactions, they must understand what influences their thoughts, decisions, impressions, perceptions, and understanding of any situation (Horton et al., 2021). Such understanding can be fostered through critical reflection.

A cyclical process of experiencing, reflecting, conceptualizing, and experimenting, coupled with a critical awareness of personal belief systems and assumptions and how these embedded notions influence self-conception, decision-making, and relationship-building can lead

to meaningful learning (Kolb & Kolb, 2018; Mezirow, 2003). To promote voluntary participation in critical reflection for the purpose of self-awareness and transformative discourse, a learner-centred approach is integral to adult learning. In nursing education, transformative learning promotes questioning taken-for-granted life experiences and understanding (Tsimane & Dowing, 2020b).

An IPA is interpretive in nature, requiring the researcher to make sense of the participant making sense of their experience (Smith et al., 2009; Peat et al., 2019). I, as the principal investigator, was the researcher, and a member of the same profession as the participants. This commonality helped develop trust, mutual respect, and understanding, thereby facilitating rapport and openness in our interactions. Although my experiences, thoughts, and impressions may have differed from the participants at times, a foundational similarity in our education and engagement in healthcare provided opportunity to discuss teaching and learning openly. My pre-existing experiences in nursing education resulted in preconceptions and assumptions about clinical post conferencing and critical reflection, some of which came forward during data analysis. These preconceptions served as a valuable interpretive lens to garner meaning during data analysis. My fore-structures and understanding prompted me to ask questions of participants to make better sense of what they shared, as well as delving into experiences deeply during interviews (Larkin et al., 2006). During my entire research process, I reflected by writing in a research journal, tracking the evolution of my ideas and conceptions. My research journal assisted me to bridle my biases and engage in reflexivity, which I discuss in greater detail in the data analysis section.

One of the first entries in my research journal was an acknowledgement of my existing assumptions and biases, specifically related to CPCs and critical reflection, in keeping with the

advice regarding bridling (Dahlberg & Dahlberg, 2020). The following is from my research journal:

> Critical reflection is crucial to developing critical thinking and safe and competent nursing practice; critical reflection is undervalued in nursing process by students and clinical instructors; current face-to-face methods of CPC are ineffective in facilitating deep, critically reflective process; and online clinical post conferences will improve critically reflective skills amongst nursing students.

The influence of these biases on my interpretations and conceptualization of themes has been documented in my research journal.

Research Methodology and Approach

The aim of this study was to explore the meaning clinical instructors ascribe to their experiences with in-person or online CPC to build critical reflection skills amongst nursing students. Considering the proposed research questions in Chapter 1, the paradigm that framed my study is interpretivism, which is concerned with discovering what constructs, objects, and experiences mean to people and how these meanings influence decisions, behaviours, and more (Ajjawi & Higgs, 2007; Seale, 2018). I used an IPA as a research methodology to understand the meaning nursing clinical instructors attribute to experiences related to post conferencing. An interpretative and phenomenological approach, through in-depth, semi-structured interviews, with a small, homogenous participant group, provided rich data and insight into clinical instructors' perspectives, and how they envision asynchronous or blended modalities for CPC and the development of critical reflection skills, if at all (Larkin et al., 2006; Peat et al., 2019). In the next two sections I review IPA and its theoretical underpinnings, most significantly from Smith, Flower, and Larkin (2009).

Interpretative Phenomenological Analysis

Interpretative phenomenological analysis (IPA) was developed by Jonathan Smith (1996) as a qualitative approach in psychology to examine the personal lived experience of individuals (Shinebourne, 2011; Smith et al., 2009). Grounded in data, IPA is committed to the in-depth, detailed exploration and understanding of the lived experiences of individuals and how they make sense of their personal and social worlds (Emery & Anderman, 2020; Smith & Osborn, 2003). IPA is a 'participant-oriented' approach that enables individuals to express their experiences in their own terms and language rather than predetermined categories or ideas (Smith et al., 2009). Researchers can understand experience by examining the meaning that individuals ascribe to them (Smith et al., 2009). The epistemological commitments and claims that inform IPA as a research methodology are supported by select philosophers and philosophies, which I discuss below. Amongst the theoretical underpinnings of IPA, I was most aligned with Heidegger's hermeneutic phenomenology to remain attentive to the fact that each participant is a part of a lifeworld, which influences their perspective in relation to something, such as CPC and critical reflection.

Theoretical Underpinnings of IPA

As a branch of phenomenology, IPA draws upon three major theoretical underpinnings: Phenomenology, hermeneutics, and idiography (Smith et al., 2009), as well as influence from symbolic interactionism (Shinebourne, 2011; Smith et al., 2009). The role and purpose of IPA is to assist researchers in understanding the meaning individuals assign to their experiences by providing a space for them to explain their perspectives within a particular context in their own words (Noon, 2018).

Phenomenology. IPA aligns with Husserl's phenomenological intention to describe how a person experiences their world through their inseparable relationship with consciousness (Eatough & Smith, 2017; Tombolato & dos Santos, 2020). A key concept within transcendental phenomenology, as proposed by Husserl, is *intentionality*, referring to the relationship between conscious beings and the world; the experiences within this world are always of something (Larkin et al., 2006). He also proposes shifting from a 'natural attitude' to a 'phenomenological perspective' to be able to explore and examine the "experiential content of consciousness" (Shinebourne, 2011; Smith et al., 2009, p. 21). This can be done by bracketing our taken-for-granted perspectives of the world through a series of reductions, leading the researcher away from the distractions of their own assumptions and towards the meaning of their own experiences (Smith et al., 2009). The purpose of this step, within IPA, is to ensure the researcher is attentive to and systematic in their approach, while examining the essence of consciousness (Christensen et al., 2017; Smith et al., 2009). Bracketing within IPA is enacted during data analysis and interpretation, as the researcher brackets their preconceptions when moving from case to case to ensure everyone's words are interpreted as authentically as possible (Gyollai, 2019). Heidegger, Merleau-Ponty, and Sartre have each contributed to the development of phenomenology. The main ideas adapted from Heidegger are an ontological orientation that human beings have an *intersubjective* engagement in the world and that being-in-the-world (*Dasein*) always includes perspective, temporality, and is related to something (Larkin et al., 2011; Smith et al., 2009). Merleau-Ponty, a major contributor to existential phenomenology, described the "embodied nature of our relationship to the world and how that led to the primacy of our own individual perspective on the world" (Smith et al., 2009, p. 29). In IPA, the notion that "the body shapes the fundamental character of our knowing about the world" is important

(Smith et al., 2009, p. 29). Sartre further developed existential phenomenology by presenting the notion that human nature is more about becoming than being, the complexity of which can be understood through the context of the individual's life, history, and social climate, including human action (Amos, 2016; Smith et al., 2009).

Hermeneutics. The second theoretical underpinning of IPA is hermeneutics, the art and science of interpretation (Henriksson & Friesen, 2012). Smith et al. (2009) reference Schleiermacher, Heidegger, and Gadamer as the main philosophers who have informed IPA's hermeneutic commitment. Schleiermacher introduced grammatical (objective textual meaning) and psychological (subjective individual) interpretation as a holistic interpretative process (Eatough & Smith, 2017; Smith et al., 2009). He argued that through interpretation, a researcher can understand an author better than they understand themselves (Smith et al., 2009). Contrary to his stance, Gadamer argued that the aim of interpretation is to understand the content of the text rather than the author (Smith et al., 2009). IPA seems to adapt both perspectives by focusing on interpreting the text and the sense-making of the participant (Smith et al., 2009).

Heidegger, influenced by his mentor Husserl and descriptive phenomenology, connected phenomenology with hermeneutics, arguing that phenomenological inquiry is interpretative from the start (Amos, 2016; Smith et al., 2009). In his seminal work *Being and Time* (1962), Heidegger emphasized the ontological nature of phenomenology by speaking to *Being*, which is presence in the world or existence. A foundational concept within this ontological perspective is *Dasein*, meaning people understand their presence in the world (Heidegger, 1962; Miles et al., 2013). An essential component of Dasein is *sorge* (care or concern), which builds relationships and understanding by linking Being to the lifeworld through openness to the world (Heidegger, 1962; Miles et al., 2013). Heidegger (1962) also highlighted the importance of temporality and

spatiality, or time and space, when progressing towards understanding and deriving meaning from experiences, linking to my assertion that critical reflection will be better fostered amongst nursing students when adequate time and space is provided through online or blended CPC. Interpretations are based in fore-structures of understanding, which is the inherent capacity to, at least loosely, grasp the meaning of Being. Fore-structure of understanding can be embedded in habitual thought processes, which may serve as distractions, imposing ill-conceived meanings to experiences or texts (McManus Holroyd, 2007). Beings may be unaware of fore-structures; however, they can still heavily influence the meaning developed from an experience. The goal is to interpret meaning by deeply exploring ontological foundations of Being and how someone understands and interprets their lifeworld (Bynum & Varpio, 2018; Crowther & Thomas, 2020; Laverty, 2003; Suddick et al., 2020). Heidegger argues that our engagement with the world and our understanding of the meaning of what appears to us is always accessed through interpretation, which is influenced by our relationships, preconceptions, or fore-structures (Smith et al., 2009). I believe it is important to provide a platform for clinical instructors to explore their fore-structures, whether they are aware of them or not, and to develop understanding of current practice and for potential future practice for CPC to build critical reflection skills amongst nursing students.

Gadamer builds on this argument by presenting interpretation as a dialogue between past and present. Both Gadamer and Heidegger acknowledge the importance of being aware of one's own biases (before and during interpretation), to allow texts to present themselves authentically (Smith et al., 2009). IPA is also considered a double hermeneutic, as the researcher is making sense of the participants' attempts to make sense of their experiences through verbal expression (Tombolato & dos Santos, 2020; Smith et al., 2009), distinguishing it from a hermeneutic

phenomenological approach. Furthermore, Smith et al. (2009) pull from Ricoeur's interpretative positions, hermeneutics of empathy and hermeneutics of questioning, to describe another method in which IPA functions as a double hermeneutic. The combination of the two approaches helped me understand CPC from the participants' perspective and from analyzing and sense-making in relation to clinical education (Smith et al., 2009).

Idiography. IPA is dedicated to the detailed examination of a particular case, and thus idiographic, the third theoretical underpinning (Amos, 2016; Smith et al., 2009). A commitment to the particular takes place with in-depth analysis and interpretation of how a specific experience is understood from an individual's perspective prior to moving to the next case (Amos, 2016; Smith, 2004; Tombolato & dos Santos, 2020). Although Dasein's experience is understood to be in relation to something, an individual can provide a unique and personal perspective related to the phenomena of interest (Smith et al., 2009). In their rationalization of IPA, Smith et al. (2009) stated that its phenomenological commitments are best applied by attempting to get as close as possible to the personal experience of the participant, while recognizing that both researcher and participant will engage interpretatively.

Rationale for IPA

IPA is a suitable methodology to explore clinical instructors' experiences and understanding of CPCs and critical reflection to address the research questions. IPA, being a participant-oriented approach, helped me gather rich data to interpret the meaning clinical instructors ascribe to CPC and critical reflection in their own words, rooted in a detailed examination of personal lived experience, based on individual sense-making rather than pre-existing theoretical preconceptions (Alase, 2017; Smith et al., 2009). Through in-depth, semi-structured interviews with each participant, I gained insight into the attempts of each of them

making sense of their experiences with CPC and critical reflection, in-person and online. “In choosing IPA for a research project, [I] committed [myself] to exploring, describing, interpreting, and situating the means by which [the] participants make sense of their experiences” (Larkin et al., 2006, p. 110). “Just as nursing seeks to deliver care that is evidence-based, the findings of IPA studies are firmly rooted in the ‘evidence’ of the words of participants” (Peat et al., 2019; Pringle et al., 2011, p. 24). To promote holistic and authentic interpretation of participants’ lived experiences, I became well acquainted with my own biases and assumptions through the process of bridling, discussed below.

Bracketing and Bridling

In the original conceptualization of phenomenology, researchers must engage in epoché (opening up) and reduction (closing down and focusing) to refrain from theorizing, conceptualizing, abstracting, and objectifying the phenomenon of study (van Manen, 2017). Epoché is the process of suspending personal assumptions and interpretations that may hinder understanding of phenomena (Butler, 2016). In IPA, the researcher is asked to bracket preconceptions when moving from case to case to ensure the unique and individual perspective and sense-making of each participant is interpreted prior to looking for thematic convergence and divergence across cases (Smith et al., 2009). This is an attempt to remain devoted to IPA’s idiographic commitment (Smith et al., 2009). These authors go on to state that researchers will inevitably bring their fore-structures and preconceptions to any encounter or interaction within the research process and will interpret them against the background of their prior experiences (Horrigan-Kelly et al., 2016; Smith et al., 2009). Reflexivity, therefore, is an important endeavour for researchers to become aware of preconceptions, as these pre-existing beliefs are essential to the interpretive process (Horrigan-Kelly et al., 2016; Laverty, 2003).

The self-reflective process being described is called bridling, which is a process that requires continuous openness and a "reflective attitude" towards the phenomenon being studied (Dahlberg, 2022, n.p.). I routinely wrote about my internal dialogue and critical self-evaluation of my habitual thought processes, ways of knowing, assumptions, beliefs, and practices to reduce the risk of making premature conclusions and promoting different methods of understanding, thereby engaging in reflexivity (Dahlberg & Dahlberg, 2019). Despite my experience with clinical post conferencing and critical reflection, I continued to ask myself questions about nursing education, rather than taking my current understanding for granted, allowing other meanings to emerge (Dahlberg, 2022; Dahlberg & Dahlberg, 2020; Suddick et al., 2020). By engaging in bridling through reflexivity, I better understood how to manage the dual role of being a researcher *and* member of the world being investigated, while revealing authentic and credible meaning from the words of the participants. I engaged in reflexivity through my research journal with the aim of creating opportunities for open and wide understanding of CPCs and critical reflection, while remaining attentive to what was being revealed in the transcribed texts of the individual interviews and eventually across cases (Dahlberg & Dahlberg, 2019; Dahlberg & Dahlberg, 2020; Smith et al., 2009). This self-reflective process helped me make my best attempt at being attentive to the words of the participants as they spoke about their lived experiences with both in-person and online CPC, as I moved from case to case before, during and after data analysis (Smith et al., 2009; Stutey et al., 2020).

I will now review my research questions for this study, followed by my participant recruitment, data collection, and analysis strategies.

Research Question

The research questions arose from my preconceptions related to clinical post conference and critical reflection. I believe that online or blended approaches to conferencing will provide the time and space required to develop skills for deep, meaningful critical reflection and transformative learning. A qualitative, IPA research study helped me delve into the experiences of clinical instructors and provide an opportunity to interpret and understand the essence of the participants' perspectives. The research questions, therefore, sought to explore underlying meaning associated with clinical instructors' experiences and perceptions regarding online or blended formats of CPCs to build critical reflection skills amongst nursing students. The research questions are:

From the perspective of nursing clinical instructors, how useful could online or blended formats of clinical post conferences be in developing critical reflection skills in nursing students? Sub questions:

1. From the perspective of clinical instructors, how useful have traditional, in-person clinical post conferences been in developing critical reflections skills in nursing students?
2. What potential do nursing clinical instructors perceive for asynchronous or blended formats of clinical post conferences to better develop critical reflection skills in nursing students?
3. To what extent do nursing clinical instructors believe they are ready to facilitate clinical post conferences in an online or blended format?
4. What resources or training do nursing clinical instructors believe they need to be ready to facilitate clinical post conferences in an online or blended format?

Research Ethics Application

I applied for research ethics approval at Athabasca University on March 18, 2022. The participants for this study were nursing professionals I had come to know through various activities, such as interactions at clinical sites, conferences, and colleagues, therefore I did not need to apply for ethics approval at any other institution. I received research ethics approval from Athabasca University's Research Ethics Board (REB) on March 30, 2022 (Appendix A).

Participants and Recruitment Strategy

IPA is qualitative in nature, with the intent to gather rich, meaningful data from a homogenous group of individuals (Smith, 2006; Smith et al., 2009). To address the proposed research questions, the participants who enabled such data gathering were nursing instructors with clinical expertise and experience facilitating CPCs. To ensure depth and breadth of research and data collection from a homogenous group who could provide insight on their lived experiences with facilitating CPC and critical reflection, participant inclusion criteria were developed, and these are presented in Table 1.

Table 1
Participant Recruitment Criteria

Participant Inclusion Criteria	Rationale for Criteria
Must have experience facilitating clinical education and post conferences within the last five years.	Recent experience with facilitating clinical post conferences to promote current and accurate accounts of relevant participant experiences. Due to the emergency remote teaching required during the start of the COVID-19 pandemic, clinical instructors will be more likely to have experience facilitating education in an online environment.
Must have facilitated clinical post conferences either in-person, online, or in a blended format.	Experience with different modalities of post conference facilitation will ensure some level of expertise with post conferencing and provide an opportunity for richer data collection and breadth of interpretation.

Participant Recruitment Strategy

Once I received REB approval for my research study, I began my planned, purposive participant recruitment strategy. In their idiographic commitment as a theoretical foundation for IPA, Smith et al. (2009) encourage a small, homogenous participant group for research. To explore the topic thoroughly and remain attentive to the idiographic underpinning of IPA, I reached out to my professional network of nursing instructors who had recent experience with clinical education and post conferences to promote a homogenous group of participants. I anticipated recruiting four to six participants, therefore, I connected with six instructors via email. The introductory email (Appendix B) included information about the study, such as purpose, research question, and potential commitment required. I reached out to those with experience facilitating clinical education with Bachelor of Science and licensed practical nursing students. Of those six, four responded with interest in participating. Due to my experience during the first semi-structured interview, which I will discuss in Chapter 5, I recruited one more participant using the same approach outlined at the beginning of this section, totaling five. Each participant met the inclusion criteria.

Data Collection

I used individual, in-depth, semi-structured interviews to collect data from nursing instructors with recent experience facilitating CPCs. I developed an interview schedule, as suggested by Smith and associates (2009), which is shown in Table 2, later in this chapter.

In-depth, Semi-Structured Interviews

IPA requires rich data to examine and derive meaning. Rich data means that participants have the opportunity to tell their stories openly, reflectively and to make sense of their experiences (Smith et al., 2009). Facilitating individual, semi-structured interviews on an online platform provided an opportunity for in-depth discussions, with time for quiet contemplation in a space that is non-judgmental, while eliciting insights and deeper understanding of ideologies behind thought processes, interpretations, and experiences (Cohen et al., 2018; Dowling et al., 2016; Smith et al., 2009).

I prepared a timeline and timetable that allotted adequate time to conduct interviews (at least one hour). A variety of date and time options were provided to accommodate busy schedules and improve ease of participation (Bhatt, 2018). Once an interview was scheduled, I sent a follow up letter outlining the purpose of the research, confirmation of the interview date and time, and an expression of gratitude to the participant for their commitment (Bhatt, 2018). Sample questions were also included in the email to participants to provide time to think about and reflect on the concepts related to CPC and critical reflection. With informed written consent (Appendix C) from each participant, using Zoom, interviews were audio-visually recorded, and verbatim transcripts necessary for data analysis (Larkin et al., 2011; Smith et al., 2009) were generated along with the recordings. At the outset of each interview rapport-building strategies were used, such as leaving my camera on, active listening, being sociable, and maintaining a bright disposition (Abbe & Brandon, 2014; Alase, 2017).

A well-conceived semi-structured interview should allow room for flexibility in discussion while still capturing the core concepts of the phenomenon being studied (Barrett & Twycross, 2018). To reduce risk of miscommunication and misinterpretation, interview

questions were open-ended and impartial (Doody & Noonan, 2013; Fritz & Vandermause, 2018). A flexible interview schedule (Table 2) was constructed, guided by the recommendations outlined in Smith, Flower, and Larkin (2009). An interview schedule is a planning tool that helped me blueprint open-ended, non-directive interview questions, while remaining attentive to what the participant is saying and sharing (Noon, 2018; Smith et al., 2009). I also used probing questions, such as those in Table 2 below, during the interviews to promote clarity and encourage the participants to delve deeper into their experiences, perspectives, and opinions (Doody & Noonan, 2013). I worked with my supervisory committee to ensure questions are acceptable and have internal validity.

Table 2
Interview Schedule

Interview Schedule
1. Can you tell me what clinical post conference is within your role as a clinical instructor? *Possible Prompts*: Most recent experiences? Prior to the pandemic?
2. Can you describe how you learned to facilitate clinical post conferences for nursing education and nursing students? *Possible Prompts*: Evidence-based practice?
3. Can you tell me how critical reflection fits into clinical post conferences that you have facilitated? *Possible Prompts*: Learning activities? Guidance? Discussion?
4. Can you tell me how your clinical post conference techniques have evolved through your time as a clinical educator? *Possible Prompts*: Reflection/Critical Reflection? Literature/evidence-based? Feedback from students? Discourse with Colleagues?
5. In your experiences, what would make you believe a clinical post conference is successful? *Possible Prompts*: Personal Emotions/Reactions? Student Behaviour/Responses?
6. Can you describe your experience facilitating CPC at the start of the pandemic? *Possible Prompts*: Space availability? Resources provided by the educational institution? Professional development opportunities?
7. Can you tell me about your experience facilitating CPC since the start of the pandemic? *Possible Prompts*: Professional development? Perception of learner experiences? Your natural response? What approach did you use?

Although interviews are social interactions, I maintained professionalism by completing them in an environment with limited distractions and clutter. I used two computer screens to improve organization, was punctual, and adhered to pre-determined timelines for the interviews. Prior to beginning each interview, I explained the purpose, what to expect, clarified roles, and encouraged participation (Doody & Noonan, 2013). All interviews were conducted online, via a secure Zoom account. I used Zoom because of the convenience offered to participants, as they did not require an existing account to join a meeting. Zoom allowed recording of meetings and generated automatic transcripts of audio without the need for storage in a third-party software (Archibald et al., 2019). The online interviews were completed in a personal office space with a locked door, and with headphones to eliminate chances of breaching confidentiality and privacy. Meeting invites sent to participants included suggestions to join meetings in distraction free environments, with the use of headphones. Personal office spaces may not have been available to all and therefore it was not an expectation or requirement. Ethical considerations for interviewing will be reviewed later in the chapter. In the next section I discuss my primary approach to data analysis.

Data Analysis

A recommendation for data analysis with an IPA has been outlined by Smith, Flower, and Larkin (2009). Smith et al. (2009) claim that the "essence of IPA lies in its analytic focus" (p. 114). Data analysis in IPA is an iterative and inductive cycle, requiring close line-by-line analysis of transcripts, identifying emerging themes, developing a dialogue between the researcher, coded data, and their pre-existing knowledge, linking themes together, and organizing data to illuminate analytical process, developing a comprehensive narrative and reflection on one's own processes (Smith et al., 2009). IPA researchers are encouraged to be

innovative, as there is no linear or single method of data analysis within this methodological approach (Smith et al., 2009).

In Table 3, I present how I completed data analysis, informed by Smith et al. (2009), along with how my hermeneutic circle progressed. The Table will be followed by a description of the hermeneutic circle.

Table 3
Data Analysis Phases and the Hermeneutic Circle

Step	Description of Data Analysis	Hermeneutic Circle
1. Reading and Re-reading	The first step that I took was member checking. Each participants transcript, following verification, was sent to them to review and add any details or clarification that they deemed important (Cohen et al., 2018). I then immersed myself in the data. I began by reading through the first verbatim transcript while listening to the audio recording.	I read and re-read one transcript at a time, taking notes in my research journal of any thoughts, insights or musings that evoked from the initial and subsequent read in my research journal.
2. Initial Note Taking	I examined the semantic content and language used by the participant in their description of CPCs and critical reflection. Three levels of comments were made at this stage: Descriptive: Key words, phrases used by the participant. Linguistic: How the transcript reflects the ways in which the content and meaning were presented Conceptual: Interpretative, focusing on overarching understanding CPC and critical reflection, drawing from my professional knowledge and experiences.	Descriptive Comments: I thought about the participant's experiences in terms of their relationship to the things they consider important in their world. Linguistic Comments: I examined the use of pronouns, pauses, silence, laughter, repetition, tone to identify links between language and content. Conceptual Comments: I read transcripts thoroughly and between the lines, from the bottom, up, in different orders to ensure the interpretation arises from the participants' words.
3. Developing Emergent Themes	I mapped out connections, interrelationships, and patterns	I fragmented and re-organized the data to bring out the

Step	Description of Data Analysis	Hermeneutic Circle
	between my initial notes, which were representative of the original text. I identified what is important in the comments, from the transcripts. The themes reflected the participants' words, as well as my interpretations.	meaningful parts from the whole. I attempted to think about the data in different ways, reading in different order, taking breaks, and engaging in reflexivity.
4. Searching for Connections Across Emergent Themes	I mapped out emerging themes through abstraction. I identified patterns between emerging themes by clustering like-themes together and giving them a new name, which are considered superordinate themes. I made digital tables, with different coloured fonts to help group like-themes together.	I used my research journal to account for how my fore-structures and understanding evolved during the data analysis process to ensure I am not prematurely drawing conclusions that are not representative of what the participant is saying in the content of the transcript.
5. Moving to the Next Case	Repeated Steps 1 to 4 with each subsequent transcript.	As noted for Steps 1 to 4.
6. Looking for Patterns Across Cases	I organized the data and interpretations in digital tables for each participant, still colour-coded to help identify like and differing concepts and themes.	I asked myself critical questions, such as which themes are most potent? How does one theme inform or illuminate another? What are the connections between cases? What are the differences between cases? Do any of the themes help explain similarities or differences?

Adapted from Smith et al. (2009)

Hermeneutic Circle

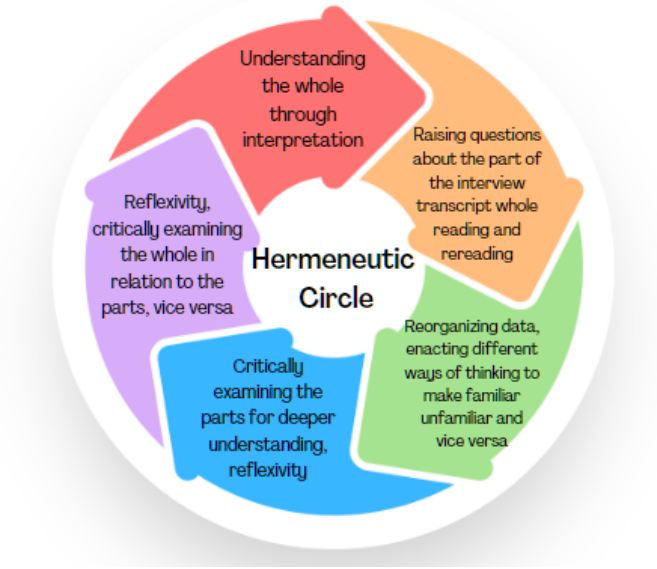
In IPA, a hermeneutic circle is used to engage in an iterative analytic process (Smith et al., 2009). The hermeneutic circle provides a non-linear way of thinking about the data, encouraging back and forth movement between the whole and parts of the transcripts. A simple example of the whole and the parts would be that parts can be thought of as a particular word, with the whole being the sentence it was extrapolated from (Smith et al., 2009). In the hermeneutic circle, the researcher acquires new knowledge and meaningful interpretations by

revisiting the lifeworld through linguistics (Debesay et al., 2007; Miles et al., 2013). The researcher engages in an iterative process, expounding their reflections in writing, returning to the cyclical process of reflecting and writing, leading to a nuanced and robust analysis (Laverty, 2003).

Throughout the analysis process the researcher must remain acclimatized to the phenomenon under study, while intentionally considering the interplay between the parts (data) and the whole (understanding the phenomenon) and how each enhances meaning (Bynum & Varpio, 2018; Laverty, 2003; McManus Holroyd, 2007). My prior understanding and pre-conceived notions, accounted for in my research journal, are considered an asset in the interpretative analytical process (Dahlberg & Dahlberg, 2020). I engaged with the part and whole of the data by listening to recordings of the interviews while reviewing the transcripts, at various points of analysis. Any time I felt disconnected from the data, I reviewed the transcripts while listening to and watching the recordings to further immerse myself and dwell in the data. I attempted to develop a meaningful and interpretive relationship with the text through writing, drawing, and diagramming. Artistic expressions of understanding helped me interact with the data broadly and abstractly, introducing a creative element to inductive and interpretative analysis and phenomenological understanding. By exploring the parts of the text through the lens of my preconceptions and openness to the words of the participants, I interpreted meaning with eventual understanding of the complexity of the whole. I returned to the text and recordings multiple times to derive meaning that is truly representative of the participants' lived experience with clinical post conferencing and critical reflection. I have diagrammed how I engaged with my hermeneutic circle during data analysis and the research process in Figure 2.

Figure 2

Engagement with the Hermeneutic Circle During Data Analysis



Source: Original

I maintained and revisited my research journal while exploring the data to assist me in the process of reflection, analysis, interpretation, and the hermeneutic circle. To produce quality research, I paid attention to trustworthiness, which will be addressed in the next section.

Validity and Quality of IPA

Smith et al. (2009) present Yardley (2000) and the independent audit by Yin (1989) as two approaches that outline general guidelines for assessing the quality of qualitative research. I used Yardley (2000) as a guide to completing good IPA research because of the clarity and detailedness offered by the principles for a novice researcher. Yardley presents four principles as a guide to completing quality qualitative research. The first principle is sensitivity to context, which can be demonstrated through awareness of relevant literature, interpretation, and understanding of previous work that has employed similar methods or investigated similar topics, being grounded in the theoretical and philosophical underpinnings of IPA, engaging in

reflexivity to promote a balanced relationship between the researcher and participant and maintaining anonymity (Yardley, 2000). Good IPA research, according to Smith et al. (2009), is sensitive to the data through "immersive and disciplined attention" to the words of the participants (p. 247). I have demonstrated sensitivity by including verbatim excerpts from transcripts to support the overall argument in the written report (Kacprzak, 2017), and constructing a compelling, unfolding narrative (Nizza et al., 2021).

The second principle is commitment and rigour. Commitment is demonstrated through a prolonged engagement with the topic, competence and skill in the methods used (interview schedule, semi-structured interview), and attentiveness to the participants during data collection (Smith et al., 2009; Yardley, 2000). Rigour refers to the 'thoroughness of the study', such as appropriateness of the participants to address the research questions, quality of the interview and completeness of the data analysis (Smith et al., 2009, p. 248; Yardley, 2000). Data analysis should be completed systematically, as outlined in Table 3, with idiographic engagement (Kacprzak, 2017; Smith et al., 2009). Furthermore, good IPA is about important experiences, which have been given significance by an individual. The sense-making of the experience by the person instills it with experiential or existential meaning (Smith et al., 2009). Therefore, the quality of IPA can be assured by immersing with the experiential and existential significance, as well as the associated meaning-making of each participants words during data analysis (Nizza et al., 2021).

Yardley's (2000) third principle is transparency and coherence. Transparency relates to how clearly the phases or stages of the research process are described in the final report (Smith et al., 2009). Transparency can be demonstrated by organizing information in tables, detailing how participants were recruited, how the interview schedule was created, how the interview was

conducted, and steps for data analysis. Transparency can also be demonstrated by reading transcripts openly and analytically and interpreting quotes to reveal each participant's sense-making of the experience and the fuller meaning of the data (Nizza et al., 2021), as well as including annotated transcripts in the final report (Vicary et al., 2017). Coherence can be demonstrated by ensuring the final report is free of ambiguities and contradictions (Smith et al., 2009). Furthermore, according to Yardley (2000) coherence refers to "the 'fit' between the research question and the philosophical perspectives adopted" (p. 222). The phenomenological and hermeneutic underpinnings of IPA should be obvious in the final report, along with a commitment to attending to the overall phenomenon being studied (Smith et al., 2009). Alase (2017) recommends asking one's self "does the author convey an understanding of the philosophical tenets of phenomenology?" (p. 18) to assess coherence.

The fourth principle is impact and importance. I, as the IPA researcher, strive to tell the reader something interesting, important, or useful about CPC and critical reflection, either in-person, online, or both (Smith et al., 2009). Focus also needs to be applied to convergence and divergence, illustrating the similarities and differences, while remaining attentive to the particularities of the individual participant (Nizza et al., 20201; Smith et al., 2009). Engaging in a hermeneutic circle throughout the research process and documenting in my research journal allowed me to be reflexive and attentive to the data during all phases of research. Although there are four principles, Yardley (2000) encourages openness and flexibility when using these guidelines, they are not meant to be prescriptive. Vicary et al. (2016) also argued that "quality and validity become dynamic, not static, constructs intimately linked to the researcher learning-process" (p. 3).

Ethical Considerations

Ethical considerations for any research endeavour are essential to protect participants from emotional, physical, and psychological harm. To begin, my research study was approved by an ethics committee to ensure all possible ethical considerations have been enacted. Autonomy was promoted by obtaining informed consent from participants, clearly communicating that participation was voluntary and that anyone could withdraw from the study at any time, without fear of negative outcomes or other consequences (Ali & Kelly, 2018). As previously mentioned, interviews were conducted online, and recorded with written and verbal consent. Audio-visual files were encrypted and stored on a personal, password-protected computer. Confidentiality and anonymity were maintained by assigning pseudonyms to each participant. I also considered how confidentiality could be breached. Some potential risks to breach of confidentiality, for example, can include e-mail hacks, loss of e-mails, and accidental sharing of e-mails. To eliminate the risk of accidental sharing of e-mails I double-checked e-mail addresses prior to sending messages. To build trust and rapport, participants had the option to request audio-visual recorders be turned off or not used at all, which none of them enacted (Doody & Noonan, 2013). If any of the interviewees had opted to not record the interview, I planned to take detailed written or typed notes of the conversation. Participant anonymity and confidentiality was protected by removing all identifiers from related documents and encrypting saved electronic files on a password protected electronic device. All written materials, including my research journal, were stored in a locked filing cabinet, to which only I had access. Written and electronic data will be stored for five years after completion of the research and then destroyed in a confidential manner, in keeping with the requirements of the Tri-Council guidelines. There were no perceived or anticipated power-imbalances within the interaction during data collection, as I am not currently

in a leadership role and I help no power over any of the participants. Had a power imbalance revealed itself, such as position, role, age, or experience disparity, I planned to disperse the power by enacting rapport building strategies and establishing trust.

I engaged in reflexivity by maintaining a research journal to explore my deep-seated preunderstanding, preconceived notions, biases and assumptions about CPCs and critical reflection. I shared my background and existing biases in an earlier section, which served as the beginning point for reflexivity. I explored many topics and thoughts, including power relations, theoretical influence on interpretation, ethical considerations and how my ideas changed over the course of the research (Seale, 2018).

Summary

Chapter 3 described my research methodology and approach, along with the participant recruitment that I employed, data collection, and data analysis strategies. I also introduced my role and background as a researcher and member of the lifeworld to be explored. Ethical considerations were discussed, including the strategies that could have been used had a power imbalance presented itself. The steps that were taken to ensure quality and validity of the research study were reviewed. The following chapters will include research process and reflective learning, findings, discussion, and conclusion.

Chapter 4: Research Process and Reflective Learning

In the previous chapter I described the methodology and methods for this study. This chapter will describe the strategies and methods employed during the data collection and data analysis phases, including my reflection on my journey, and learning through this research study. Chapter 5 will outline the idiographic findings, derived from the participant interviews, and Chapter 6 will present the themes common across each of the cases or participants of this research study.

Research Ethics Application

I applied for research ethics approval at Athabasca University on March 18, 2022 and received research ethics approval from Athabasca University's Research Ethics Board (REB) on March 30, 2022.

Participant Recruitment

I employed a purposeful participant recruitment strategy to explore the topic thoroughly and remain attentive to the idiographic underpinning of interpretative phenomenological analysis (IPA). I reached out to my professional network of nursing instructors who had recent experience with clinical education and post conferences to promote a homogenous group of participants. The participant recruitment criteria are outlined in Table 1, in Chapter 3. I sent an introductory email outlining the purpose, research questions, and potential commitment required to six instructors with experience facilitating clinical education with Bachelor of Science and licensed practical nursing students. Due to my experience during the first semi-structured interview, which I discuss later in this chapter, I recruited one more participant using the same approach outlined at the beginning of this section, totaling five. Each participant was actively engaged in clinical education, including facilitating post conferences, with BSN or Licensed Practical Nurse

(LPN) nursing students. Connecting with my professional network was not difficult. The participants who did participate emailed back with interest within 48 hours (about 2 days) of receiving the invitation emails.

Data Collection

Data collection methods that are best suited for an IPA should provide opportunities for participants to share and explore their experiences openly and reflectively (Smith et al., 2009). Chapter 3 outlined my rationale for choosing in-depth, semi-structured interviews as a data collection strategy. To reiterate, there are a variety of methods that can be used, such as focus groups, diary entries, participant observation, and interviews. To evoke a detailed account of the participants experiences, thoughts, and feelings related to clinical post conferences, I selected semi-structured interview as a method of collecting rich data for an IPA. Below I discuss my approach to collecting data through semi-structured interviews.

Preparation

The first step that I took was to test the software and platform I planned to use to conduct, record, and transcribe the interviews. I recorded myself having a conversation with myself, which helped me figure out where the recording and transcript would be saved, how to access the files, how to save them in a secure place on my laptop, and how to review the data. Prior to each interview, a confirmation email was sent to the participants, which included a consent form. The participants signed and emailed the consent form back to me. Each interview was scheduled for 60 minutes, via Zoom. Online, synchronous interviews were preferred, as this strategy allowed flexibility and convenience for scheduling and chosen environment. In preparing for the data collection process, guided by Smith et al. (2009), I developed an interview schedule, which outlined guiding questions to assist me to explore the topic thoroughly, as presented in Table 2

(in Chapter 3). The questions in the interview schedule were written by thinking about how to explore the topic of clinical post conferences thoroughly. Prompting words and phrases were also included to help probe into experiences deeply. I sought feedback on the questions and prompts from my supervisory committee, who offered additional questions to consider. I added questions related to the pandemic to the interview schedule as a result.

In-Depth, Semi-Structured Interviews

I began each interview by introducing myself, reviewing the purpose of our meeting, presenting the research question, and ensuring the participant consented to having the meeting audio-visual recorded. During the first interview, I felt burdened by the interview schedule. I used it as a constant reference to ensure I had asked all the questions. Upon completion of the interview, I wrote in my research journal, “that did not go well.” I sat with that feeling for a few moments before I wrote down my thoughts about my experience. I then took the time to review the recording and transcript of the first interview. I wanted to learn from the experience to apply changes to the subsequent ones. I came to realize the interviewee had limited time and was visibly stressed. The first participant selected a time that was during a class, which added a sense of urgency to complete the interview. Of all the interviewees, the first participant was the only one who provided written responses to the sample interview questions included in the confirmation email. This could have been a method of streamlining the interview process to save time on the actual day. Compounding this issue was that I did not feel comfortable or confident in my ability to complete an interview for research. As I listened to the recording and read the transcript, there were many potential opportunities to further explore clinical post conference and critical reflection that I had not noticed because I was not always actively listening to what the participant was saying, or I was unsure of what I could convey to avoid influencing the

participants willingness to share their thoughts and opinions, and to not change the direction of the conversation to one that reflected my perspective. Smith et al. (2009) state that "successful data collection strategies require organization, flexibility and sensitivity" (p. 60), which I lacked.

At this time, I connected with my dissertation supervisors and asked for guidance. I had already decided that I needed to complete one more interview to promote rigor, apply my learning from this experience, and to explore the topic as thoroughly as possible. I discussed my insights, learning and impression with my supervisors, and they advised me to refer to literature rather than my own opinion if I needed to. By writing in my research journal and speaking with my supervisory committee, I identified some changes I needed to make to respect the idiographic nature of an interpretive phenomenological analytical approach to research. Smith and colleagues suggested that "a qualitative research interview is … a conversation with purpose", where the researcher actively listens to the words and stories of the participants, facilitating the exploration of an experience or phenomenon (Smith et al., 2009, p. 84). I identified the importance of actively listening to what the participants were saying, using the interview schedule as a loose guide rather than a structured interview process, and providing clear direction to participants to select a time where they can engage comfortably, without serious time constraints. I recorded my learning, thoughts, and insights in my research journal.

Before each interview, I began by reviewing my research journal entries related to my learning as a reminder of my role as an interviewer as a part of an IPA. As I completed more interviews, my confidence and active listening improved, leading to richer and meaningful discussions, and deep exploration. I continued to begin each interview by introducing myself, the purpose and intent of the meeting, and consent to proceed with audio-visual recording. To remain attentive to the words of the participants and the integrity of the quality of data collection,

I did not take notes during the interview, instead, upon completing each interaction, I wrote my thoughts, feelings, impressions, insights, key words, and the evolution of my ideas in my research journal. In doing so, I recognized and acknowledged how my ideas and understanding were being influenced through the hermeneutic exchange between the participants and myself as a part of the research study. Furthermore, through my research journal and reflexivity, I engaged in bridling as I moved from interview-to-interview to align with the idiographic and phenomenological commitment of IPA.

Following each interview and associated reflexive journaling, I read the transcript while listening to the recording to assess the accuracy of the words. There were very minor discrepancies that I easily addressed by editing the text of the transcript as I reviewed with the audio. Following this step, I listened to the recordings and read the transcripts again to ensure verbatim account of the participants words. The last step I took as a part of data collection was member checking to validate the trustworthiness of the data (Cohen et al., 2019). I emailed the participants their respective transcript with a request to review and confirm the accuracy of the information and an opportunity to add any additional thoughts or insights that they believed would add to the data's value. Each participant emailed back confirmation that the transcripts were accurate, and none of them added any more information or data.

Ethical Considerations

As indicated in Chapter 3, it is important to note that all digital files were stored on a password-protected computer, as encrypted files, to which only I had access. All identifying information was removed from saved file names. Nothing was printed and all videos and recordings were reviewed in privacy, with headphones, to maintain confidentiality. All backup files were saved in a secure, digital storage space, with all identifying information removed.

Data Analysis

I would like to begin this section by openly (and reflectively) acknowledging that I was challenged by data analysis. I spent a lot of time writing in my research journal when I felt uncertain about what to do. I wrote that "I feel stuck. I have no idea how to complete data analysis. It feels so complicated, complex, and out of reach. I have tried to start but I believe the analysis is superficial, laden with my beliefs and opinions, rather than a true interpretation of what the participant is saying. I suppose this is what the hermeneutic circle is for." My research journal contains pages of unconfident, negative and barricading inner thoughts, like the quote in the previous sentence, that span months of time. Slowly, with support from my supervisory committee, I was able to overcome these thoughts and blocks and engage in data analysis. I will describe how I analyzed the data by first outlining the planned analysis strategy, and then providing details about how I completed each step. Below is Table 4 with a brief description of the steps I took for data analysis, adapted from Smith et al. (2009). A more detailed description can be reviewed in Table 3, located in Chapter 3.

Table 4
Steps to Data Analysis

Data Analysis
1. Reading and Re-reading one transcript at a time
2. Taking notes on descriptive, linguistic, and conceptual aspects of each transcript
3. Developing emergent themes
4. Searching for connections across the emergent themes
5. Moving to the next case
6. Looking for patterns across the cases

In the data collection section, I outlined how I verified the accuracy of the transcripts in comparison to the audio-video recordings. This step is a part of data analysis, but I ensured that I did not actually analyze any data, rather, I took time to immerse myself and get familiar with the

words of the participants. I read and re-read transcripts one by one, and eventually, on the third reading, I began taking notes of any thoughts or insights that were coming to me as I was reviewing. I also began to take notes on key features of the data, such as descriptive words or phrases, linguistic aspects of the conversation, and conceptual insights gained from immersion within the content of the interviews. I sometimes read the transcripts in silence, and other times I read the transcripts while listening to and watching the recordings. As I read the transcripts and made notes, I continued to engage in reflexivity by writing in my research journal, following my thoughts, and evolving ideas from the data analysis process.

Following the initial note taking, I began to code the data. I found coding to be one of the most challenging steps in the data analysis process. I completed manual coding, organizing the data in tables, with a separate column dedicated to each participant. I extrapolated direct words from the transcripts and thought about what the participant said to identify the code(s) that represented the participants experience and lifeworld related to clinical post conferences and critical reflection. I did this one transcript at a time, but I could not shake the feeling that I was not doing it right. I reached out to my supervisory committee and reviewed my progress with them. It seemed I was on the right track, but I still felt uncertain. My supervisors advised that I colour code as I review the analysis and proceed. I took notes during each of our meetings in my research journal. Some key notes that stood out included comments about remaining attentive to the participant, both what they say and what they do not, asking myself what they are saying, and exploring what is beyond the surface. To better understand coding, I reviewed literature. I found Byrne (2022) to be helpful, prompting me to return to Braun et al. (2019) and Braun and Clarke (2021). I was reminded that coding is a flexible, organic, and evolving process, requiring the researcher to engage with the data reflexively and thoughtfully (Braun et al., 2019). Because

coding is an intersection of the data, the theoretical assumptions of the analysis and analytical skills of the researcher, two different researchers may not identify the same codes (Braun et al., 2019, Braun & Clarke, 2021). I realized I needed to gain more confidence in my approach.

After taking a short break from analysis, I returned to the data by first reviewing the transcripts one by one and the codes thus far. I believed the codes so far represented the data, which was encouraging. I continued to read the transcripts, code, and account for my thoughts as a part of the hermeneutic circle in my research journal. Upon completing the coding for the final participant, I reviewed each transcript again to see if anything new came forward, which was not the case. In the next step, I identified the themes for each participant, and then any convergence or divergence between the participants. I began by grouping the same-coloured codes together and then asking myself, within the context of the conversation with the participant, what was being said. I continued to reread the transcripts during this step to ensure that I remained conscious of the participants' words while engaging in the interpretative and analytical process. I compared the themes across participants and identified commonalities, as well as differences between each of them, leading to an interpretation that remained attentive to the participants, aligning with the idiographic and phenomenological underpinnings of an IPA.

Reflexivity, Bridling and Hermeneutic Circle

As I have mentioned, I wrote in my research journal as often as I could and whenever I felt the need to. While completing my research, I aimed to see CPCs in a new way and to better understand the meaning clinical instructors applied to them. “The phenomenological attitude of bridling, ... allows us to be with openness and... being aware of *how* we are open” (Dahlberg, 2022, n.p.). Using a research journal helped me stay accountable to the validity and quality of my research, especially the data analysis. I began by writing out my pre-conceived notions related to

nursing education, clinical post conference and critical reflection, as outlined in the beginning of Chapter 3. I was honest and transparent in my reflective entries. While reading about bridling, Stutey and colleagues (2020) suggested writing about what I expected to learn, which I began doing early in the research process. They also recommend accounting for experiences during the data collection process. Doing so assisted me in making informed decisions about promoting rigor for my research study, such as recruiting one additional participant for richer data. Something that I discovered through my reflective process and writing in a research journal was that because I had experiences working with or interacting with some of the participants, I had preconceived notions about their beliefs and values related to clinical practice and education, including post conferences. I realized that I was allowing these biases to influence how I was reading through the transcripts and how I was listening to the audio. I was not allowing the participants' words to shine, but rather they were being coloured either negatively or positively, based on my personal perceptions. I took time to reflect in my research journal as I noticed these thoughts come forward while I immersed myself in the data. I explicitly wrote all my judgments, opinions and thoughts related to any previous interactions that I had had with any of the participants, and how my interpretive analysis may be influenced as a result. With such reflexivity, I was able to see beyond these assumptions and biases effectively, allowing the words of the participants to become the focus of the analysis rather than my own thoughts and opinions. Engaging in bridling through the entire research process allowed me to remain open to new perspectives, discovery, and the meaning that CPC has for the study's participants (Dahlberg, 2022).

Selecting Pseudonyms for the Participants

In reading through the various drafts of my dissertation, my supervisors suggested I assign pseudonyms to each of the participants for ease of reading. This was not something that I had considered but found the suggestion interesting. I reviewed my research journal entries and did not find any references to organizing the participants or my level of confusion, but once the suggestion was made, I reflected on my experience synthesizing all the data and writing. I recalled feeling slightly disconnected from the participants because there was a lack of personalization. I was distracted by my confusion with data analysis over an extended period of time and did not acknowledge this part of my thoughts. The next step was to select pseudonyms for the participants – but how? I completed a quick internet search using the phrase "easy names," which resulted in multiple websites for trendiest baby names. This did not feel right. I then sat down and thought about my interactions with the participants and reviewed the recorded interviews to remind myself of my experiences with them. I wrote the following in my research journal:

> I had such wonderful experiences with each of the participants. They had such insightful discussions about clinical post conferences. They each brough forward different thoughts and understanding about nursing education. They care about the students they are working with and the patients they will be caring for throughout their education and careers. The pseudonyms that I select for them will honour that kindness and caring.

I then searched for names that meant caring or kind. I chose names that were appealing and easy to read. The names have been assigned at random, with no actual association to ethnicity or belief systems. At the time of the interviews, all participants identified as female, therefore the prepositions she and her will be used when referring to them. Table 5, below, presents the assigned pseudonyms for the participants.

Table 5
Participant Pseudonyms

Participant	Pseudonym
Participant 1	Aanya
Participant 2	Vineet
Participant 3	Lilo
Participant 4	Nitasha
Participant 5	Ellis

Validity and Ensuring Quality IPA

I have given a detailed description of the strategies I implemented to recruit participants, collect, and analyze data. In doing so, I have followed Yardley's (2000) principles for completing a quality IPA research study. The first principle is sensitivity to context, which I demonstrated by reviewing relevant literature on an ongoing basis and maintaining participant anonymity. The second principle is commitment and rigor, which I demonstrated by adapting learning gained from the reflexive process and deciding to add one more participant to ensure the topic was explored thoroughly. Furthermore, I upheld rigor by ensuring that data analysis was completed comprehensively by seeking guidance and not relying on assumptions. The third principle is transparency and coherence, which were demonstrated through the reporting of my methods during the research process. The fourth principle is impact and importance, which was enhanced through reflexivity and openly acknowledging the learning I experienced from my experiences in this research.

Summary

This chapter presented my reflection on processes related to participant recruitment, data collection and analysis, along with my learning through the process. I also discussed how I maintained ethics, validity, and trustworthiness of this research study. Chapter 5 will present the findings of this study, which are the result of a double hermeneutic circle, where I attempted to

make sense of the participants' sense-making related to their experiences with clinical post conferences. Direct quotes from each of the participants are used to substantiate the findings, to ensure that my interpretations have remained committed to their words, and storytelling.

Chapter 5: Idiographic Findings

In this chapter I present the findings from the collected data and subsequent analysis. The idiographic perspective is fundamental to interpretative phenomenological analysis (IPA). I will, therefore, begin with the divergent or the findings that were unique to each participant's in-depth account of their experiences with clinical post conferences (CPC) as nursing instructors and educators. I firstly present the idiographic findings by themes below, laid out by the study participants. Each theme is substantiated with at least one direct quote from that participant, along with a discussion rooted in relevant literature. In Chapter 6, I review and discuss the convergent or common themes across all participants. Each participant was assigned a pseudonym, as listed in Chapter 4, Table 5. When quoting their words, I use the first letter of their pseudonyms to help clarify which quotes were contributed by which of the participants.

Idiographic Findings

Aanya

Theme: Imparting Knowledge to Develop Practice. Aanya described clinical post conference as an opportunity for the entire clinical group to get together and share their thoughts and opinions, where she tends to lead the conversation with topics that she has identified as significant.

> Quote A1.1: Post conference is basically, it's within my role to get the whole team together. So that's all my students, after their clinical experience. We hold post conferences every day and it's meant to be a safe environment. It's within my role to ensure a safe environment for the students where they can share their thoughts, their feelings, their experiences. I generally tend to lead it with important topics. Initially, just touching base because sometimes as new students they get overwhelmed with certain

> situations, so just making sure we touch base on these feelings first. Then we touch base on very important topics. Let's say if there's a certain protocol or procedure that I feel needs to be addressed or needs to be brought up for the students, I do that during post conference. Important topics would be depending on the clinical site that I'm in, and the group of students. For example, I'll tell you about the recent one that we've had. We had to deal with a patient death. Palliative care, for example, the students were not overly familiar with this topic. I work within *** so we have lots of great resources where we can print them out and discuss with the students what to do when this occurs, and the protocols regarding that.

Aanya's perspective seems to be a blend of being both teacher – and student – centred. She described her role as gathering the learners together and then discussing feelings and topics that she identified as important in relation to clinical experiences. She finds it valuable to review policies and protocols with students to help them become more familiar with available resources, how to access them, and how to use them to guide and develop self-regulated practice under the supervision of a clinical instructor. Her perspective is likely related to her experiences in nursing school and what she believes aided her in developing a stronger sense of her nursing practice and process. Wink (1995) argued that a narrow focus during CPC can impede learning and is an ineffective use of time. The clinical instructor plays an important role in promoting engagement and inviting discussion with students to aid in reflection and analysis (Kitaba, 2022). When the primary focus is on imparting knowledge, the students may not gain meaning from the discussion, which could influence the quality of learning. This theme informed the sub-theme *learning, professional and skill development*, addressing research Sub-Question 1 on page 129.

Vineet

Theme: Providing Feedback to Improve Practice. Vineet described clinical post conference as an opportunity to provide feedback about the clinical shift and any obvious or recurrent issues or concerns that presented themselves to her, for the purpose of learning and advancing practice. Provision of feedback can be a powerful tool to help nursing students better understand their performance, their professional role development and how to apply theoretical knowledge into practice experiences (Miller et al., 2018; Schuler, 2021). While discussing clinical post conferences, Vineet stated the following.

> Quote V 1.1: I like to see how things have gone that day. If there is a theme that has come up, I would use that. Initially for post conference, I ask the students something that went well for them and something that they want to work on and what does it look like for them to work on that for the next clinical shift.

She continues in another response by sharing the following.

> Quote V 1.2: The benefits are just reflecting, summarizing the day and being able to provide general feedback. I think those are the benefits at the end of the day, just being able to put everything together, before leaving clinical.

And

> Quote V 1.3: I know this like past clinical when I first started, I had the student's kind of focus on the, what went well and what to work on for next time. And then from there focused on other things and themes that were coming up that they needed to reflect on and improve upon.

Vineet often referred to her desire to communicate the importance of improving practice and therefore found it valuable to summarize themes from the clinical shift related to experiences, performance, skills, critical thinking and more. Her focus seems to be improving clinical practice and performance through feedback and discussion in post conferences. She mentioned multiple times that she usually begins by having the students discuss what has gone well and what they would like to continue to work on and then transitions to her observations of recurrent themes while interacting with the students in the healthcare setting. Her focus seems to be on raising self-awareness related to practice and helping the students develop strategies to build and strengthen their nursing process. In her responses, it was evident that she takes safe practice seriously and feels a sense of responsibility to ensure the students understand, from her perspective, what has gone well and what has not, which she addresses through formative feedback. Feedback, in the context of CPC, is further discussed with the theme *purpose of clinical post conference*. This theme informed the sub-themes *engaging in reflection*, and *learning, professional and skill* development, related to the *purpose of clinical post conference*, addressing research Sub-Question 1 on pages 122 and 129 respectively.

Lilo

Theme: Neutralizing perceived power-imbalances. Establishing a safe learning environment is not unique to Lilo, however, her perspective of neutralizing any perceived power-imbalances between clinical instructor and nursing student is. While explaining potential strategies to help address perceived power imbalances, Lilo stated:

> Quote L 1.1: Starting the post conference with simple fun activities, such as a check in and check out activity, asking why they wanted to become a nurse or, if they didn't go into nursing, what is it that they truly wanted to do? Silly activities that you can do to

> make them laugh, and then get that group to come together so that they feel safe in space, and with you as a clinical instructor. I think it's trying to change that power dynamic. There's always a power dynamic between an instructor and a student in relation to pass and fail. It doesn't matter how old you are, it exists. And so, you have to somehow create an environment that levels.

Her commitment to ensuring safety in the learning environment was apparent throughout the interview. She often referred to the existence of a power-imbalance and the importance of addressing it early, especially in the context of clinical post conferences, as this is a time for reflection, team building and learning. Through her responses, Lilo demonstrated self-awareness, compassion, and consideration for the nursing student experience. For instance:

> Quote L 1.2: I find that if there is a power dynamic happening that it can often shut down our conversation. So, for example, when I was in my master's program, I observed a clinical instructor from one of the universities in post conference. And I found it, telling when that clinical instructor…. It was a quiet post conference, which I am not quite used to. When that clinical instructor left the room, the students asked me questions. “What's the normal range for this? What's this? What's this?” They asked all these questions that really, they should have asked the clinical instructor, but they were too afraid to ask them. So that's very telling, it shuts down the critical reflection. It shuts down some of the engagement with students. I believe the experience is not as meaningful for the students. It does potentially create an environment where students won't want to tell the clinical instructor what is actually happening with their patients. That leads to safety issues. For example, the students may not ask, they might do a task that they don't feel very comfortable with, but they're too afraid to ask. We, in clinical practice, in any

> environment, whatever your role is, want people to ask questions and to seek help. If you've shot that down, then you create an ideal environment for errors and risk. People die because we don't ask questions.

Quote L 1.2 further highlights the participants' value for neutralizing perceived power-imbalances between the clinical instructor and the student to promote a safe learning environment. Interpersonal relationships, such as the one between a nursing student and clinical instructor, flourish when there is perceived and actual safety in the learning environment (Juan et al., 2023). If such a connection does not exist, as Lilo states, the presence of a perceived power-imbalance will develop, leading to a lack of psychological safety, which causes students to believe they cannot ask questions, clarify their thoughts, openly share their experiences, and learn from each other, which is not conducive to learning (Hardie, O' Donovan et al., 2022). She also commented on the potential dangers associated with an unsafe learning environment, which is primed for errors and increased risk for healthcare associated harmful events. Her perspective is that students should be able to ask the questions that they need or want to, free of judgment or punitive results, which can be promoted through a safe learning environment, with the goal of maintaining patient safety. As she told the story in quote L 1.2, I sensed concern for the students' learning and for their ability to be open in clinical post conference. She commented that she had not experienced such a scenario before, likely because her philosophy does not align with the practice that she witnessed, and it only strengthened her commitment to eliminating perceived power-imbalances while working with nursing students in the clinical practice setting, including CPC. Juan and colleagues (2023) described clinical instructor behaviours, such as poor-quality interpersonal relationships, ineffective verbal and non-verbal communication, lack of empathy, lack of equity, diversity and inclusivity, lack of professionalism and constructive feedback, and

incompatible instructional style, which can lead to increased anxiety and negatively influence learning environments for nursing students. In their exploration of student perspectives related to power imbalance in the clinical setting, Chan et al. (2017) found that students valued trust, compassion, and clear guidance as a means of neutralizing perceived power imbalance. Understanding this can help clinical instructors implement strategies to establish professional and meaningful relationships with students, to nurture and enhance learning during clinical education and CPC. This theme informed the convergent theme *planning for a meaningful clinical post conference*, addressing research Sub-Question 1 on page 147.

Theme: Understanding the patient to promote safety. While Lilo alluded to patient understanding and its relationship to safety in quote L 1.2, she often connected the patient with the learning process within the context of nursing education and clinical practice, as reflected in quote L 2.1. She asks questions, such as considering what has brought them to the acute care setting, what has kept them there, what their experience may have been with the diagnosis that was made and more. For example:

> Quote L 2.1: The value of understanding the patient population... I think that, first of all, as a clinical instructor one of the things that you want to do is make sure that the patients are safe. It's important to highlight with the students the specifics in relation to that patient population. The students may have been given broader concepts or understanding, around the surgical patient or specific medical patients and some common, perhaps medical diagnosis and interventions. But, if it's a specific patient population that you're dealing with consistently, there may be complications that are associated specifically with that population that you want to highlight with those students to keep the patient safe, and to broaden their understanding about that specific population, but you're still focusing on

> those broader understanding of core principles of working with patients that have some common medical diagnosis or surgical practices. The value in that specialized experience is that they begin to function within that specialty, understanding not only those broader concepts but within that specialty itself.

As we discussed clinical post conferences, Lilo shared insight into her understanding of her role as an instructor. She has a sense of responsibility for promoting and maintaining patient safety while working with nursing students. One of the ways she does this is by encouraging students to better understand the patient through research and asking them questions. A dedicated time for this learning and facilitation can be in CPCs. Within the concept of patient safety, one of the goals that Lilo identified is to help nursing students learn to enhance safety and competence, preparing them for increasingly autonomous, self-regulated clinical practice. Matheney (1969), in their seminal work related to CPC, stated that one of the goals is to "keep the focus on patients as people" (p. 287). When this takes place, nursing students can begin to learn about good communication skills and being responsive to patient needs, thinking beyond personal assumptions and biases. This theme is linked to the sub-theme *learning, professional and skill development*, related to *purpose of clinical post conference*, addressing research Sub-Question 1 on page 129.

Nitasha

Theme: Adapting theory from other disciplines. Nitasha demonstrated deep passion for simulation and meaningful debrief to promote and enhance learning amongst nursing students, often referring to associated theory while discussing clinical post conferences and her strategies for facilitation. Debriefing is a strategy that can be employed following a simulated or practical experience. A facilitated discussion explores health care related interactions or

encounters openly, holistically, and reflectively (Fegran et al., 2022). She commented on how she adapts debriefing theory into CPC when working with nursing students:

> Quote N 1.1: The debriefing… I follow along with some of the debriefing questions, not like the more advanced modules, but more of the basic ones. Just about gathering information from the students about how their day went, analyzing it with them, and then reflecting on everything. So, the basic kind of debrief format. Then I let the students take the lead, and I'm just trying to supportively facilitate the reflection or debrief. That's the main stuff that I take away from the simulation theory and bring into post conference.

Nitasha has found value in adapting simulation and debriefing theory into clinical post conference. She applies debrief principles in an organized and planned manner to help nursing students understand and learn from their experiences. She also takes a supportive and student-centred approach to her facilitation, encouraging leadership in their reflective process and offering silence to promote time for contemplation. Nitasha also provided an example of how she incorporated simulation and reflection into clinical experiences when she was required to transition online during the start of the pandemic:

> Quote N 1.2: I got them to do virtual simulation games that were related to the weekly activity. The first week we focused on how to complete assessments. I assigned a virtual simulation for the students to do. Once completed, I had the students reflect on the virtual experience and how it related to their clinical experiences. I did that for the first two weeks, one about assessment and one about medication administration.

Because of her interest, pre-existing knowledge and experience in simulation and debrief, she was able to find useful and meaningful virtual simulations for the students to complete and posed

questions and learning activities to help them reflect. She ensured that the simulations were related to the topics and concepts being reviewed or focused on during that week of instruction. She emphasized adapting theory in a way that enhanced learning, rather than convoluting it. She was able to do this because of pre-existing familiarity with simulation and debrief knowledge, theory, and practice. Debriefing can lead to deep, meaningful learning, promoting the construction of knowledge, skill acquisition, improved reflection skills and self-confidence, making it a useful and substantial strategy for CPC (Fegran et al., 2022; Lee et al., 2020; Niu et al., 2021). Although debriefing strategies are most commonly associated with simulation, when used effectively and proficiently, they can have a positive and significant impact on CPC and learning. This theme informed the convergent sub-theme *engaging in reflection*, related to *purpose of clinical post conference*, as well as the theme *planning for a meaningful clinical post conference*. Overall, this theme addressed research Sub-Question 1 on pages 122 and 147, respectively.

Ellis

Theme: Building strong relationships between peers. This was a theme that was threaded through almost all of Ellis' responses. She was knowledgeable and articulate about nursing theory and took time to contemplate and provide thoughtful responses. Ellis used positively charged words and phrases to describe her experiences with students in clinical post conferences. In describing a benefit of facilitating clinical post conference, she stated:

> Quote E 1.1: One of the things I think is really beneficial is students can hear from their peers, and they can realize that the way that they have been interpreting things or feeling about certain situations, they're not alone in that, because sometimes students, especially students who maybe are having issues with confidence, they can celebrate those strengths

> of theirs, and they can share that with their peers and then other peers can learn from those experiences, and they can say “you know, this happened to me, and this is what I would do next time.” If another student is in that situation, then they will have some background.

She followed this response with:

> Quote N 1.2: One thing I find helpful with that is it develops relationships amongst the group, particularly like, for example, this term I have a group where many of the students haven't worked together before. So, when they're in the clinical environment, many times they're busy with their own patients, so they don't have as much time to develop those relationships, but in post conference, they can get to know each other a little bit more. And then they can see each other as allies and colleagues that they could lean on if they required help with certain topics.

and

> Quote E 1.3: … sort of that end goal with the successful post conference is that students can learn from their experiences, so if they found something challenging then the next week, they improved on that because they were able to reflect on it. As well as that team building, so that the team is working together, maybe more effectively than they were at the beginning of the term.

Ellis’ perspective remained focused on encouraging team building and facilitating communication between peers to assist them to build strong relationships and share knowledge. As a nursing clinical instructor, having dedicated time for the learners to be together and explore their experiences was valuable to this participant. Clinical post conference and practical

experiences are intertwined, as many discussions facilitated are based on experiences with peers, staff, patients, and the healthcare environment (Oermann, 2008). Since nursing students should function as a team, engaging in team-building exercises and strategies promotes respect, learning, knowledge sharing and construction (Yi, 2016). Ellis resolutely believes that in-person clinical post conferences will enhance the quality of relationships developed and established between peers, which will complement the learning process. This perspective seems to have developed from her personal experiences in nursing school, as well as her years starting off as a novice nurse and then eventually becoming a clinical instructor. She built strong relationships with her peers and colleagues and has benefitted positively from them, which has embedded value for cultivating strong interpersonal relationships amongst nursing students to promote learning in her nursing philosophy. This theme is linked with the convergent sub-theme *team communication and co-construction of knowledge*, related to *purpose of clinical post conference*, informing research Sub-Question 1 on page 133.

Summary

In Chapter 5 I outlined the idiographic findings analyzed from the collected data. Each participant shared their perspectives about CPC. Through their words, stories, and examples, themes came forward that were either unique or common amongst the participants. The idiographic themes discussed in this chapter represent the participants' attitudes, mindsets, and understandings of fundamental meaning related to CPC and their work with nursing students for the purpose of teaching and learning. Each of the idiographic themes informed the convergent themes and, in some part, addressed the research questions. In Chapter 6, I outline the convergent themes and related discussion based in relevant literature.

Chapter 6: Emerging Patterns in Participants' Stories

In this chapter, I discuss each of the themes and sub-themes in relation to my research questions and current literature. This study was designed to better understand clinical nurse educator's perspectives regarding online clinical post conference (CPC) and the development of critical reflection skills amongst nursing students. As a reminder, the main research question was from the perspective of nursing clinical instructors, how useful could online or blended formats of clinical post conferences be in developing critical reflection skills in nursing students? This question was addressed in a meaningful manner by the participants, with a focus on the online technology, compounded by the fact that they all had limited experience with online teaching and learning. Five participants reflected on their experiences with CPC, including how they developed their strategies and techniques, traditional, in-person and online approaches, and their insights about the quality of learning. To expand, strengthen, and enrich the discussion, direct quotes from the participants are included, along with references to relevant literature.

Convergent Themes

Along with those unique to each participant, some themes were common amongst them. I have outlined and provided associated quotes for each of the themes and subthemes below, together with a discussion based on relevant literature.

Theme: Purpose of Clinical Post Conference

A theme apparent in each interview was the *purpose of clinical post conference*. Clinical post conference can enable nursing students to engage in meaningful discourse to comprehend and appreciate their experiences, undergoing transformative learning (Hermann, 2006; Hsu, 2007). The theme and sub-themes addressed research Sub-Question 1, which aimed to explore the usefulness of in-person CPC in developing critical reflection skills in nursing students. Each

participant discussed the various purposes of this learning activity, which I describe as subthemes below.

Sub-theme: Engaging in reflection. A sub-theme of *the purpose of clinical post conference* was *engaging in reflection*. Reflection and learning are interconnected. As a part of clinical education in nursing, students are exposed to new and potentially complex healthcare situations, which require guided exploration to identify meaning, significance, learning, and how all of that translates to future practice. Critical reflection can provide an analytical lens to assist nursing students to learn to think beyond their deep-seated assumptions and biases (Peterson et al., 2023). Before I provide direct quotes from the participants, here is an excerpt from my research journal.

> The purpose of clinical post conference seems like such an obvious finding, but I must ensure that I am not looking for it because of a pre-existing assumption. I do not think that I am, as I have been acknowledging my assumptions and biases in my research journal since the beginning of the research process. The participants have used words and phrases like “reflection”, “deeper learning”, “time and space”, “identifying learning”, “talking with students”, “sharing knowledge”, “sharing ideas” and more to describe what happens during CPC, which speaks to the overall purpose of clinical post conference. This is one of the themes shared amongst the participants.

Each participant described reflection as part of the post conference. Aanya, for example, stated:

> Quote A 2.1: Post conference includes meeting with students after each clinical day in a safe environment where students can express their feelings, share their experiences and concerns.

From her perspective, CPC is an opportunity to explore and discuss within a safe learning environment. The expression of feelings appears to be equivalent to reflection. On multiple occasions Aanya mentioned “touching base on feelings” when talking about engaging in CPC. To her, this is an important and meaningful place to start the discussion and then transition to other topics. Typically, only an hour at the end of a shift is dedicated to CPC. Specific to Aanya, reflection is likely brief, as one of the themes that was unique to this participant was *imparting knowledge to develop practice*. The phrase “touching base” also suggests brief, therefore, although a part of CPC, reflection is not necessarily nor consistently the principal focus. Matheney (1969) encourages the use of CPC as a goal-oriented teaching strategy, moving beyond simply summarizing the day or expressing emotions and feelings. As previously mentioned, both experiential and transformative learning require dedicated time for critical reflection to promote learning and changes in practice (Kolb, 1984). An hour may not be adequate time to deeply explore experiences. Post conferencing can be an ideal opportunity to help students develop skills to continue to engage in critical reflection outside of the clinical setting. The strategies used to stimulate reflection help determine the meaningfulness of the reflection (Fowler, 2008).

Vineet stated:

> Quote V 2.1: Clinical post conference is an opportunity for the students and I to sit down and review the day or any incidents that came up that day, build on their critical thinking and reflection, related to what they've learned or something that's happened that day. [Pause] Reflecting on that and making changes for future practice.

Vineet’s intention is to have a collaborative meeting to review clinical experiences and enhance learner skills related to critical thinking and reflection, which will eventually translate into

improved practice. Her description of CPC aligns with the theme that was unique to her, *providing feedback to enhance practice*. The significance of feedback and its positive influence on learning is well documented (Douglas et al., 2016; Ilangakoon et al., 2022; Miller et al., 2018). The key to providing meaningful feedback that encourages and supports learning is to ensure students understand it. When facilitated through CPC, in a safe environment, time can be spent unpacking feedback with the students, structured within the context of their experiences and discussion to help stimulate critical reflection. Together with the students, Vineet discusses topics that are important to them, as well as patterns she noticed through her interactions with them during the practice experience. At times, students may be unreceptive to feedback, which requires faculty to establish trust and clear expectations (Miller et al., 2018). A contemplative pause during her explanation emphasized the value she places in having students explore their current practice, how it aligns with regulatory standards, and how it can be improved. Vineet has a strong sense of how she defines safe, competent, and ethical practice, therefore, she makes this a priority discussion in CPC. Framed with the goal of improving practice over time, I believe she is hoping to promote transformative learning amongst the students.

Lilo stated:

> Quote L 3.1: Clinical post conference has had many different names over the course of several years but for me, post conferences are that time, which typically happens at the end of the clinical experience, where you gather with a group of students, either virtually or face to face. You look at some of the clinical events that may have occurred during the course of that day, and you discuss them; perhaps something that has happened that was unusual and or that the students may have found was a very valuable learning experience. You can use those experiences for those sessions in that post conference time that you

> want to highlight something specifically that you find that the students are perhaps missing in their clinical practice experiences, but you want to guide them through that experience because you understand the value of that experience for whatever that patient population is that you're working with.

Lilo highlighted her value for guidance. As she and the students discuss their clinical experiences, she helps them navigate through their learning and the meaning it has for overall patient care and safety. One of the themes that was unique to this participant was *understanding the patient to promote safety*, which is intertwined with her explanation of how she guides students to reflect on their experiences while in CPC. It is within the role of the clinical instructor, as she describes, to plan and guide critical reflection as a part of this learning activity (DeYoung, 2009). She also acknowledges the importance of discussing unusual events, which could be thought of as dilemma-inducing, in alignment with transformative learning.

Nitasha stated:

> Quote N 2.1: Clinical post conference is a reflection time or a time for students to unwind, share how their day's been going or how their day went, to discuss anything they need to know. Maybe something happened or they had to have a difficult conversation with their nurse, we can talk about all that stuff, and their experiences on the unit. I think it's more self-reflection, a time for them to take everything in, really process everything they're doing, look over their notes, you know, kind of having like that aha moment.

Nitasha began with a description of relaxation and slowness to promote openness and clarity for the purpose of engaging in reflective discussion about their clinical experiences. During the interview, Nitasha acknowledged that at times she may be tired at the end of a shift, therefore she finds it helpful to establish a safe and relaxed environment to stimulate self-reflection. She places

emphasis on time for processing experiences and reflecting. Matheney (1969) and Rose (2013) also describe the importance of silence and time to promote reflection and learning. During our discussion this participant mentioned reflective journaling as an extension to CPC and clinical practice. This suggests that, in her view, CPC is an opportunity to begin the reflective process, to build a foundation for reflective skills, and to stimulate deeper level of thinking to foster understanding and learning.

Ellis stated:

> Quote E 2.1: Post conference is a meeting that occurs with the clinical group of students as well as myself [the clinical instructor]. The purpose of the meeting is to facilitate critical reflection on practice. It gives students an opportunity to share experiences that they've had. It could be experiences that were positive for them, or experiences that they found challenging. So, it should be like a non-judgmental environment where they feel comfortable sharing their thoughts and feelings. And then as part of that thinking is thinking about their actions, are they aligned with evidence-based theories and how they would change that in the future or what went well. Part of my role, as well, is to help students reflect on their experiences and help them identify what skills they want to continue to develop in their future practice.

Ellis continues by explaining that:

> Quote E 2.2: Reflection needs to be a part of nurses practice throughout their whole practice, so solidifying the skill of reflection is going to be vital for students so that they can learn from their experiences while they're in their practice and not just students, because, as we know, new things come up all the time, we have to be able to adapt and we have to be able to open to learn new things. Starting that in post conference and

> starting that comfortability to be adaptable, learn new things, be humble about something that you didn't know, and all of those things come to light and those are developing their skills to apply that to the rest of their future practice. So, I feel that we're developing a foundation for reflection, for future nurses.

Of all participants, Ellis is the only one who mentions critical reflection as a part of clinical post conferences. She has a strong grasp of the concept and articulates it clearly. Ellis is committed to keeping herself informed of current trends and theories in nursing education, along with a clear understanding of the roles of a practicing nurse or nursing student. She brings this knowledge to clinical practice to help students reflectively learn from their experiences. She is focused on helping students develop critical reflection skills for the purpose of learning and developing practice on a long-term basis. Hermann (2006) and Kitaba (2022) suggest that reflection and reflective practice promote the exploration and analysis of many elements related to experience, including emotions, feelings, assumptions, attitudes, and thought processes to enhance and advance clinical practice as healthcare professionals.

For all participants, CPC is a time for a group-wide meeting, typically at the end of a shift, to explore their experiences through reflection and learn from them. Each participant has described how reflection is embedded into the conferences that they facilitate, which includes an open, safe environment, primed with curiosity, analysis, feedback, and meaningful discussion. Each of them has expressed the importance of their role in CPC to guide, facilitate and stimulate reflection with students, with the goal of learning and developing practice. Nursing students are encouraged to question and reflect on their experiences as a part of CPC as a group to build on knowledge and develop positive, collaborative interpersonal relationships (Melrose et al., 2021). Myriad of strategies can be utilized in CPC to help nursing student develop skills for critical

reflection. Nitasha, for example, spoke about adapting debriefing theory to promote reflection. Studies have indicated that effective debriefing following a clinical experience can lead to quality learning, such as increased awareness, critical thinking, and reflective thinking (Fegran et al., 2022; Heyn et al., 2023). Vineet spoke about using feedback in conjunction with discussion to help foster and promote the development of reflective skills, and life-long learning. Along with these strategies, there are potential challenges to engaging in reflection during this dedicated time, as not all students will have the energy, openness, or willingness to participate or be receptive to some of the information or feedback being shared (Douglas et al., 2016). Other challenges and barriers associated with CPC are discussed later in this chapter.

Despite each of the participants describing reflection as a key component of CPC, there seemed to be a lack of clarity between reflection, critical reflection, and critical thinking. The terms were often used interchangeably. Kennison (2012) quoted their own unpublished study from 2000 and reported that faculty working within the same nursing program all had very different ideas about what reflection is and how it can be implemented through effective strategies to enhance meaningful learning, professionalism, and critical thinking. Steven and colleagues (2020) also suggest that reflection is often used without a clear understanding of what it is. When a participant in this study was asked about critical reflection and CPC, they responded with:

> I think critical thinking is a huge part of our nursing care, and as students, things are new. We generally build critical thinking throughout our experiences because the more situations that you're in, the more you're going to learn.

Critical thinking is integral to nursing practice, but critical reflection is the bridge between theory and knowledge. In other words, critical reflection can help nursing students transform their

experiences into “practical knowledge”, while also strengthening other skills, such as critical thinking, relational engagement, communication, and specialized knowledge base (Shin et al., 2023, p. 2). The transformative nature of critical reflection helps the learner deconstruct and restructure their experiences to apply changes in their practical approaches to nursing, making it an effective teaching and learning strategy, especially in CPC (Cheng et al., 2020). This is in alignment with next subtheme, *learning, professional and skill development* as a part of *the purpose of clinical post conference*.

Sub-theme: Learning, professional and skill development. Another sub-theme within *the purpose of clinical post conference* was *learning, professional and skill development*. Bumby and colleagues (2020) reported on the positive perspective clinical instructors have for CPC and its potential for promoting learning through associated activities and facilitation techniques. Because there are fewer numbers of students per faculty in the clinical setting, CPC is an optimal environment to stimulate learning, and skill development through discussion, guidance, feedback, reflection, and role modelling (Hardie, Darley et al., 2022; Rossignol, 1997). All participants referred to various skills and the development of deeper understanding about nursing practice and safe care through shared experiences in clinical post conference.

Aanya:

> Quote A 3.1: Clinical post conferences allow students to learn from each other's experiences and explore how the use of critical thinking is important in nursing practice. I facilitate this by using examples that have occurred during the clinical day and allow the students to brainstorm what went wrong in the case and what went well. We also come up with solutions that can be used with future similar cases.

As a part of a collaborative CPC, there is a focus on solution-oriented learning to develop critical thinking skills that can be retained and applied in practice moving forward (Nielsen, 2016). Aanya presents her observations to the group of students and facilitates a discussion about positive and negative elements related to the experience and how changes in practice can be integrated to continue to professionally develop.

Vineet:

> Quote V 3.1: I have done case studies in post conference as well, just to help build their critical thinking on scenarios that they may come across while they are in clinical.
>
> Quote V 3.2: I have students think about their own practice, about what went well, what didn't go so well, and what they want to work on for the next clinical shift. I think that is one of the biggest things that I find to be very helpful to discuss that and have the students talk about it in the group. Just because they can come up with a plan for next time and they seem to show improvement and learn from what they had discussed in post conference for the next shift.

Vineet described the strategies and learning activities that she uses in CPC to help develop skills, such as critical thinking. She has placed significance on examining and analyzing shared and individual experiences for to develop a mutual understanding of how to improve practice in the clinical setting, which includes her provision of feedback, aligning with her idiographic finding of *providing feedback to improve practice*. In their research, Nielsen (2016) identified that students highly valued instructor input on performance.

As Lilo notes:

> Quote L 4.1: Clinical post conference is meaningful if the students can see the integration of theory. So, what they learned in their classroom, they're applying directly to that

> patient situation. And they find that very meaningful. They feel they begin to feel more confident in their ability and, and they have a better understanding of the roles and responsibilities. They feel like they're real nurses.
>
> Quote L 4.2: Students understand and begin to recognize what their role is in relation to the bigger picture. And that they're not just a nursing student, they're a part of a complex system, and their role is to advocate early for their patient and themselves, along with the best possible care for their patient.

Lilo is referring to socializing into the role of a nurse and professional development. Through student experiences in clinical and conferences, they can better understand their "roles and responsibilities" and "feel like they're real nurses". Ultimately, she is focused on the learning and confidence building that can be developed through the activities that are a part of clinical post conference. She also mentions making CPC "meaningful", which, from her perspective, is possible with practical and clinically relevant discussions with students about integration of theoretical knowledge into actual and potential scenarios. Her focus is on learning, advancement, and professional development, which aligns with the findings of Lutter et al. (2018), Hsu (2007) and Plowe (2020).

Nitasha also comments:

> Quote N 3.1: Sometimes they can't make the connection right away on the spot on the unit and they take some time. So, this is a time where I can help them make any kind of connection that might have been missed.

Nitasha takes on a leadership role to guide learning and development of skills, such as critical thinking ("help them make any kind of connection that might have been missed"). Her role as a clinical instructor was embedded in many of her responses. She has a sense of responsibility to

ensure that students learn during their time with her and while in the clinical site. Clinical post conference is a time that can be dedicated to help students make connections and strengthen critical thinking. She talked about using different strategies, such as case studies, and in-person and virtual simulations to help students develop their confidence, comfort, knowledge, and skills with a variety of practice related tasks. Sellappah and colleagues (1998), Montgomery and Handley (2015), and Oermann (2008) encourage the use of a variety of strategies, including those mentioned by this participant, to promote reflection, critical thinking, and skill acquisition.

Ellis:

> Quote E 3.1: My role as a clinical instructor is to facilitate learning. So, part of that is to facilitate the student's development of clinical reasoning. So, understanding and supporting them with their knowledge base, for example pathophysiology and pharmacology, and then moving on from there to analyze data that they've collected, interpret data, and develop priorities and identify problems, and then helping them pull through that process with choosing appropriate interventions for patients that is focused on strength-based and client-centred approaches. Part of my role, as well, is to help students reflect on their experiences and help them identify what skills they want to continue to develop in their future practice.

Ellis mentioned “strength-based and client-centred approaches” as a part of the learning process, which stood out. Client-centred approaches require students and clinical instructors to explore their underlying assumptions, belief, and value systems to ensure that the interventions and interactions that are being implemented and used are placing the client's needs at the forefront. This involves critical reflection, which is integrated with learning. Furthermore, I believe this participant implements strength-based approaches to support student learning and professional

development. Ellis assimilates the principles she would like to instill into nursing students as a part of their practice into her facilitation strategies, thereby role-modeling the characteristics.

All participants emphasized the importance they hold for sharing their observations with students and exploring how to implement changes in practice to address any area of concern. Some of them mentioned discussing what went well, thereby celebrating successes during clinical interactions and experiences. The goal seems to be to reinforce positive behaviours and safe, competent, and ethical practice, while providing opportunities to consider how to change negative behaviours or practice that may not align with professional and practice standards. A learner centred, well-planned, yet flexible to in-the-moment needs, CPC can promote professional and skill development and improvement, including critical reflection (Brown & Sandiford, 2022). Andries and colleagues (2023) found that using a creative and innovative strategy in CPC, such as simulation and debrief, lead to increased student confidence in skills, such as assessments and critical thinking. Raghavan and colleagues (2021), in their study to better understand learning in the clinical setting, quoted students stating that their level of knowledge and understanding of their professional role became clearer through the exploration that took place during CPC with their clinical instructor. Students benefit from engaging in experiential and transformative learning through clinical and CPC by developing various skills, including critical reflection.

Sub-theme: Team communication and co-construction of knowledge. The next sub-theme related to the *purpose of clinical post conference* is *team communication and co-construction of knowledge*. Based on the discussion with the participants of this study, team communication is the clinical instructor sharing information and providing clarity about themes, concerns or issues that come forward during a clinical shift; Co-construction of knowledge is the

enriched understanding that develops because of a team (peers and clinical instructor) engaging in meaningful discussions about topics that are important to them and to nursing practice. Clinical post conference is a chance for peers and the instructor to collaborate, explore experiences, and gain meaning for learning and co-constructing knowledge (Pozzi et al., 2023). Below are quotes from each of the participants sharing their perspectives on this sub-theme.

Aanya:

> Quote A 4.1: There is always something to say in post conference. I have never had a post conference where I am speechless and asking myself "What am I supposed to say?" I just feel like there's always gaps, an opportunity for learning and holding it every day, basically feeds students with more knowledge and boosts their confidence because now they have the knowledge.

Even if the students do not have something to share this participant is prepared with topics to address apparent gaps in knowledge and practice. This was a common perspective Aanya shared throughout her interview. She seemed to value a prescriptive approach to team communication, often pre-selecting a topic to review with the students. She spoke about preparing packages of forms, policies, guidelines, and protocols to review with students, choosing to take on a didactic approach to CPC. Her focus was on preparing students for new and potentially unfamiliar scenarios while in clinical practice by helping them become acquainted with resources, as well as imparting her knowledge and approach to nursing along the way. She feels prepared when she knows how to access and use these resources, which is likely related to her nursing process and approach, and therefore uses this as a strategy for CPC.

Vineet:

> Quote V 4.1: I think I built my critical reflection skills through teaching and being part of post conferences with the students. Using those tools to reflect has helped me further reflect more than I feel like I used to before. I think my reflection before, I guess, was venting. And then obviously discussion with a friend and or a colleague, which I guess is still a form of reflection, but not to the same degree as it is with using the process of reflecting of like 'what happened,' 'what it means,' and 'now what' going forward. I feel like the 'now what' going forward was what was missing… when I was just venting.

Vineet demonstrated insight related to her professional development. From her experiences in nursing education, this participant developed a deeper understanding of what reflection is and how to engage in it, thereby demonstrating co-construction of knowledge through collaboration with students. From her perspective, she is increasingly reflective because of her helping students engage in reflection during CPC. Being a novice instructor, her pedagogical knowledge base had not yet been enriched with practical experiences, limiting her reflective skills. Her openness to build on her skills through experiences with students in CPC is a testament to the positive value collaborative reflective experiences can have on all active participants.

Lilo:

> Quote L 5.1: … students are trying to pull things out and build on what the other person has said, through active engagement, where they are learning from each other. Sometimes that happens if you bring up a specific case.

Lilo suggested that guidance from the clinical instructor can help students learn from each other. By discussing a particular case together, students can ask questions, consider different perspectives, analyze situations, and better understand what the subsequent learning means to them and their practice. The participant believes that group-wide engagement and collaborative

discussion will complement and strengthen the quality of co-construction of knowledge and learning.

Nitasha:

> Quote N 4.1: I feel like they can always learn from each other's experience. So, they will give a little blurb about their patient, and what the focus was for the day, and what the outcome was for the day. Being able to learn from someone else's experience to integrate into your own practice because... you always learn from someone else's experience. For example, maybe someone had an NG [nasogastric] tube and someone had a chest tube too, right, some of these students have not experienced it yet, so it's always nice to learn from other people. They're able to apply it later on for themselves, even though, they'll be looking at the policy, it's always nice to hear about other students experience so then you can relate back to it. Especially if you never had that experience before.
>
> Quote N 4.2: I sometimes really need to talk to them. I'm just talking to them about things that might have come up from the educator on the unit, or something that I noticed in the shift or something else that may have come up... I need to talk to the students; it wasn't just an email.

Nitasha's perspective extends beyond CPC, back into practice. As students hear about each other's experiences they have an opportunity to engage in discourse and become more familiar with something that they may lack knowledge about. Students become a resource for one another, as well as supports, within an environment where they have learned from each other and the clinical instructor. Furthermore, CPC is a time where she discusses, from her perspective, topics that are important or requiring attention from the students.

Ellis:

> Quote E 4.1: Using learning activities, like reverse case studies, to help students develop a knowledge base quite firmly and collaboratively. Students also gain confidence with different skills, such as communicating in a group setting, like providing a report or handover, or completing rounds with the interdisciplinary team. To support this, we practice handovers and rounds in post conference, as a group.

Her perspective is rooted in her experiences in clinical post conference during nursing school. Quote E 4.2 below highlights her positive student experiences and how she adapted this perspective to her personal nursing educational philosophy.

> Quote E 4.2: At that time, we called it praxis. We had it on a separate day. And I felt it was a good time to debrief. Particularly for someone, maybe like myself, who went into the program when I was quite young, I didn't have those life experiences; to share what my experience was with my peers, to get their feedback on, you know, how I could have acted differently in that situation or something, I think that was helpful, because other people may have had a similar experience and were able to share their insight. I think that group sharing was what stood out for me as beneficial in my experiences.

During her foundational learning, through "praxis", Ellis valued the awareness or vision some of her peers shared as a part of a larger group to help her explore and better understand clinical scenarios. As mentioned above, Ellis actively implements strategies that promote environments where groups of students can collaborate and co-construct knowledge together. This perspective connects with the idiographic finding derived from Ellis' interview of *building strong relationships between peers*.

Wink (1995) stated that "an effective clinical conference is a group event" (p. 29). Engaging in learning collaboratively can help students achieve expected outcomes and explore

feelings and attitudes related to experiences. Each participant shared different ways in which CPC can contribute to co-construction of knowledge and team communication. There is a high appreciation for learning collaboratively and from one another. Not only are students learning from each other and the instructor, but faculty can also learn from them, an example of which is outlined in quote V 4.1. While working collaboratively, each student can build knowledge and confidence while developing a stronger understanding of their roles and responsibilities as a learner and healthcare professional (Brown & Sandiford, 2022). Vabo and colleagues (2022) found that it is essential to establish safe learning environments where students can engage in reflection with their peers and role models so they can professionally develop. Stroup (2019) indicated that students who worked in small groups as a part of CPC experienced an improvement in their collaboration with peers and felt more satisfied with their learning compared to their peers who debriefed in the classroom setting. Waldron, Washington, and Montague (2016) also reported on the positive effect of peer collaboration in learning reflectively and developing key skills integral to the nurse role. As peers and clinical instructors work collaboratively, they gain experience, acquire, and strengthen skills. Implementing team-building strategies can also help improve collaboration, communication, and performance (Yi, 2016).

In connection to learning and constructing knowledge collaboratively, the participants identified team communication as an important function of CPC. According to Marlow and colleagues (2018) team communication is fundamental to team functioning. Through their meta-analysis of existing literature, they indicated that when there is effective and respectful communication from the leader, the team can become more motivated and engaged in discussion and demonstrate improved performance. As clinical instructors and students become more

familiar with one another, the quality of communication improves, which can also lead to increased knowledge sharing and understanding (Marlow et al., 2018). The clinical instructor engaging in effective team communication can also serve as an example for them to role model to nursing students. Communication and teamwork are important skills for students to learn and incorporate into practice and can begin to learn them in CPC and then apply them in practical experiences (Badowski et al., 2021). From the participants in my study, team communication is a means of describing their observations and impressions from clinical experiences for students to learn from them. When done effectively, role modelling, along with shared knowledge, can stimulate critical reflection and transformative learning.

Understanding the purpose of clinical post conference is essential to planning and implementing it effectively. It is a teaching strategy to help students develop critical reflection skills for creating safe, ethical, compassionate, and competent nursing practice. As the participants spoke of CPC, their responses drew on their experiences facilitating a traditional, in-person approach. However, when planned and used effectively, an online CPC can also fit into these themes and sub-themes, as discussed later in this chapter. Even when one understands the overall purpose of CPC, one may be faced with barriers and challenges, which will be discussed next.

Theme: Barriers and challenges to clinical post conference

The barriers and challenges for clinical post conference were discussed at length by participants. Hindrances for both traditional and online conferences were identified. Each of the barriers and challenges brought forth by the participants can impact the usefulness and learning engaged in through CPC, which addresses the main research question and Sub-Question one, inquiring about the usefulness of traditional, in-person, online or blended approaches to CPC to

help nursing students develop critical reflection skills. The first section will address traditional, in-person CPC, followed by online, and then a discussion about both. I begin with an entry from my research journal.

> In my experience, there are many challenges and barriers to clinical post conference. When I first realized I wanted to research online clinical post conferences, I informally asked students about their opinion related to facilitating CPC online. They seemed more interested in leaving the clinical practice area early rather than the benefit of having time to engage in critical reflection and then exploring their experiences deeply with their peers through an online learning activity. I had assumed that there would be excitement for having time to engage in reflection, as well as a dedicated space online. This could serve as a barrier to a meaningful online learning experience. At the end of a clinical shift, I sometimes feel very tired, and my energy level is not optimal for facilitating meaningful CPC. During in-person CPC, despite posing an open-ended question, students will almost always initially reply with “good” or “okay”. Listening to the participants talk about the barriers and challenges that they have faced aligned with not only my experiences, but what is outlined in the literature. This is an important theme the participants have contributed, as it can help inform how to mitigate some of these barriers and challenges with planning and strategizing.

Traditional, in-person CPC.

Aanya:

> Quote A 5.1: I've had challenges with students. Students sometimes don't want to share their experiences, or they're too quiet or they try to avoid speaking in post conference and on the other hand, I’ve had students where they're constantly talking, where you're like, “oh thank you so much for sharing your opinion but let's have other people maybe just

say their opinion." For me sometimes that's challenging because that one person would overpower the conference room right where you're like, "Okay, well thank you so much for sharing now let's get everyone else to critically think through the case." … Yeah, just sometimes we take longer than expected and then people get bored.

Vineet:

Quote V 5.1: I think sometimes … it's part of personality, some students are more likely to speak up than others. I think that also plays a part but then it's like you can get those students to be engaged, more by asking them directly. Another hinderance is, I think the time that post conference is done. I think because it's at the end of a shift they're kind of tired, exhausted and don't want to contribute and so they just want to be done for the day. I also find that if it's like you're doing multiple days in a row, that also affects post conference. The students can be tired…. I guess where you're doing it also makes a difference. Whether it be outside, where there might be a little bit more distraction, versus being in a conference room.

Lilo:

Quote L 6.1: Fatigue… on the students' part for sure. And perhaps they have an exam looming. And so, their mind is thinking about an exam or a project, they have, that is, you know, coming in the next few days. Sometimes it can be the environment itself and what they're seeing, in an ideal situation. And so, they're looking at best practice, and perhaps what they have seen and been part of is certainly not best practice that sometimes can take away from that feeling, though, it can feel quite heavy for them, but they're not really practicing very well.

Nitasha:

> Quote N 5.1: Exhaustion, like how tired or hungry everyone is, including myself. How their day went, like, if some students had a really rough day, they just want to go. And I think that's fair because, I would think of myself. If I had a rough day, I would just want to go home so I can process everything first to myself, and then discuss it. You know like, what's on your mind that you have to run, you know like, do you have to go somewhere afterwards.

Ellis:

> Quote E 5.1: Mm hmm. If people are feeling very exhausted that can be a hindrance. So, timing it out at an appropriate time. And with regards to other hindrances, if students are very shy, or they're not confident in their communication. In my experience, usually, that could be a concerning finding with regards to their practice. So, usually that student would require a bit more support to kind of determine why is it that they're not confident in sharing information in post conference, but usually that's something that we can kind of get through. It might not be something they know the very comfortable with or something. Other hindrances, definitely finding space. That's a big one for me, because there's an issue of confidentiality. So, we need to make sure that we're in an area that is not exposed to patients, I mean, that's not always possible. So, we have to be careful about the information that we're sharing and make sure that there's no identifiers there, anything like that. So, I would say space was a big one as well.

The participants described many barriers and challenges they have faced while facilitating CPC in-person. Common challenges that were described included limited engagement due to fatigue and exhaustion, lack of confidence in communication, and unbalanced participation from students. Other common barriers were limited space, and risk for breaching confidentiality.

Limited space is a common barrier to CPC, which forces faculty to use inappropriate areas, such as empty patient rooms, cafeterias, or open spaces, and restricts the quality of discussion (Megel et al., 2013). Vineet mentioned that she is a novice instructor and did not have very much experience facilitating clinical education. Although not stated outright, Aanya was also a novice instructor. Lack of experience can also serve as a barrier to meaningful CPC, as questions and discussions tend to be task-oriented and low-level, rather than high-level to stimulate critical reflection and transformative learning (Gheidanzadeh et al., 2017). As the participants were forced to transition to the online environment for clinical education, their experiences served as an opportunity to learn and professionally develop. Despite this, there were negative aspects. Below I outline participant quotes to describe some of the barriers and challenges they faced while facilitating CPC online.

Online CPC.

Aanya:

> Quote A 5.2: I've actually held few online sessions. I'd be like, “okay guys, so let's finish. Let's finish clinical at this time. Let's drive home, and then have some lunch, or like dinner whatever it is based on the time, and I'll be like, hey, I will send you a link.” So, then we would just do what we're doing right now so just have like that type of meeting online. It was challenging because people had difficulty figuring out how zoom works. People have difficulty with technology: “my internet is down”, “oh my camera's not working.” So, post conference was definitely a bit challenging for us.

Vineet:

> Quote V 5.2: I felt that being online was not the same level of engagement from the students in terms of continuing or creating a discussion. With the lack of engagement, I feel like they weren't reflecting to the same depth and level that they were before… And

so, it wasn't… as effective. I think that was a bit of an issue and I remember when we all first started going online there's always issues with technology. Not everyone could have their cameras on, because otherwise it would start to freeze. If I had everyone speak or turn on their mics at the same time or anything like that the technology was going to freeze and we were going to get kicked out... which is something that had happened a few times. And so, because of that… I felt like the students were kind of hiding behind the turned off camera, so they were not as engaged. If I asked a question, it was kind of like one or two people, and always the same people would continue to engage in the conversation. The others would kind of tend to listen. And so, it would just be more of a reflection for the two people, versus each person participating and engaging. I felt like not having our cameras on played a part with not having everyone engaged.

Lilo:

Quote L 6.2: The online post conferences that I've done have been via Zoom. And the challenge is about engagement and getting to know the students on an individual level. It's very difficult. I find it's very difficult. Also, in keeping them engaged. If they're reporting on a specific activity that they've done and specifically what I was doing was teaching, in a simulated online environment, where the students didn't see the value in the simulated experiences, online, then, that became quite a challenge in post conference, because they couldn't see, what was the point of doing that, online activity. They didn't see the value in it, because as nursing students, and particularly where I was teaching, where it's marketed as having a lot of clinical experiences, and folks think that clinical experiences only take place in an acute care environment, and that's all it means. The students did not see the value in a simulated environment. So, it was very difficult thing

to engage the students in a Zoom environment, so you're having to call them out quite frequently, by name, to get them to respond to various things. You are also not sure exactly what they're doing in Zoom, are they actually doing something else, and they're not really actively engaged in the post conference at all.

Nitasha:

Quote N 5.2: When our post conference was virtual, that was not ideal either because everyone's tired by the time they get home so you know you log in, you're sitting there but no one's really participating. Even though they were trying, it was like a really quick self-reflection. When we were virtual, I couldn't really see them because I gave them the option of cameras on or off because you know you're tired by then, so it was really hard talking to a screen, and then trying to get everyone to kind of participate. They are hungry, because it is dinner time. I don't think the students really took it seriously enough being virtual.

Ellis:

Quote E 5.2: I did find that online reflections to be a bit more challenging because a lot of students didn't want to turn their cameras on. So, that was challenging for me, and I feel people were less likely to be vulnerable in an online setting because they could be in a situation where they don't know if someone on the other end of the discussion has someone in the background that can hear them or something. So, it could be embarrassing, or humiliating or something like that, so I found that they weren't as forthcoming. It made it so that I had to do more one-on-one check-ins with the students as opposed to a group setting.

Participants felt challenged by not having in-person or group-wide meetings with students, as they place high value on team building and co-construction of knowledge. Such a deviation from teaching philosophy and preferences, coupled with a perceived lack of connection and engagement (camera's being off), inevitably lead to an unfavorable environment to facilitate learning in. The participants seemed to measure engagement by the amount of verbal or written contribution to discussion and use of camera while in the virtual realm, yet it seemed that no active strategy was used to encourage participation. For example, Aanya, Vineet and Nitasha expected students to contribute verbally while online, yet they did not use the same strategy as when they are in-person by having each student share something about their clinical shift. Redmond and colleagues (2023) identified that there is no uniform definition of student engagement in the online environment. In their study, they found that students felt most engaged in the online learning environment when they had tasks or activities to complete, such as answering questions, quizzes, or problem-solving. Understanding the student perspective can assist clinical instructors to plan for meaningful CPCs, either synchronously or asynchronously. The potential for breaching student confidentiality was also mentioned a few times, which laid a foundation for an unsafe learning environment, also impacting engagement, participation and depth of reflection or analysis. A safe learning environment is integral, as it supports the learner to explore openly, collaboratively, and reflectively (Ndawo, 2022; Vabo et al., 2022). Because the online learning environment was new to the participants and may have been new to the students as well, it could have been difficult to establish safety, however, strategies to promote engagement can encourage exploration and self-discovery (Ndawo, 2022). Technical difficulties, such as poor internet connectivity, and microphones not working contributed to disengagement and dissatisfaction with learning online.

From participants' responses, it is obvious that both in-person and online CPC come with barriers and challenges, however, in listening to each of them talk about both experiences, there was a more prominent negative undertone in their descriptions of their time online, suggesting that they may have developed a belief that this format of CPC is less useful and meaningful than an in-person approach. This could be related to their unfamiliarity with technology, online platforms, and teaching and learning in the virtual environment. The barriers and challenges impede skill development as a part of CPC. It is important to acknowledge that each of their experiences online were first-time, under the duress of the COVID-19 pandemic, heavily influencing their rapid transition to the online environment.

Theme: Planning for a Meaningful Clinical Post Conference

Along with the *challenges and barriers to clinical post conference*, a common theme amongst each participant was *planning for a meaningful clinical post conference*. This theme addressed the main research question and Sub-Question 1, exploring the usefulness of in-person, online or blended formats of CPC to help nursing students develop critical reflection skills. It is within the clinical instructor's role to plan a CPC that is learner-centred, encourages critical discourse and assists nursing students engage in reflection, apply their knowledge, and enhance their skills (Hsu, 2007; Rossignol, 2000). DeYoung (2009) stated that because CPCs are often unstructured, they can become pointless, superficial, and insignificant. For this reason, it is important to develop a flexible plan for CPC, while considering the learning and course objectives. The participants put forth strategies to enhance CPC, which are presented below.

Aanya:

> Quote A 6.1: Students feeling safe to share their feeling, thoughts, and concerns during post conference meeting. Concerns are address in clinical post conference and student's questions are answered.
>
> Quote A 6.2: …opening up and having a safe environment. I feel that if the students feel safe enough to share their feelings their thoughts, their concerns in post conference, I would say that's a successful post conference because I have created that positive kind of safe environment for them.

As a part of planning for a meaningful CPC Aanya intends to establish a safe learning environment, connecting such a setting to open discussion. She mentioned ensuring safety multiple times while discussing CPC. She does this by abstaining from judgment, leading the discussion, and providing examples from her practice and clinical experiences. Establishing a safety environment correlates with positive learning outcomes (Hardie, O' Donovan et al., 2022). When they feel safe, students are more likely to express their thoughts, ask questions, ask for assistance, and support, and share their experiences (Park & Kim, 2021). A safe environment can also help build and strengthen interpersonal relationships, which includes between peers, students, and clinical instructors, as well as the students and staff in the practical experience site (Hardie, O' Donovan et al., 2022).

Vineet:

> Quote V 6.1: … So, with the student that's not engaging... sometimes I let it be initially and then I will start to get them to speak up, or in terms of post conference I have everyone go around and speak. Everyone has to say something. As for the tiredness (chuckle), I have left reflection for the next day. We just kind of end the day and will continue the conversation at the following post conference. Sometimes we push through

> it and I have everyone just go around and get engaged. I also like to have students get up and move around and then sit back down and have a drink of water. Just to kind of refresh and then continue going with post conference.

Vineet described some strategies she has used to promote engagement in CPC amongst students. Lack of engagement was a common topic for each of the participants. To overcome this challenge Vineet outlined some strategies, such as physical movement, mandatory input into discussions, or delaying CPC to another day.

Lilo:

> Quote L 7.1: Some of the strategies that I use was to call them out. Sometimes I would have them do something in the post conference, have them split up into, like, put them into different rooms and have them work on a specific activity and come back, so that they were more actively engaged, and it would have been something that was done that they couldn't prepare for. So, they actually had to go in that room, five minutes. Do something quick and then come back and so they could see the integration or the value of what they had done in the simulated environment.
>
> Quote L 7.2: I did a check in with them and then I would do a check out at the end to see how they were feeling. Certainly, their checkout was not positive, so I needed to change something, change that structure of the post conference so that they were more actively engaged. So, in the simulated environment the instructor guide that I had was very prescriptive. I had to move away from that prescriptive instructor guide and use some other strategies because those weren't working, nor were the questions that I was asking working well.

Lilo has a desire to ensure that students enjoy CPC and are actively engaged. Quote L 7.1 describes a strategy that she used to promote engagement in the online environment. As she facilitates CPC, the participant elicits feedback from the students to continue to improve their experiences in conferences. As a result, she gains self-awareness and enacts changes in her approaches and strategies, being student-centred.

Nitasha:

> Quote N 6.1: I give some time to kind of unwind a little bit. You know, how everyone's day went, anything that they want to discuss beforehand. A template also, just why I think the reason I want the template is to keep the learners more engaged, because I'm not used to teaching someone online. I will need more practice and teaching online so that's what I would have wanted a bit more structured for virtual.

Nitasha mentioned that she tries to avoid a prescriptive or structured approach to facilitating post conference. I believe that when she states that she wants a template, she is seeking guidance on how to plan an online clinical post conference, to avoid simply translating her in-person strategies to a different platform. She has expressed a need for time, guidance, practice, and experience.

Ellis:

> Quote E 6.1: I feel that if post conference is not… planned, it is ineffective. So, there's not a purpose for it, I feel that it could be not beneficial. I feel that that's a big piece and I think as long as that plan is put in place and the expectations are put in place, it could be effective, even online. But even if it's online or in person, if there's no plan and there's no strategy, it's not going to be effective. This is why our curriculum committee developed this document to outline the purpose of those conferences and some general ideas of what

> you can do during post conference. So, I think some things like that would be helpful for new instructors.
>
> Quote E 6.2: What I've found to be helpful is getting students to have a break before we go to post conference. I find if we jump right from clinical into post conference people's minds haven't really shifted to be able to take a deep breath and relax and focus “okay, now I'm not in clinical anymore, I'm reflecting now”, so I do find that transition to be helpful. But I'm also mindful of the fact that they are exhausted. So, I try not to be too critical of, you know, the way that they look or something, their body language or anything like that because I know it's been probably a long week for them, we're in clinical at the end of the week so I'm mindful of their exhaustion levels, but obviously I have to make sure it's still effective, so just kind of seeing how everyone is doing and gauging the situation is helpful. Sometimes I find that engagement is lacking at times. One of the ways that I mitigate that is to make sure that everyone is responsible for sharing some information in post conference.

Ellis outlined the significance of planning a CPC. For there to be a meaningful experience, there need to be clear expectations, with a flexible idea of the purpose of each CPC. Similar to quote N 6.1 from Nitasha, Ellis plans for and provides intentional time for students to decompress from their experiences in the clinical learning space, distinguishing time dedicated to practice versus reflection. Many of her responses are student-centred, with a focus on enhancing their learning through a meaningful CPC. Like other participants, she mentioned strategies to address lack of engagement by making each participant responsible for talking about something.

Reflecting on the quotes relevant to this theme, I share an excerpt from my research journal before further discussing this finding.

> Planning for a meaningful CPC seems like an obvious consideration, but if I am being honest, it is not something that I have necessarily given a lot of thought to. In thinking about my practice, I do engage in planning, but I never considered it that. I have a toolkit of activities, questions, and topics that I like to use at some point in a clinical course. I am open to the learning activities that are taking place on the unit, such as mock code blues, that the students can participate in, and I am flexible to student needs. For example, if they ask to review a specific medical device, equipment, or supplies, I ensure that gets done. I must question if I am planning CPC well. Initially I thought to call this theme facilitators for clinical post conference, meaning strategies that can be used to make a conference go well. But on further reflection, the goal is to encourage critical reflection and garner meaning from clinical experiences to learn from them. A more appropriate label for this theme must incorporate planning and meaning.

Overall, there is a perception that there is often a lack of engagement in CPC due to various factors, as discussed in the theme *barriers and challenges to clinical post conference*. Interestingly, Ebersole-Berkstresser (2013) did not find a significant difference in student engagement between online or in-person approaches. Ensuring a safe learning environment may help improve engagement. Safety is essential to ensuring meaningful, valuable, and worthwhile learning from clinical interactions (Hardie, O' Donovan et al., 2022). Safety in the learning environment can include attributes such as inclusivity, clear communication, respect, and judgment-free (Chicca & Shellenbarger, 2020), some of which is similar to what the participants have expressed. When students have a clear understanding of what is expected of them, as a part of establishing safety, they are more likely to engage in the learning process (Park & Kim, 2021).

An adequate amount of time should be dedicated for CPC to ensure there are ample opportunities to explore, reflect and address questions, issues, or concerns (Megel et al., 2013; Warnert, 2021). As a part of the planning process, clinical instructors should have techniques to engage students in discussion, reflection, or any other learning activities. Brown and Sandiford (2022) suggest that learning objectives and expectations, or any changes to them, should be clearly communicated. Intentional structure and planning will assist faculty to encourage meaningful critical reflection (Bumby et al., 2020). Each of the participants acknowledged that there are ways to improve CPC and make it more meaningful for participants, such as establishing a safe learning environment, having a flexible plan, promoting engagement, providing time and space, and being aware of one's personal approach. Something the participants did not talk about was collaborating with the students to identify innovative and creative ideas for CPC. Nursing students can help plan and facilitate learning opportunities with the support and guidance of the clinical instructor (Megel et al., 2013; Warnert, 2021). Stroup (2019), in their doctoral work, found that a consistently well-planned CPC with a specific learning strategy (using an SBAR debriefing strategy) leads to students perceiving professional development, specifically related to nursing process. In general, the participants of this study believe that, when well-planned and approached strategically, CPC can be useful in helping nursing students develop various skills, not limited to just critical reflection. Planning a meaningful CPC will improve the quality of learning, as well as skill acquisition, such as those required for reflection. The better clinical instructors understand their role in CPC, the more meaningful and valuable this teaching strategy will be as a part of clinical education.

Theme: The Comfort of In-Person Clinical Post Conference

A theme common amongst each participant was *the comfort of in-person clinical post conference*. This theme addressed the main research question, which inquired about the usefulness of online or blended formats of CPC to help nursing students develop critical reflection skills. This theme also addressed research Sub-Questions one and two, which explored the usefulness of traditional, in-person CPCs in developing critical reflection skills in nursing students and the potential nursing clinical instructors perceive for asynchronous or blended formats of clinical post conferences to develop critical reflection skills in nursing students, respectively. Before outlining quotes from the participants, it is important to recognize and acknowledge that none had experience teaching and facilitating online. The extenuating circumstances of the pandemic forced a rapid transition to the online learning environment, with little to no preparation and support in the initial days and weeks. Much of what is expressed by the participants is influenced by these early days and experiences. Below, I begin with an entry from my research journal, then direct quotes from each participant, followed by a discussion.

Research Journal:

> I must acknowledge that prior to the pandemic, I already had experience facilitating learning in the online environment. I also had recent experience learning in the online environment. Because of this, I was prepared with pedagogical knowledge as we were all required to transition to the online environment as an emergency. I offered to be the team leader for my semester team and developed case studies and scenarios to run as virtual simulations/role playing activities with the students in the online environment and planned both synchronous and asynchronous CPCs. Some of the challenges and barriers that the participants faced did not bother me as much because of this pre-existing experience. I prefer the online learning environment, so my opinion differs from the

participants to some extent. That said, I appreciate their input, as it helped me better understand what others may have been experiencing. I initially labelled this theme "prefer to be in-person", but that was too bland and did not actually capture what the participants were saying. I then thought of "clinical instructor experience in the online environment", but again, felt it was not representing what the participants were saying, which was that they wanted to be in-person because they felt comfortable there. I believe they expressed a sense of comfort being in-person, and in a familiar environment. If they had pre-existing experiences online, their outlook may (or perhaps not) have been different. So, I have landed on "the comfort of in-person CPC".

Aanya:

Quote A 7.1: Yes, actually I found it very challenging I'm not gonna lie to you. It was really chaotic. Post conference was… everything was almost shut down; you had no place to sit. I found it very challenging... we had no post conference [physical] safe space, I felt like it was unsafe. I would like to maintain confidentiality and create a safe environment for the students to interact in post conference. It was difficult. … So, post conference was a bit challenging for us.

Vineet:

Quote V 7.1: Since the pandemic. Well, we've been back in person. It's been good.

Quote V 7.2: For myself, I think I probably want to wait a little bit longer. Just because... I know I seem very hesitant to the online, um, but I feel like I just need a little bit more practice with my reflective questions and reflecting with the students. For now, completely hundred percent in person. And then may be in the future, asynchronously online.

Lilo:

Quote L 8.1: … Face to Face. Because it… perhaps it's because I haven't mastered the art of creating a safe space online. And then, for whatever reason, I haven't mastered that, but I feel with post conferences that are face to face, that I feel more comfortable and confident in my ability to create that safe space, whereas online, I don't feel that same connection. And I will say that the students when we have had opportunities to have post conferences together, love it, face to face, and they don't like it virtually, because they get a sense of who you are, and I get a sense of who they are, that might be missing in the virtual world for whatever reason, and perhaps because I haven't used. I haven't Figured it out quite yet.

Nitasha:

Quote N 7.1: Although online might have worked, I don't think it was as effective as having it face to face and being in the conference room or wherever it is. The transition to virtual was okay... I didn't find it too bad, but just didn't... it wasn't for me.

Quote N 7.2: The asynchronous worked really well when we did a longer 12 hour shift and the students were able to do a guided self-reflection on their day, but then there was no inter-teaching, like you know, so the other students didn't get to hear about the students experience, right you know, like they probably talked amongst themselves, but we didn't get to do a big group discussion about it.

Quote N 7.3: The difference is my comfort level. I'm more comfortable doing it face to face than I am virtual. I don't teach online. The only time I had to teach online because during this pandemic was like a lot of other people. I get distracted easily as well so that's why I like the face to face over that because you know there's nothing else distracting me.

> When I'm facilitating face to face, it's easier for me to go off of the student's body language, it's easy for me to talk to them about their patients. I don't know for some reason I find it easier to engage in a conversation in person than it is virtually, and maybe it has to do with I can't see them. Maybe it could be a thing I tell them to keep their cameras on. But even when I try that it's hard to see them. I don't know why I find is such a big distraction doing virtual.

Ellis:

> Quote E 7.1: And then finally, you might not like this part [laughing], is that, um, I feel that being in person is beneficial because nursing is in person, for the most part, it might be online now but much of it is in person.
>
> Quote E 7.2: Yeah, I like I'm always open to change too, right. So, I will adapt, and I will try new things, because I know that times are changing and things are changing so I'm open to that because that's what we expect from our students, so we should be adaptable as well.

All participants prefer in-person CPC rather than being online. When given the choice, each of them chose in-person. That said, Vineet, Nitasha, and Ellis said they would be open to a blended approach to CPC, but mostly in-person, with synchronous meetings online. In relation to research Sub-Question 2, these participants acknowledge that asynchronous or blended approaches to CPC have the potential to help students develop various skills, not necessarily limited to critical reflection. One participant stated, "I guess asynchronous could work close to the end of the semester", as she will have had enough time getting to know the students in-person by then. There was no element of fear influencing their preference or decision, it is related to familiarity (or lack thereof) when they transitioned to the online environment. As mentioned

previously, the transition to the online environment was done during a time of stress and urgency, due to the overwhelming global impact of COVID-19 pandemic, which included an impact on almost every aspect of education (Sabina, 2023). As a result, space became limited in the clinical sites, requiring teaching and learning to be facilitated online (Brown & Sandiford, 2022). The participants described their transitions to the online environment as “sudden”, “quick”, “we had to stop going to the clinical sites”, “there was no safe space” and “we didn’t really know what was going to happen”. Howe and colleagues (2021) explored the experiences of health professions faculty during the COVID-19 pandemic and found that their participants had pedagogical challenges, such as increased workload, lack of strategic planning skills, unfamiliarity with adapting pedagogy to the online environment, and lack of training. For similar reasons, the participants of this study attempted to replicate their in-person facilitation strategies to the online, synchronous environment. For example,

> Quote A 7.2: I'd be like, ‘okay guys, so let's finish. Let's finish clinical at this time. Let's drive home, and then have some lunch, or like dinner whatever it is based on the time, and I'll be like, hey, I will send you a link.’ Then we would just do what we're doing right now so just have like that type of meeting online.

Providing an online platform for education, without intention and design, does not lead to meaningful learning (Garrison & Cleveland-Innes, 2005). The virtual environment, in any approach (synchronous, asynchronous, or blended) has the potential to enhance learning, which includes skill acquisition (Smith et al., 2020). It is important for nursing faculty to identify which method of facilitation would best meet student needs and help develop critical reflection skills. None of the participants considered an asynchronous or blended approach, the rationale for which is outlined above. Petrovic and colleagues (2020) described an online CPC as an

asynchronous, learner-centred discussion to promote reflection and enhance learning, while engaging both instructors and nursing students when they are ready. Blended approaches to online education have demonstrated improved engagement, creativity, and responsibility (Amankwaa et al., 2022). There are studies that reported student satisfaction with online CPC (Cooper et al., 2004; Heid, 2015; Neumeier & Small, 2014). Amongst the participants in this study, there was a strong desire to continue with in-person CPC, despite the potential an online or blended approach can offer. In relation to research Sub-Question 1, their preference for in-person CPC could suggest that the traditional approach is more effective in helping nursing students develop skills, such as critical reflection. However, I believe their preference for in-person facilitation relates to their level of comfort, familiarity, established teaching strategies, perceived convenience, and the hastiness of their transition to the online environment. The main research question asked how useful CPC could be in developing critical reflection skills in nursing students. Unfortunately, none of the clinical instructors seemed to enjoy their experiences online, and lacked the skills and knowledge needed to effectively adapt teaching strategies to plan for or facilitate meaningful learning and skill development, evidenced by quote A 7.2 in this section. Once the opportunity presented itself, each of the clinical instructors returned to hosting CPC in-person again and felt more satisfied with their experiences. Although, as noted by Hamera and Wright (2004), many of the outcomes expected of traditional in-person CPC can be achieved through online and blended approaches, the participants very clearly noted the value for CPC – but still gravitated back to their in-person preference, when allowed to do so again. This is discussed in more detail next.

Theme: Value for Clinical Post Conference

As described in the theme *the comfort of in-person clinical post conference*, the participants unshakably preferred in-person CPC versus online or blended. The quotes below describe each of the participants' perspective on the meaning CPC has for them as a part of nursing clinical education, addressing research sub-question two, which inquired about perceived potential for asynchronous and blended approaches for CPC. I begin with an entry from my research journal.

> Hearing the participants speak about clinical post conference is heartwarming. I wish I could think of something less cliche to say, but it is an accurate description of my feelings about my interpretation from the discussion and data. I believe I also have high value for clinical post conference, but I do not hold one after each clinical shift. I was surprised to hear that all of them did. Right from the beginning I felt that "value for CPC" would accurately represent the words of the participants, as they all clearly expressed their appreciation for CPC.

Aanya:

> Quote A 8.1: I think that it's very important to me to hold it on a regular basis, like every after every clinical shift. There is so much to say and skipping it would be a missed opportunity.

Vineet:

> Quote V 8.1: And the only thing that I can think of, in terms of post conference, that I know my students have told me that they did find beneficial for their learning, like when we were doing case studies in post conference, and that knowledge sharing.

Lilo:

> Quote L 9.1: My favorite part of being a clinical instructor was post conferences. When you see all the light bulbs go off with the students and they begin to see how this actually works and that they're part of it. And, yeah, it was always my favorite, it still is.

Nitasha:

> Quote N 8.1: I didn't think of this until after the pandemic started and actually during the pandemic, how important post conference. During the pandemic and post pandemic, not having a post conference, like you don't have time to talk to students to Figure out what they're thinking, what their thoughts were for the day. How to support reflection, so they can improve for the next day. You know, even though you try to catch them all on the unit, it is not always feasible, because they're so skill focused, and they want to get everything done so when you try to stop them to be like, “hey, let's go over your patient”, it doesn't always work because they get quite flustered about the tasks they need to complete. Having a post conference each shift is quite beneficial because it gives you time to listen to each of your students and they're listening to each other and they're learning from each other.

Ellis:

> Quote E 8.1: It was so weird not having a post conference during the pandemic but then you realize when you're looking at your students that, okay we post conference because I need time to sit down with all of them, you know, to go over a few things.

In listening to the participants talk about CPC, each of them exhibited feelings of warmth and fondness. They all expressed an appreciation for their experiences with the students during their dedicated time, to have the opportunity to explore and learn with them. Megel and colleagues (2013) found that both instructors and students consider CPC to be essential to learning. Echoing

this, Warnert (2021) found that 98% of their participants identified CPC as imperative to learning. Being forced to go to the online learning environment without warning and preparation only strengthened their resolve and desire to be in-person with students when engaging in reflection through CPC. Both Nitasha and Ellis indicated that when they could not hold CPC in-person during the pandemic, they missed it. The quotes in this section highlight the value the participants have for in-person CPC, regardless of openness to try an online approach. While describing their experience, one participant stated, "as they developed clearer guidelines, things got quite a lot better. We now have a room; we can safely have post conference." The participants experience got better because she was facilitating in-person again. Although open to the idea of a blended approach to CPC and increased support for the online environment, the preference remains to be in-person with students, immediately after the clinical shift. It would be beneficial for clinical instructors to consider the pedagogical implications to improved learning outcomes when reflection is facilitated after students have had time to decompress from their clinical experiences and are more open to engage in critical reflection.

Theme: Need for Professional Development

The *need for professional development* was evident across each of the interviews and emerged through two different elements of our discussions. This theme addressed the third and fourth research Sub-Questions, inquiring about the extent to which nursing instructors believe they are ready to facilitate CPC in an online or blended approach and what resources or training they believe they need to be ready to facilitate CPC in an online or blended format, respectively. All participants stated that they did not have formal education or training on how to facilitate a clinical post conference. They learned through personal experiences in nursing school and through trial and error. Nursing clinical education can be a difficult transition from providing

bedside care, as it requires new knowledge, different from working as a nurse (Cooley & De Gagne, 2016). I begin with an entry from my research journal, then provide direct quotes from the participants. The first quote provided from each of the participants highlight their experiences and how they built their practice. The second quote for each of the participants emphasize their perceptions about what they need to feel more prepared to facilitate clinical post conferences online, synchronously, asynchronously or in a blended format.

Research Journal:

> I expected there to be an expression of need for professional development, but I did not expect it to be such a prominent finding. I am happy to see that the participants are so aware of their needs and have expressed them so clearly. Professional development is an important part of nursing education and ongoing/continuing practice. In nursing school, and as a part of maintaining competence, we must engage in lifelong learning, no matter the role we are in. It is one of the first things we learn in nursing school. It is good to see the commitment that each of them has to engaging in professional development.

Aanya:

> Quote A 9.1: Yeah, to be honest with you I never had a one on one or like a course that would be about post conference which would be beneficial, I think. But I mean, I've been in nursing school, so I know how different instructors hold post conferences so what I took is basically from my experiences with different instructors. I just pulled out what I found beneficial for me as a student, and I incorporate that to my practice as an instructor. All the different ways of kind of holding a post conference played a huge role in kind of shaping the way I run post conference, and I've learned to over the years because I run lots of simulations in labs, we do debriefing and I'm also an NRP instructor so just like

learning all about the ways we debrief about case studies, kind of, I took that and I tried to incorporate into my post conference and that's how I learned but honestly there's no formal way of kind of teaching me how to do it. We've done some leadership online courses like way when I first started, but nothing specific to post conference.

Quote A 9.2: To be honest, what I would like or need, is it would be nice to have a course that teaches us how to hold post conference online, because it's different, like you try your best to make it as equal as possible, but it's not, right. So just having a little bit more kind of information on how should you hold post conference, right, what would be more beneficial for the students. And of course, what also would be good is asking the students how they feel about it, right, because it's not for me as an instructor of course I need the tools and the support to do my job. And if I don't have the support or the tools and I'm not going to be able to do so.

Vineet:

Quote V 9.1: I learned through an observational experience I had with one of the other clinical instructors and having seen her carry it out, made a difference. I think that observational experience itself helped, guided and strengthened my knowledge and therefore it helps the students going forward. Prior to that I was pretty.... I think I picked up some ideas from seeing things that were left by other clinical instructors in the conference room, like written on the boards, I used that kind of stuff to guide me.

Quote V 9.2: In nursing school, it felt like our instructors were pretty laid back with how post conferences were carried out and I think it was like mostly just building on knowledge and information we had already had and just kind of themes of the day that would come up and we just discussed those. I also remember, which is something I do

with my students as well, where I give them each topics to research and look up and then they bring that back to post conference to do, like, peer education. Even though I know post conference is technically more focused on reflection, I do use that in post conference as well, to help build their knowledge and bridge any gaps that they may have, in regard to information that is applicable in clinical.

Quote V 9.3: Myself, I just want to probably do more research on different ways of reflecting, and the different models, to see if there's anything else that works better because like I said I've only used like you said, using Gibb's, right. I can't even know I don't even know the name. Um, but yeah so because of that, I would say that I need to look at different methods, and maybe there's a different approach that works better. And then that will be more helpful for my students versus just doing the model that seems most simplistic and easy to follow and seems efficient in my opinion.

Quote V 9.4: I would be open to like an in service or like anything else that was out there, like a webinar. I would be open to…to attending. I think it would be helpful.

Lilo:

Quote L 10.1: … I think I learned through trial and error, to be honest. And because I didn't have an opportunity, necessarily, when I first became a clinical instructor, to be mentored into the role. I did recognize based on my own experiences as a student, which clinical instructors I felt comfortable with and aligned, so, I threw, perhaps, some of their, what they had done, then I would choose to emphasize those kinds of things.

Quote L 10.2: I need to teach on the electronic platform a lot more. I connected with the course lead to have an open conversation about some of my fears and a very open conversation. And the preparation. Coming prepared and trying to find some resources

online that could support me, like what are they using? What does this online platform look like? What is it that people have published? Is there anything that has been published that that speaks to this? And speaking to people who work in other fields, who use the online platform a lot more. And, and getting some of their ideas, bringing some of those ideas forward so it's not nursing, but some of their ideas were good. And so just bringing some of those ideas forward as well.

Nitasha:

Quote N 9.1: I learned by my mistakes (laughed) and learning from other peers and colleagues, right. So, “what do you guys do in post conference?” I learned from my own experience you know like, when I went to clinical in nursing school, what did I like about my clinical? How was my post conference done? Yeah, no real guided, I basically honestly learned from others as well like you know what other people do for post conference, what do they find useful? What was helpful? If I like the idea, I'll always try out different ideas, just to see how it works and maybe might be better.

Quote N 9.2: I think you'll need to just know how to actually use whatever. So, if I'm using Zoom, understand all the features I have on Zoom, so if I want to make it more interactive, like use a whiteboard or create a poll, I can do it. I need to know the system itself. And then from there, I would need to see how to adapt do face to face to online; I would have to make some sort of adjustments because it doesn't always transfer over. So, I would need to connect with people who have been working more online, like teaching and learning kind of stuff and find out from them the best ways to… “this is what I do face to face, how do I transfer this over virtually?” And if that doesn't work, then I can just make my own template to make it interactive is a whiteboard, you don't mean like I

gotta make notes for myself. … It's more of about personal comfort level, not saying “no” to it. If it happens it happens and I just know that I need to understand what platform I'm using, practice with it, so maybe get another colleague to practice with me so we can practice one being a student one being the facilitator, you know, and just doing different activities to engage.

Ellis:

Quote E 9.1: I learned it mostly through fellow colleagues and as well as doing some research on what the purpose of post conference is, so what the purpose of, how to facilitate critical reflection, for example, reflection on practice versus reflection in practice. So, those concepts and starting to try and pull out… the strategies that are beneficial for students. Talking to my peers about what other faculty members, reflecting back on what my experience was with post conference in my undergraduate, as well as our curriculum committee has developed a document regarding like the evidence and literature about post conference. I learned from that as well.

Quote E 9.2: Some of the ways that it can be facilitated is by providing or acknowledging that that will be time outside of clinical, so like the logistics of it. So, where, and when will that take place. How does that align with workload, because that was one of my big issues with it, and it not being counted as clinical hours. And then there was also an issue of like students having to leave clinical, go home, and go online, so like, the timing of how long is that day going to be, when is the break, when does it end? That kind of thing. So, the logistics is something that would need to be coordinated and accounted for and be really clear with the students about you know, this is your hour sort of thing, because I could see some students becoming confused or frustrated as to what's going on with

> regard to the clinical day. Other ways that it could be supported is by having, like, focus groups. So, sharing with each other as to what has been beneficial in the online post conference sessions. Maybe just providing resources so like, like a textbook or something like that would be helpful.

Reading through the interviews and listening to the audio illuminated the positive nostalgic feeling each of the participants had for their past experiences in nursing school. For all participants, their clinical instructors had employed strategies that resonated with them to the point that years later, they adapted these strategies in their own practice. Their personal experiences garnered meaning, which they shared with the students that they worked with. Their strategies and approaches are all based on informal learning, as well as the professional development they engaged in through reflection. Nevertheless, it is important for clinical instructors to have a strong understanding of the various skills they are attempting to instill in nursing students, such as critical reflection, critical thinking, clinical reasoning and more (Brown & Sandiford, 2022; Ndawo, 2022). Clinical instructors are required to work in complex scenarios, supporting the learning of multiple students (up to eight), which requires them to be proficient in time management, as well as maintain relevant, specialized bodies of knowledge (Beiranvand et al., 2022). As mentioned in Chapter 2, clinical faculty have reported taking up to three years to feel comfortable with their roles when facilitating education with nursing students (Hoffman, 2019). It is important to support instructors with their professional development and understanding of their roles as facilitators of clinical education.

There is an increasing reliance on technology in healthcare and education, but not everyone possesses digital literacy (Reid et al., 2023). All participants in this study felt unfamiliar with the online environment, which would inevitably create feelings of discomfort

and lack of confidence when transitioning without strategic planning. When discussing their readiness to facilitate online, they stated “I need time to build my practice in-person first”, “I need more practice with the platforms”, “I just want to be in-person", “I need more time to practice”. These statements suggest that these participants did not feel that they were ready to facilitate education, in any context, in the online environment, addressing research Sub-Question 3. This perspective can be mitigated by engaging in activities that help guide their knowledge-building, build their confidence, and more time for practice. Some of the participants suggested strategies to help build knowledge, such as focus groups to share ideas, in-services, lunch-and-learns, or webinars. They all want more support, which can be provided through recognition of their time and efforts, as well as provision of educational resources. Hermanns and Kilmon (2012) found that when faculty received training on web-enabled technologies they were more open and willing to engage with them. To facilitate critical reflection, clinical instructors must strengthen their own knowledge and skills to improve teaching and learning efficacy (Shin et al., 2023). Burton et al. (2021) and Sanford et al. (2021) found that faculty who were supported by their employers in their transitions to the online environment during the pandemic through online courses felt more prepared and satisfied with their experiences. Faculty need to engage in regular professional development to remain evidence-informed, and to continue to acquire new and current knowledge and skills related to teaching and learning in healthcare (Ferreira & Nunes, 2019). Clinical education is a vital component of nursing school, requiring instructors to be confident and prepared to facilitate teaching and learning in any environment, in-person or online, necessitating the need for effective professional development (Beiranvand et al., 2022; Colwell, 2023).

Summary

Continuing with the findings, in Chapter 6 I outlined the convergent themes, identified directly from the words of the participants. The themes continued to illustrate my discussion with the participants, highlighting their perspectives related to CPC and reflection. Direct quotes were included to ground the themes in the meaning each of the participants had communicated. The words of the participants were connected to my interpretative analysis and relevant literature. Chapter 7 will summarize and conclude this research study by integrating the research findings into implications for nursing education, discussing the significance of the findings, as well as recommendations for future research.

Chapter 7: Reflections, Contributions and Future Directions

In Chapter 6, I outlined the themes that were common among participants, each of which described their perspectives and ascribed meaning related to clinical post conference (CPC), along with how the themes addressed the research questions. To reiterate, the main research question, which inquired about the usefulness of online or blended formats of CPC in developing critical reflection skills in nursing students, was addressed within the context of the participants' experiences transitioning facilitation to an online environment during an unprecedented and complex global crisis. As previously mentioned, none of the participants had experience teaching online prior to the pandemic requiring an emergency transition from in-person. In this chapter I discuss the implications of the findings to nursing educators and education, describe the limitations of this study, and conclude with recommendations for future research.

Healthcare is evolving and becoming increasingly complex, requiring well-prepared, critically reflective and thinking nurses to enter the field. One of the ways nursing schools prepare students for practice upon graduation is through experiential learning and practical clinical experiences, working with patients and an interdisciplinary team, with the support of an instructor. As a part of clinical experiences, a teaching strategy that is commonly employed is clinical post conference. There is some literature, as referenced throughout this dissertation, that describes both traditional in-person and online CPC (Matheney, 1969; Wink 1995; Plowe, 2020; Hannans, 2019).

In this interpretive phenomenological analysis (IPA), I aimed to explore and understand the meaning clinical instructors currently facilitating education ascribe to CPC and the development of critical reflection skills amongst nursing students in an online learning environment. Based on my study findings, there are some implications that would benefit

nursing education and clinical faculty in strengthening their approach to clinical post conference for the purpose of developing critical reflection skills and learning.

Implications for Nursing Instructors

One of the most alluring insights that I gained from my discussions with the participants was their concern for and goal to help nursing students learn. All participants used words and phrases like “learn”, “connect the dots”, “improve practice”, “guidance”, and “celebrate successes” to explain their idea of what CPC entails. Ultimately, learning is the end goal. There were some minor discrepancies between their approaches, focus, and implemented strategies to facilitate CPC, however, each of them has contributed significantly to better understanding this teaching strategy.

Because of their contributions, insights were gained about the role of the clinical instructor while facilitating CPC. Clinical education should help students apply theory into practice and understand the decisions they made (or did not make) and why (Collier, 2018). The latter can be explored during CPC through critically reflective discourse that helps students examine their underlying thought processes with the guidance of faculty. For nursing instructors to be able to assist with this, they need to have a clear understanding about critical reflection. Based on my findings, there was a lack of clarity amongst these participants regarding the differences between reflection, critical reflection and critical thinking, and the connections between them. The discussion with the participants identified the need for better delineation of the differences across these three processes to improve both teaching and learning within nursing education. This could be seen as part of the responsibility of the clinical instructor to gain knowledge and remain knowledgeable about nursing and educational theories and how to implement them into teaching and learning. Maintaining competency needed for nursing and

pedagogical practice within a complex and intricate healthcare and education system is fundamental to the teaching and learning process (Collier, 2018; Colwell, 2023).

Ongoing professional development is a key component to maintaining competency. As a part of their role, nursing educators help nursing students adapt and apply new and existing knowledge in the clinical setting, which is a dynamic, evolving environment (Kaveh et al., 2022). For this reason, professional development to build and maintain teaching competency is imperative to learner experience, satisfaction, and quality of education (Ignatavicius & Chung, 2016; Shin et al., 2023). There is need for clinical instructors to be supported in improving their understanding of critical reflection (Shin et al., 2023).

There is also a need to better support the professional development of clinical instructors in technology-based and web-enabled teaching and learning strategies. According to Roman (2018), there are limited opportunities for professional development related to online education for clinical instructors. Although each of the participants preferred to continue with in-person CPC, a few of them were open to trying a blended approach. All of them expressed feeling unfamiliar with the technology, distant from the learners and disengaged. Similar experiences are documented in the literature (Nabolsi et al., 2021). When they were required to transition online at the start of the pandemic, all stakeholders involved made the most informed decisions that they could with limited resources (Heyer et al., 2021). The discomfort instructors feel with the online environment can be addressed with appropriate support and professional development that assists clinical instructors to expand and build skills related to adapting teaching strategies rather than simply translating them from in-person to online. I believe one of the reasons the participants did not enjoy their experiences online is because they employed the same strategies

that they were comfortable with (i.e. in-person) in an unfamiliar and potentially incompatible learning environment, while managing various forms of stress from the climate at the time.

Implications for Nursing Education

Clinical post conferences offer a prime opportunity to help nursing students integrate theory into practice. Clinical instructors who understand this and possess the appropriate skills can help nursing students engage in transformative learning, build confidence and competence to apply in a complex clinical setting (Brown & Sandiford, 2022). Since the COVID-19 pandemic, both healthcare and nursing education are well situated to engage in innovation. Amongst the chaos and devastation caused by a global pandemic, new opportunities for nursing education were identified. At that time, clinical education, along with theory classes, were temporarily transitioned to the online learning environment, without preparation, structure, or strategy. Although difficult at first, over time, there have been lessons learned, which have afforded opportunities to consider new ways of facilitating teaching and learning in nursing. This is an opportune time to consider the lessons learned from transitioning traditionally in-person components of nursing education and develop infrastructure for the future (Teymori & Fardin, 2020).

Online learning, as outlined in Chapter 2, is the use of digital technology to support learning. When it is well planned, with effective teaching strategies, the online learning environment can enhance learning, as there are many strategies that can be employed to engage and support learners, including in nursing (Smith et al., 2020). Studies have demonstrated that online education, synchronous, asynchronous, or blended, is a viable alternative to traditional, in-person approaches (Amankwaa et al., 2022; Paudel, 2020). The practical experiences of nursing education cannot be replaced by online education, but they can be supplemented by considering

the opportunities and enhancements to learning that can take place when CPC is facilitated in such an environment. Prior to the pandemic, some researchers, such as Zapko (2013), Ebersole-Berkstresser (2013), and Hannans (2019) explored the potential of online CPC for learners and found that there were positive outcomes, such as improved learning and satisfaction, and skill acquisition. However, the participants of this study expressed a strong desire to continue to facilitate CPC in-person. When asked "if given the choice, would you choose in-person or an online approach to CPC to help nursing students develop critical reflection skills", all participants immediately responded with in-person. Each spoke about feeling underprepared for the online teaching and learning environment. To help clinical instructors feel more prepared and ready to facilitate CPC online or with a blended approach, additional support and professional development activities could be helpful, as outlined previously. Further, it would be beneficial to develop professional development activities to help faculty engage in contingency planning for future and emerging threats or emergencies, such as snowstorms, floods, and wildfires. Such planning can help address any dissonance gap amongst faculty that may lead to hesitancy to engage in change, and educational, technological, or pedagogical advancements.

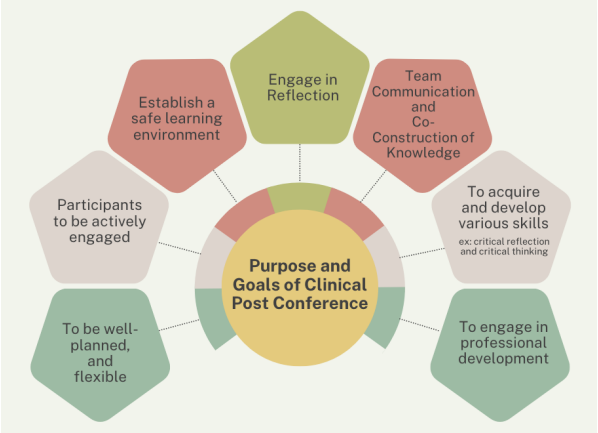
Implications for Clinical Post Conference

As I mentioned at the beginning of this chapter, as well as in the discussion, from my interviews with the participants, it was abundantly clear that they believe CPC is a valuable teaching strategy and they schedule it after each clinical shift. They enjoy a dedicated time with the students they are working with to discuss important clinical events, while also providing the time and space required for reflection. Through our discussions the main research question *from the perspective of nursing clinical instructors, how useful could online or blended formats of clinical post conferences be in developing critical reflection skills in nursing students* was

addressed through the participants' expression of their experiences transitioning to an online environment during a time that was volatile, uncertain, complex, and ambiguous (VUCA) (Colwell, 2023). Having to rapidly transition to the online environment without pre-existing experience, preparation and foundational knowledge added undue stress. Within these moments, there are opportunities to learn and grow by maintaining a positive outlook and searching for creative solutions. Despite not enjoying their time online, the participants were open to trying occasional synchronous online CPCs as a meaningful learning strategy in clinical education. They did, however, voice their need for professional development to help prepare for such a venture, helping to address research Sub-Questions 2, 3 and 4, which inquired about potential online and blended approaches to CPC, participant readiness for online education and resources required to support their skill acquisition. With more experience and knowledge acquisition, clinical instructors could be more prepared for an online or blended approach to CPC to develop critical reflection skills amongst nursing students. Critical reflection, as a part of transformative learning, is essential to safe, ethical, and competent nursing practice. Education must prepare nursing students with the necessary skills and knowledge to become reflective practitioners, with the goal of high-quality patient care (Froneman et al., 2023). Clinical post conferences are a prime opportunity to assist students to engage in critical reflection in the moment and beyond. The participants outlined reflection, learning, skill, and professional development as purposes of CPC. Furthermore, from the perspective of clinical instructors in this research study, traditional, in-person approaches to CPC can aid nursing students in developing and acquiring new skills, such as critical thinking and reflection. If effective strategies are used for online or blended approaches to CPC, there is a potential that these formats can effectively help with skill development. A substantiable amount was shared and contributed about CPC. From the themes

and sub-themes that were discussed in Chapters 5 and 6, the purpose of and goals of CPC became evident. These are depicted in Figure 3, below.

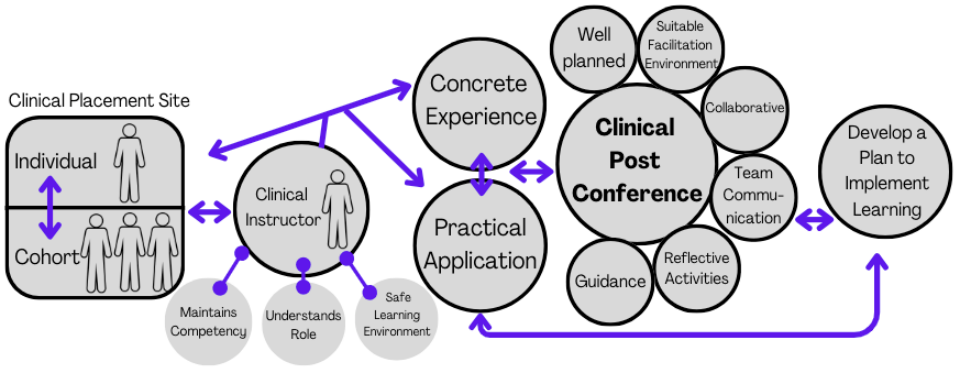
Figure 3
The Purpose and Goals of Clinical Post Conference



Source: Original

Furthermore, planning for a meaningful CPC also became evident. In Chapter 1, Figure 1 depicted the conceptual framework for this research study. Considering the insightful and meaningful contributions of the participants, the conceptual framework has been updated and is presented below in Figure 4.

Figure 4
Planning for a Meaningful Clinical Post Conference



Source: Original

I will highlight the changes made to the framework in Figure 4, informed by the words of the participants and meaning they expressed during the interviews and through the data analysis. The framework begins with the same idea of the clinical placement site hosting nursing students. They may have experiences individually or as a part of a cohort. A valuable addition is the clinical instructor. Many of the participants spoke about their role as a part of clinical education. For example, “as a part of my role is to get the group together and help them reflect”, “my role is to help them make connections”, and “I help them make a plan to adapt changes in their practice”. The clinical instructor plays an important role in the learning process, therefore, it is imperative for them to maintain teaching competencies, as well as their specialized body of knowledge related to nursing and health care, by engaging in professional development, having a clear understanding of their role while working with students in clinical placements, and being able to establish a safe learning environment (Beiranvand et al., 2022; Ferreira & Nunes, 2019). Building strong interpersonal and professional relationships with students is a part of the role of the clinical instructor (Collier, 2018). Following the concrete experience of applying knowledge and learning while working with patients and the interdisciplinary healthcare team, the students and clinical instructor engage in CPC. The points around the central circle labelled ‘clinical post conference’ are considerations to take when planning for a meaningful CPC. ‘Well planned’ entails taking everything in mind, for example, appropriate timing, adequate amount of time, learning objectives to be address, and teaching strategies to be employed with rationale (Tierney & Abbot, 2020; Wink, 1995). ‘Suitable facilitation environment’ encourages the clinical instructor to consider which approach will best address the students' learning needs: in-person or online, either synchronous, asynchronous, or blended. It is important to provide opportunities that are flexible, allow time for decompression, and are convenient, such as a blended and

asynchronous approach (Melrose et al., 2021). ‘Collaborative’ is a reminder to work with the students to plan CPC, and have them develop and implement learning activities, with guidance from the clinical instructor, with their peers. This will also encourage peer collaboration, which has led to improved quality of learning and retention (Pozzi et al., 2023). ‘Reflective activities’ are meant to stimulate deep, higher-level thinking about clinical experiences to begin to develop skills for critical reflection that can be applied at any given time, for both personal and professional use. Creativity when choosing teaching and facilitation strategies can improve participant experiences and quality of learning (Lutter et al., 2018). As a part of the learning process and CPC, students will develop a plan to implement their learning, then apply those strategies in practice and engage in the learning cycle again, to not only build new knowledge and skills, but to consolidate and reinforce learning and strong practice as well. This framework, along with Figure 3, can be used as guides to plan for meaningful clinical post conferences, either in-person or online.

Scope of the Study and Limitations

This was an interpretative phenomenological study aimed at exploring clinical instructor’s perspectives related to in-person, online, and blended approaches to CPC and how they may help nursing students develop critical reflection skills, as well as the extent to which clinical instructors feel ready to facilitate CPC online and what resources they need to better prepare them. IPA is a participant-oriented, qualitative approach to research, enabling participants to openly explore experiences and the meaning ascribed to them using their own words through discussion with the researcher (Smith et al., 2009). Rich, plentiful data is required for the researcher to interpret meaning from what the participants have said (Amos, 2016). Recruitment criteria were established to enable a participant group who could provide relevant

insights and perspectives to address the research question with their specialized knowledge on the subject matter, as outlined in Table 1, in Chapter 3. All participants were recruited from within the lower mainland of British Columbia, Canada, to promote the formation of a homogenous group. The richness of the data gathered from in-depth, semi-structured interviews provided insight into an under researched phenomenon in nursing education, helping to provide some guidance on how to improve and strengthen CPCs. To promote continuous awareness of my internal dialogue and evolving ideas, during and after the data collection process, I used a research journal to bridle, engage in reflexivity and organize received, perceived, and interpreted information. I routinely wrote in my research journal about my thoughts, feelings, evolution of ideas and more. I began writing in the journal prior to starting the interviews to ensure that my pre-conceived notions were accounted for and did not influence me while engaging in my discussions with the participants. Doing so allowed me to remain open to new ideas, perspectives, and the meaning that the participants shared. Being a novice researcher, using a research journal helped me be accountable to my responsibility to shine a spotlight on the words of the participants, as well as be open to the exploration of CPC without prematurely drawing conclusions based on my own pre-conceptions.

Due to the nature of semi-structured interviews, there was a large amount of data. IPA required me to immerse myself in the data to find ontological meaning, necessitating a significant time commitment. Prompt organization of data assisted me in becoming familiar with the data and provided an opportunity for initial identification of codes and eventually themes and prevented loss of information as time passed. There was a limited timeframe within which to recruit participants, due to the constraints of a doctoral program. The participants had limited experience teaching and learning in the online environment before they had to make this

transition, due to the pandemic, yet they shared meaningful and valuable insights into their experiences.

Contributions and Significance

My research study, an interpretative phenomenological analysis (IPA) research design, helped gather insights, perspectives, and meaning related to traditional clinical post conferencing, critical reflection, and an online or blended approach to conferencing. I was able to engage in deep, meaningful discourse with five participants, each of whom shared their experiences and existing knowledge about clinical post conferences. The resulting data was rich and full of insightful contributions. The results, as discussed in Chapters 5 and 6, have contributed to a deeper level of understanding about why post conferencing is facilitated in the manner that it is, with minimal change over the years. One of the reasons for this is because the facilitation strategies currently used by instructors are based on their experiences in nursing school, with their clinical faculty. A deeper understanding of this phenomenon has helped identify suggestions for alternative methods of conferencing and resources required by clinical instructors to aid in professional development and preparation for new methods of facilitation. Figures 3 and 4 summarize the significant findings from this research study and depict them visually. Insights about what is working well and what is not were also highlighted.

The participants shared some barriers and challenges that they have faced with CPC, both in-person and online. For example, both approaches were associated with a lack of engagement, due to exhaustion, leaving cameras off when online, and not everyone contributing to the discussion. Lack of engagement in the online environment could be caused by both instructors and students not being prepared for such a learning platform, nor the pedagogical strategies required for it (Martin et al., 2020). As mentioned previously, professional development

activities, such as sharing of scholarship, mentorship, webinars, formal education, and training, can help clinical instructors acquire knowledge and skills required for teaching and learning in the online environment. Professional development activities can also help faculty prepare for future technology-based trends in healthcare and nursing education.

Future Research

As I reviewed relevant literature and engaged in data analysis, many ideas for future research came to mind. Some of these ideas presented themselves because of questions I wish I had asked during the interviews; some of them came forward as questions while I read through the transcripts, as well as the literature. It would be helpful to better understand CPC through the student perspective, therefore a replication of this study, but exploring the learner perspective could provide more clarity. Continuing with the student perspective, studying their views related to engagement for online CPC can provide guidance for learner-centred strategies to employ in the online learning environment. Future research may also include an exploration of how CPC can assist students to develop their professional identity, as well as the impact of team communication on learning and confidence building. Another topic could be how providing effective feedback during CPC influences the quality of learning.

Understanding that the impact of COVID-19 on nursing education has been explored, I did not come across much research that indicated what long-term changes may have been adopted because of transitioning nursing education to an online environment, with its associated processes and demands. It would be worthwhile to examine the benefits, drawbacks, recommendations for practice, and contingency planning that have resulted from these experiences. Another aspect of this is to explore the professional development that is available or

may be helpful to aid clinical instructors or nursing faculty in contingency planning for future or emerging threats or emergencies.

As I was reviewing literature, I attempted to find research related to CPC in other disciplines, but only found a few studies about midwifery students. It would be a helpful to identify other disciplines that use CPC as a teaching strategy and how it is mobilized to support the development of critical reflection skills and transformative learning, if at all. Further to this, it would be helpful to better understand the goals and purposes of CPC when used by other disciplines as an educational strategy. Additionally, there is limited research related to licensed practical nurses (LPN) and nursing education. It would be worthwhile to explore LPN experiences in CPC, their perspectives related to critical reflection and other skill acquisition through their learning in conferences.

As I identified during the discussion in Chapter 6, the participants of this study developed their practice for CPC from their experiences while in nursing school. There is a need for professional development. Future research can include an exploration of what professional development opportunities exist and how often do clinical instructors engage in these activities to enhance their practice and maintain their teaching competency. It would also be very interesting to study how effective clinical instructors believe their experiences in nursing school helped them develop critical reflection skills. Exploring the perspectives of adjunct clinical faculty related to professional development opportunities can help identify needs and strategies to support novice instructors as they transition to new ways of practice. Another important topic that requires exploration is the adaptation of simulation and debriefing theory into CPC to stimulate critical reflection and transformative learning. This includes participant (clinical instructor and student) experiences, learning outcomes, professional development opportunities

and more. As a part of my personal growth because of completing a dissertation, I could contribute to literature and existing research by writing about the lessons I learned, such as how to actively listen during interviews, and how to maintain communication with one's supervisory committee when dealing with personal stress or issues.

The Meaning I Developed

When I first embarked on my doctoral studies, I was very excited to explore a topic that I was interested in. Clinical education is my passion. I enjoy facilitating learning in the clinical environment and being able to delve into those experiences as a part of CPC in the form of reflection. With that being said, I was acutely aware that I did not have formal education in how to facilitate CPC; my strategies were *also* entirely based on my experiences in nursing school, which is the same as the participants from this study. I explored my thoughts through my research journal, pondering upon questions like "What skills do I possess?", "What do I know about critical reflection?", "What have I done to consolidate my own skills?", and "What can I do to be better prepared to facilitate critical reflection?". Questions such as these deepened my interest in exploring clinical instructors' experiences related to clinical post conference. As I gained more experience teaching and learning online through my work and school, I became interested in the potential that clinical instructors saw for online or blended approaches to CPC.

I have learned a considerable amount through this research study. I have learned more about research processes, such as coding, data analysis and then writing the findings in a manner that highlights the significant findings. Furthermore, I have learned a lot about planning for a meaningful clinical post conference. My perspective related to CPC has evolved to become more open and flexible. An example of this is highlighted through the evolution of the conceptual framework for this research study. In Chapter 1, Figure 1, I called the framework a guide, which

now seems regimented, prescriptive, and misaligned with the goal-oriented approach that should be taken for CPC. My meaningful discussions with the participants, engagement in reflexivity through journaling, and review of relevant literature all helped me better understand CPC and critical reflection, leading me to put more emphasis on collaborative planning of CPC. One of the questions that I have started asking students at the start of a clinical course is: What would you like from clinical post conference? This has led to more meaningful reflective discourse about clinical experiences and interactions between the students and me. I have also noticed deeper reflection in clinical journals, which could indicate that CPC is helping students develop critical reflection skills to apply in other aspects of their practice and lives. As a result of my experiences through this research, I believe I have engaged in transformative learning, enhancing my own practice, with the hopes of sharing my newly gained knowledge.

Conclusion

This interpretative phenomenological analysis studied nursing clinical instructors and their lived experience with CPC. The main research question asked about clinical instructor perspectives on the usefulness of online or blended approaches to clinical post conference to help develop critical reflection skills amongst nursing students. The participants shared their experiences with online CPC within the context of a global crisis and how this helped them identify their need for more professional development opportunities to build pedagogical knowledge and acquire skills and competency to teach in environments that are different from in-person. Although the pandemic was not an intended focus of this study, it came forth as a part of the exploration of their experiences. The participants eloquently described the meaning they have for CPC. As a part of our discussion, different elements of their teaching strategies, perspectives about learning with students and the needs they identified for themselves because of their

experiences transitioning to an online environment for CPC in a stressful situation became apparent. Through their open discussion and willingness to share, two potential resources were developed. One outlined potential purposes and goals for CPC (Figure 3) and the other presented potential considerations in planning a meaningful clinical post conference (Figure 4). The contributions of the participants have provided new perspectives about CPC, which can help clinical instructors strengthen nursing education and aid students in developing the necessary skills required for strong practice, such as critical reflection, critical thinking, and communication. The participants of this study expressed the value they understand and hold for CPC as a teaching strategy to promote and enhance learning, with their experiences online strengthening their resolve to meet with students to engage in meaningful and transformative learning.

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Appendix A: Certificate of Ethical Approval, Athabasca University

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: **24738**

Principal Investigator:
Miss. Ranveer Sahota, Graduate Student
Faculty of Humanities & Social Sciences\Doctor of Education (EdD) in Distance Education

Supervisor:
Dr. Pamela Walsh (Co-Supervisor)
Dr. Debra Hoven (Co-Supervisor)

Project Title:
Exploring online approaches for clinical post conference in nursing education with clinical instructors

Effective Date: March 31, 2022 **Expiry Date**: March 30, 2023

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by: **Date: March 31, 2022**

Michael Lithgow, Chair
Faculty of Humanities & Social Sciences, Departmental Ethics Review Committee

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Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
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Telephone: 780.213.2033

Appendix B: Invitation Letter

INVITATION TO PARTICIPATE

Exploring Online Approaches for Clinical Post Conference in Nursing Education with Clinical Instructors

April 2022

Principal Investigator (Researcher):
Ranveer Sahota
Rsahota2@athabasca.edu
604-786-1052

Supervisors:
Dr. Debra Hoven – debrah@athabascau.ca
Dr. Pamela Walsh – pamelaw@athabascau.ca

My name is Ranveer Sahota, and I am a Doctor of Education in Online Education student at Athabasca University. As a requirement to complete my degree, I am conducting a research project to explore clinical instructors' experiences related to clinical post conferences, in-person, online or blended. I am conducting this project under the supervision of Dr. Debra Hoven and Dr. Pamela Walsh.

I invite you to participate in this project because you are a clinical instructor in nursing education, with experience facilitating post conferences as a learning activity.

The purpose of this research project is to explore clinical post conferences with clinical instructors to find the meaning they ascribe to the learning activity, and what potential they view for online or blended approaches to help nursing students build critical reflection skills. I hope to identify innovative pedagogical strategies, resources clinical instructors may require and a deeper understanding of current practice to inform future practice for clinical post conferences.

Your participation in this project would involve an audio-visual recorded, hour-long interview on the Zoom platform. The interview will be arranged for a time and place that is convenient to your schedule.

All information you provide during the study will be anonymized, stripped of any identifying information to protect your privacy and confidentiality. All digital data will be saved as encrypted files and saved on a password-protected computer to which only I have access. Any hard copies of information will be stored in a locked filing cabinet, to only which I have access.

The research should benefit each participant by providing opportunity to expand the field of knowledge regarding clinical education and post conferencing. I do not anticipate that you will face any risks because of participating in this research.

Thank you for considering this invitation. If you have any questions or would like more information please contact me, Ranveer Sahota, by e-mail rsahota2@athabasca.edu or my supervisors at debrah@athabascau.ca and pamelaw@athabascau.ca.

Thank you.

Ranveer Sahota

This study has been reviewed by the Athabaca University research Ethics Board.
Athabsaca University Ethics # 24738

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns about your treatment as a participant, the research, or ethical review processes, please contact the Research Ethics Officer by e-mail at rebsec@athabascau.ca or by telephone at 780.213.2033.

Appendix C: Informed Consent Form

Exploring Online Approaches for Clinical Post Conference in Nursing Education with Clinical Instructors

PARTICIPANT CONSENT FORM

Principal Researcher:
Ranveer Sahota
Rsahota2@athabasca.edu
604-786-1052

Co-Supervisors:
Dr. Debra Hoven – debrah@athabascau.ca
Dr. Pamela Walsh – pamelaw@athabascau.ca

You are invited to participate in a research study to explore clinical post conferences, facilitated in-person, online or in a blended format, in nursing education to help nursing students build critical reflection skills. I am conducting this study as a requirement to complete my Doctor of Education in Distance Education.

As a participant, you are asked to take part in a one-hour long interview on Zoom, about your experiences with clinical post conference and critical reflection. The interviews will be audio-visually recorded to assist in transcribing the interviews for data analysis.

The research should benefit each participant by providing opportunity to expand the field of knowledge regarding clinical education and post conferencing. I do not anticipate that you will face any risks because of participating in this research. Involvement in this study is entirely voluntary and you may refuse to answer any questions or to share information that you are not comfortable sharing. You may withdraw from the study at any time during the data collection period, prior to the initiation of data analysis, by notifying the principal investigator via email. If you choose to withdraw, any data collected from you will be removed from the study, while maintaining your privacy and confidentiality.

All digital data will be saved as encrypted files, on a password-protected computer, to which only I have access. All printed data will be stored in a locked filing cabinet, to which only I have access. All documents will be anonymized with the use of pseudonyms. All digital and printed data will be stored for five years, and then discarded, thereby protecting your privacy and confidentiality. Digital data will be overwritten and then deleted. Hard copies will be confidentiality shredded and discarded.

Results of this study will be disseminated to you via email once analyzed and reported. A written report will also be submitted for publication.

If you have any questions about this study or require further information, please contact Ranveer Sahota or Dr. Debra Hoven and Dr. Pamela Walsh using the contact information above.

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns about your treatment as a participant, the research, or ethical review processes, please contact the Research Ethics Officer by e-mail at rebsec@athabascau.ca or by telephone at 780.213.2033.
Athabasca University Ethics # 24738
Thank you for your assistance in this project.

CONSENT:
I have read the Letter of Information regarding this research study, and all my questions have been answered to my satisfaction. I will keep a copy of this letter for my records.

My signature below confirms that:

- I understand the expectations and requirements of my participation in the research;
- I understand the provisions around confidentiality and anonymity;
- I understand that my participation is voluntary, and that I am free to withdraw at any time with no negative consequences;
- I am aware that I may contact the researcher, or the research supervisors, or the Research Ethics Officer if I have any questions, concerns or complaints about the research procedures or ethical approval processes.

Name: _____

Date: _____

Signature: _____

By initialing the statement(s) below, (please strike out those parts that you do not consent to)

_____ I am granting permission for the researcher to use a video and/or audio recorder

_____ I acknowledge that the researcher may use specific quotations of mine, without identifying me

_____ I would like to receive a copy of the results of this research study by email

e-mail address:
_____

If you are willing to have the researcher contact you at a later time by e-mail or telephone for a brief conversation to confirm that I have accurately understood your comments in the interview, please indicate so below. You will not be contacted more than six months after your interview.

_____ Yes, I would be willing to be contacted.

Phone Number: _____