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The effects of clinical facilitators' pedagogic practices on learning opportunities for students who speak English as an additional language: An ethnographic study

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ABSTRACT

Background: Increasing numbers of undergraduate nursing students speak English as an additional language. Clinical placements can be difficult for many of these students and their clinical facilitators. The causes of challenges are often reported to be students' lack of English language ability or, for some students, learning styles that are not suited to Western style education.

Objective: The purpose of this research was to investigate how clinical facilitators' pedagogic practices in hospital settings enabled or constrained the learning of students for whom English was an additional language.

Method: This research used an ethnographic design to observe the interactions of twenty-one first year students for whom English is an additional language, and their three facilitators. Observations occurred during three two-week clinical placement blocks, in three large metropolitan hospitals in Australia. Written ethnographic field notes were made during the observations. Field notes were analysed in two stages: firstly, to identify major themes, and secondly, to map the spaces and activities where facilitators and students interacted.

Results: The study found that there were multiple learning spaces in the hospitals, each of which was associated with particular learning activities between facilitators and students. These activities provided access to opportunities for learning core nursing skills, as well as for socialisation into the language of nursing. However, not all students had access to these opportunities. The pedagogic practices facilitators used created or constrained learning opportunities for students.

Conclusion: This paper proposes a new way of thinking about the supervision of students for whom English is an additional language in clinical settings. Rather than focusing on a lack of English language proficiency or cultural heritage factors, it proposes that a guided approach to using spaces and activities can maximise students' opportunities for learning.

1. Introduction

Increasing numbers of nursing students in Australia and other Western countries speak English as an additional language (EAL). Clinical placement can be challenging for EAL students (Khawaja et al., 2017), who can have difficulties integrating into work settings (Mikkonen et al., 2016), due to a lack of clarity about role expectations (Rogan et al., 2006) and matters related to English language performance (Mikkonen et al., 2016). Clinical facilitators can help students integrate into the clinical setting and participate in learning opportunities by assessing students' learning needs and organising learning activities (Nash, 2007). However, little is known about how facilitators help students gain access to these activities.

In the clinical facilitation model referred to in this paper, the clinical facilitator is a university employed registered nurse (RN) who supervises approximately eight students during clinical placement. Students are allocated to different wards in the same hospital, where they work alongside a hospital RN, commonly known as a buddy nurse. Buddy nurses are usually allocated on a daily basis so students may work with a number of different buddy nurses throughout their placement. In contrast, the facilitator remains with students for the entire placement and has overall responsibility for their learning and assessment. During any one day, the facilitator will visit different wards to meet students on their ward.

The quality of on-site supervision from clinical facilitators has a profound influence on students' clinical experience (San Miguel and Rogan, 2009), including the development of EAL students' spoken language (Malthus and Lu, 2012). However, supervising EAL students can be challenging for facilitators, as it often takes place in busy, complex environments over short periods of time. Facilitators may have

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difficulties communicating with students, and feel they lack strategies to effectively supervise EAL students (Jeong et al., 2011). Often difficulties are presumed to arise due to cultural differences in approaches to learning. Facilitators expect students to take initiative, which can be challenging for EAL students, who may not be accustomed to a self-directed style of learning, and who may lack confidence in their English language performance (San Miguel and Rogan, 2012).

There have been numerous calls for professional development in teaching methods that benefit EAL students (Pitkäjärvi et al., 2012). EAL students have been found to be less satisfied overall with their clinical experience, and in particular with how facilitators supported their learning, than were students who spoke English as a first language, which Salamonson et al. (2015, p. 210) argue could be due to facilitators being 'less skilled in meeting the situated learning in practice needs of EAL students'. In a recent systematic review of studies that investigated the experiences of EAL students, Mikkonen et al. (2016, p. 184) argue that as well as the importance of a good interpersonal relationship, EAL students need 'a well thought-out procedure to integrate them into learning in a clinical environment'. There is, however, a dearth of research as to how facilitators help EAL students integrate into the ward and gain access to learning opportunities. Most research focuses on the importance of the interpersonal relationship between facilitator and EAL students and ward staff (e.g. Eyre, 2010), rather than on pedagogic practices that enable learning. This paper focuses on how facilitators' pedagogic practices in using spaces and activities influenced learning opportunities.

Situated learning (Lave and Wenger, 1991) and second language socialisation (Duff, 2007) offer insights into how students can learn during clinical placements. According to Lave and Wenger (1991), novices are apprenticed into the community by experts, who engage them in legitimate peripheral participation, that is, daily activities that are authentic to the setting but set at an appropriate level for the novice. In order to become a full member of a community, novices need access to activities and opportunities to participate. By participating in a community of practice, novices find out 'how masters talk, walk, work, and generally conduct their lives' (Lave and Wenger, 1991, p. 95). Over time participants develop a 'shared repertoire' (Wenger, 1998, p. 82) that includes ways of thinking and speaking. In nursing, for example, the shared repertoire would include nursing handover, explaining procedures to patients, and thinking critically about patient care.

Second language socialisation theory helps explain how EAL students might learn a shared repertoire, as it focuses on how novices learn the linguistic and cultural knowledge of particular communities (Duff, 2007). Language learning is socially, culturally and historically situated; culturally organised activities and interactions are central to learning; and peers and experts play a key role in guiding novices in their learning (Duff, 2007). Access to opportunities where students can learn the discourses of the community of practice is essential (Norton and Toohey, 2001). However, as noted above, many EAL students feel they have difficulties accessing learning opportunities in clinical settings (Mikkonen et al., 2016). This paper focuses on how facilitators' pedagogic practices impacted on the opportunities students had to gain access to activities, which in turn afforded them opportunities to be socialised into the language of nursing.

2. Research Design

This research used an ethnographic approach to investigate how clinical facilitators' pedagogic practices enabled or constrained EAL students' opportunities for learning. The research design was underpinned by key characteristics of ethnographic work: it was naturalistic; data were collected from a range of sources, including informal conversations with participants; the data collection did not follow a predetermined framework; data analysis drew on qualitative methods; and the number of cases studied were small (Hammersley and Atkinson, 2007). It was a multi-site case study with fieldwork carried out in three hospital sites, where first year students were attending clinical placement. This paper draws on written field notes made during six weeks of mainly non-participant observation.

Table 1
Data collection.

Participants	Three clinical facilitators Three groups of 1st year nursing students (7 or 8 students per group)
Sites	Three hospital sites: Green Hospital, Red Hospital, and Blue Hospital
Observations	Green Hospital: 75 h Red Hospital: 80 h Blue Hospital: 75 h
Field notes	Green Hospital: 46,536 words Red Hospital: 42,109 Blue Hospital: 36,075

Consent was sought from all first-year undergraduate nursing students and all clinical facilitators at an Australian university prior to the scheduling of clinical placements. Once placements were organised, the university allocated consenting facilitators and students, including a minimum of two EAL students, to placements in hospitals where approval had been granted to conduct fieldwork. All ethical processes were addressed and approval was received from all the relevant bodies to proceed with the study.

The participants, sites and data drawn on in this paper are summarised in Table 1 below.

2.1. Setting and Participants

The study was conducted in three large metropolitan teaching hospitals in Australia, referred to as Red, Blue and Green Hospital. Clinical facilitators' experience ranged from minimal (less than two years) to extensive (more than 20 years). All were female and spoke English as a first language. One facilitator had migrated to Australia as a young adolescent. A total of 21 students were observed across three sites, 16 of whom were EAL students from a range of countries, including China, Indonesia, Japan, Korea, Vietnam and Cambodia (see Table 2). Observations focused particularly on EAL students. All students were in their second clinical placement in their first year of undergraduate study. Participants included both female and male; local students who spoke English as a first language, and local and international students who spoke English as an additional language. Some students had just finished high school, while some were in their thirties. My observations focused particularly on EAL students.

2.2. Fieldwork and Analysis

Facilitators were shadowed as they went about their daily practices supervising students, from beginning to end of shift. Two placements were morning shifts (7.00 am–3.00 pm) and one was an afternoon shift (2.00–10.00 pm). At times, the researcher chatted socially with facilitators and students. Fieldwork was thus a combination of observations and informal talk with facilitators and students, contributing to the development of a thick description (Geertz, 1973) of what occurred during clinical placements. Extensive written field notes were taken, noting where interactions occurred, who was present, what happened, and the researcher's own reflections on these observations, for example, things that seemed typical or unusual.

Field notes were analysed iteratively. The first stage of analysis was thematic. Field notes from Green Hospital were analysed for key themes. The process was then repeated for the other two hospitals. Data were analysed from multiple angles, noting participants, activities and locations, in order to analyse 'the local communicative *ecology*,

Table 2
Student participants.

Student name	International/domestic	Country of birth	Gender F/M
Red Hospital			
Soo-Jin	International	Korea	F
Ryoko	International	Japan	F
Hua	International	Taiwan	F
Mingxia	Domestic	China	F
Ravindra	International	India	M
Hannah	Domestic	Australia	F
Emma	Domestic	Australia	F
Blue Hospital			
Mouy	Domestic	Cambodia	F
Liming	International	Hong Kong	M
Dilip	Domestic	Nepal	M
Narinder	Domestic	India	M
Sam	Domestic	Australia	M
Jo	Domestic	Australia	F
Binh	Domestic	Vietnam	F
Green Hospital			
Angie	International	Indonesia	F
Maymei	International	Malaysia	F
Jing	Domestic	China	F
Hongyan	Domestic	China	F
Nisha	Domestic	Nepal	F
Priya	Domestic	Australia	F
Claire	Domestic	Australia	F

exploring not only the persons but their recurrent encounters, the critical observings of "goings on"' (Candlin, 2000, p. 7). Themes were then grouped so that each theme consisted of a major theme and sub themes. From the thematic analysis, space, seemed particularly significant in impacting student learning so a second stage of analysis focused on mapping interactions according to spaces. Previous research has used spatial mapping to investigate how registered nurses learn from each other in an acute care ward (Gregory, 2016). Data were reanalysed and mapped onto excel spreadsheets according to the following framework:

- place and location
- participants
- activity
- focus of the activity
- manner in which the facilitator and students interacted (for example, asking questions, using equipment)
- points related to language, for example the use of specialised terminology

3. Findings

3.1. Thematic Analysis of Field Notes

Themes from field notes were grouped into six major themes, as summarised in Table 3. Each major theme consisted of a number of sub themes.

The first theme was space, both in terms of trying to find space where facilitators and students could meet and how moving between spaces created learning opportunities. Moving from a space that foregrounded the workplace, that is, the patient room, to a space that foregrounded education, for example the nurses' desk, opened up new learning opportunities for students. In Green Hospital, most interactions with the facilitator were in the patient room unless students raised matters that needed to be followed up elsewhere. In Blue Hospital, interactions were often away from the patient room and nurses' desk and were in tea rooms and meeting rooms. In Red Hospital, interactions between facilitators and students were distributed equally across all spaces.

Table 3
Key themes from field notes.

Major theme	Sub theme	
Space	Workplace spaces	
	Education spaces	
	Finding spaces	
Learning opportunities	Equal	
	Unequal	
Pedagogic practices	Overall approach	Guided
		Ad hoc
	Teaching style	Telling
		Asking
EAL learners	Facilitator strategies	
	Inclusivity	
	Challenges for students	
	Student strategies	
Becoming a nurse	Thinking like a nurse	Planning and prioritising care
		Thinking critically about patient care
	Practising like a nurse	Performing clinical skills
		Reading and writing patient notes
		Giving nursing handover
		Using specialised terminology
	Dealing with challenging situations	
Relationship building	Aligning with students	
	Showing interest in students' lives	

A second major theme was learning opportunities. In Red and Blue Hospitals, learning opportunities were more equally distributed across students than in Green Hospital, where some students gained access to more learning opportunities than others.

A third major theme was the pedagogic practices of facilitators. Firstly, the *overall pedagogic approach* that facilitators adopted ranged from one that was guided, where students had allocated time with the facilitator, to one that was opportunistic or ad hoc. The latter was based on a 'checking-in' approach where the facilitator asked students if they had any questions. Students who asked questions gained access to more learning opportunities. Secondly, the *teaching style* of the facilitators varied between a *telling* approach where the facilitator gave information and did most of the talk to one that relied on *asking* where the students had a lot of talk time. When facilitators used a *telling* approach, it was difficult for students to get the floor, which often resulted in students not having much talk time.

A fourth major theme was EAL learners. Facilitators used *strategies* to focus on language; for example, when students encountered unfamiliar words, facilitators spelled them or wrote them down. Facilitators demonstrated *inclusivity* by focusing on students' strengths and by viewing linguistic diversity as a normal part of the workplace, working around difficulties in communication. Students also used *strategies* to manage communication in the workplace. They used touch, smiling and showing patients equipment instead of talking, or to accompany minimal talk. However, there were also *challenges* for students. It was difficult for some students to gain the floor to talk either with the facilitator alone, or in a group debrief; and students sometimes seemed to be overloaded with information.

A fifth major theme was becoming a nurse, which focused on key professional themes, that is, *thinking like a nurse*, *practising like a nurse* and *dealing with challenging situations*. These themes encompass the types of learning opportunities available to some students, including performing clinical skills, for example, vital signs; learning specialised terminology, for example 'gate leave'; and reading and writing patient notes. *Challenging situations*, included death and in the case of one student, sexual harassment and bullying.

Finally, facilitators established and maintained relationships with students by *showing interest* in their lives and *aligning themselves* in different ways. Facilitators also spent time building relationships with RNs, in order to provide productive learning opportunities for the

students.

From this thematic analysis, it seemed that an interplay between the pedagogic approach, and spaces and activities could influence the opportunities students had for learning in the clinical setting. The second stage of the analysis focused on mapping facilitator-student interactions according to the spaces where activities occurred.

3.2. Mapping Spaces in the Clinical Setting

The four main spaces where activities occurred were the corridor, the patient room, the nurses' desk, and ad hoc spaces. The term ad hoc spaces is used to depict the variety of spaces used for particular activities and the ad hoc nature in which facilitators had to find these spaces. Ad hoc spaces included hospital canteens, tea rooms, patient lounges and pan rooms.

Each space was associated with particular activities. Each activity was associated with one or more frames, that is an overall analysis of 'what was going on' here (Goffman, 1974). The three predominant frames were patient care, workplace and education. In the ad hoc space, for example, it was often an education frame, with the facilitator focusing on student learning. In the patient room, however, there were often multiple frames at any one time as students and facilitator juggled patient care and student learning. Table 4 below shows the key spaces, activities, and the frames of those activities. Few activities regularly occurred across different spaces.

The corridor played a central role as a space where facilitators and students could be seen but usually not heard by other healthcare professionals. Here, facilitators could monitor students' activities, interactions and progress. It was also a transit and a 'gateway' to other spaces. The corridor had three key activities. In the first activity, *setting up the shift*, facilitators ensured that students had a buddy RN and patients to work with and they explained to students, and sometimes buddy RNs, what they expected students to focus on during placement. The second activity, *checking in*, occurred as facilitators walked around the wards where they were supervising students. There were two types of *checking in*. In the first type, facilitators *monitored expectations* by asking students questions to determine whether they were doing what facilitators had asked them to focus on. A second type was where the facilitator walked around the wards, visiting students and *responded to questions*. The third activity, *follow up talk about bedside interactions*, occurred when the facilitator had watched a student completing an activity in the patient room. The facilitator then directed students to the corridor to discuss the practices observed.

There were four main activities in patient rooms. In *observing bedside interactions*, students performed a clinical activity with the patient while facilitators observed. In *working alongside*, students and facilitator worked together to complete a clinical activity with a patient, for example, mobilising patients. *Demonstrating how* tended to be in the patient room but away from the patient bedside and involved the facilitator showing students how to use and prepare equipment. Similarly, *talking about patients* usually occurred away from the bedside without the involvement of patients.

Table 5
Public and private meeting spaces.

	Public	Public spaces used for private purposes		Private
Spaces	Patient room	Corridor	Pan room	Meeting rooms
		Nurses' desk	Tea room	
		Canteen	Patient lounge	
Key features of spaces				
Visual privacy	No	No	Some	Yes
Aural privacy	No	Some	Some	Yes
Background noise	Yes	Yes	Minimal	None

The nurses' desk, located in a central place on the ward, was a main space for learning activities in two of the hospitals. The two main activities that occurred at the desk were: *reading patient notes* and *researching information about patients*.

The fourth space was not one space but a number of spaces, classified as ad hoc spaces. The spaces emerged from an attempt to find places where facilitators and students could retreat from the busy daily routines of the wards. The main activities that occurred in these spaces were the *debrief* and the *formal assessments*, both formative and summative.

There were very few quiet and private spaces (private in the sense that students and facilitators would have aural and visual privacy) available to students and facilitators in the hospital. Table 5 shows the spaces where facilitators and students met on a scale from public to private, and noisy to quiet. Some spaces, for example, the corridor and the nurses' desk were visible to others but the background noise, and the way in which facilitators and students positioned themselves in the space created a semi-private space where they could usually not be overheard. The use of public spaces as learning spaces could be challenging, particularly when the background noise made it difficult for students to hear. The most notable example of this was the use of the canteen in Green Hospital.

3.3. Movement Across Spaces

There were also particular patterns in moving from one space to another. This movement was important as it gave access to activities that occurred in other spaces. One important trajectory was moving from the corridor or the patient room to other spaces. Moving from the corridor or the patient room to the nurses' desk resulted in opportunities for students to spend time with the facilitator reading patient

Table 4
Spaces and activities in the clinical setting.

Space	Activity	Predominant frame
Corridor	Setting up the shift	Workplace/education
	Checking in	Workplace/education
	Follow up talk about bedside interactions	Education
Patient room	Observing bedside interactions	Patient care/education
	Working alongside	Patient care/education
	Demonstrating how	Education
	Talking about patients	Education
Nurses' desk	Reading and talking about patient notes	Education
	Researching and talking about patient conditions and medication on online systems	Education
Ad hoc spaces	Setting up the shift: handover	Education
	Debrief	Education
	Formal assessment	Education

notes and researching information on the hospital intranet about patient conditions. Moving from the patient room to the corridor offered opportunities for reflecting on interactions between patients and students in the patient room that the facilitator had observed. Student movement from one space to the other was dependent on the overall pedagogic approach the facilitator adopted, that is whether it was a more deliberate, guided approach or an opportunistic, ad hoc approach. In the ad hoc approach, students who did not ask questions in the *checking in* activity rarely gained access to other spaces. In the guided approach, the facilitator *monitored expectations* and guided students to other spaces for further learning.

4. Discussion

Previous studies have noted difficulties students can face integrating into the workplace (Mikkonen et al., 2016). These difficulties are often attributed to students' learning styles and facilitators' expectations of students. Facilitators want students who show initiative, take responsibility for learning and ask questions (San Miguel and Rogan, 2012), that is, students who are agentic learners (Billett, 2011). A lack of agency has tended to be attributed to cultural differences (Eyre, 2010). Hence the focus is usually on what *students* need to be or do rather than what *facilitators* can do to help students. This study demonstrates that it is not only cultural differences and language proficiency that impact on students' experiences of clinical placement. Facilitators' pedagogic practices can play a major role in creating or constraining learning opportunities for EAL students.

The findings of this study demonstrate that while a good interpersonal relationship is an important component of the supervisor-student relationship, (Jeong, 2016), much more is needed to ensure that EAL students gain opportunities for learning. Although facilitators were inclusive and friendly not all students had equal learning opportunities. What was important was whether students gained access to a variety of activities in different spaces. In medical education, several spaces have been found to be important for learning: corridors can be spaces where opportunities arise for 'ad hoc' teaching (Pearce, 2003); and patient bedsides provide opportunities for senior doctors to guide junior doctors' learning (Ajjawi et al., 2015). Similarly, registered nurses have been found to use spaces productively to learn from each other in acute care settings (Gregory, 2016). In interprofessional education, spaces where health practitioners come together to discuss care have been described as 'action 'hot spots" where learning can occur (Gregory et al., 2014, p. 200). In a similar way, this study has shown that particular spaces can be 'learning hot spots' for facilitator and student interaction.

The findings demonstrate that one way in which facilitators can help students integrate into the wards and gain learning opportunities is to manage students' access to spaces and activities. Movement across the different spaces in a ward can provide students with access to activities that can help students:

- integrate into the workplace and understand learning (setting up the shift in the corridor)
- undertake clinical skills like a nurse (bedside interactions in the patient room)
- think and talk like a nurse (follow up talk in the corridor on bedside interactions)
- read and write like a nurse (reading patient notes at the nurses' desk)
- reflect and talk about the emotional work of nursing (debrief in an ad hoc space)
- and perform a clinical handover like a nurse (setting up the shift and debrief in an ad hoc space)

Movement across spaces creates different learning opportunities for students. However, this study demonstrates that access to spaces and activities is affected by the overall pedagogic approach that facilitators adopt. This overall pedagogic approach affects how facilitators organise their day, and where, how and why they interact with students. The ad hoc approach used predominantly in Green Hospital, which is similar to ad hoc learning reported in the medical literature (Pearce, 2003) can result in limited learning opportunities for novice EAL students. In this study, this approach resulted in the majority of students spending time in a patient care frame or a workplace frame. Students usually gained access to an education frame by directing questions to the facilitator in response to her *checking in* with them, which sometimes resulted in them moving to a space where the education frame was foregrounded – where the focus was on student learning.

For students who have a high sense of agency and are confident about their English language ability, the ad hoc approach provides a just-in-time form of learning, allowing students to be agentic learners (Billett, 2011), who set their own goals and find answers to their own questions. However, the majority of EAL students in this study benefited from a more guided approach where the facilitator directed them to spaces and activities and negotiated those interactions with the buddy RN. Many novice EAL students may struggle to integrate into the workplace (Mikkonen et al., 2016), and the ad hoc approach does not provide them with guidance in integrating into the work setting. Furthermore, students may find it difficult to manage the, at times, competing relationships that they have with the RN and the facilitator (Rogan et al., 2006). The ad hoc model requires students to gain the facilitator's attention by asking questions and to leave the patient room, where students spend most of their time, in order to move to different spaces with the facilitator for follow up learning activities. In the ad hoc model, students need to be able to move in and out of workplace and education frames themselves, which may also involve negotiating time schedules and priorities with their buddy RN. Not all students can manage the complex interpersonal work required to do this. As a result, an ad hoc approach may restrict students' access to learning opportunities with their facilitator, where an education frame can be foregrounded.

The pedagogic approach to facilitation used in Red Hospital, and to some extent in Blue Hospital, which could be summarised as a 'guided spatial approach', offered equal learning opportunities to all EAL students, irrespective of their English language proficiency or sense of agency. In this approach, the facilitator deliberately guided students to different spaces, ensuring that they gained access to the wide range of activities, which enabled them to begin to learn the 'shared repertoire' (Wenger, 1998, p. 82), for example, to think critically about patient care, learn to use terminology to refer to specific patient conditions, learn to read patient documentation, and talk about the emotional work of nursing.

Finally, this analysis of space and activities demonstrates the institutional challenges for facilitators and students in finding spaces where the focus can be on student learning in the clinical setting. Firstly, is the challenge of finding space. It was not always easy to find spaces where facilitators and students could talk. There was a sense that there was no designated place for facilitators, nowhere to deposit their bags, nowhere to arrange to meet with students, and nowhere that they could be sure that they would not be disturbed. Facilitators found ways of working around this by creating learning spaces in the corridor, at the nurses' desk, in the tearoom and in the patient lounge. However, these spaces were not always optimal for student learning. Gregory (2016, p. 108) found that private spaces were important spaces where registered nurses could talk away from families and patients. These private spaces were 'concealed from view' and 'considered private by the nurses'. However, although the ad hoc spaces in my study that were used for student learning were private in the sense that they were away from the hustle and bustle of the wards, many of them were spaces used by the public and by other healthcare staff. The use of public spaces as learning spaces could be challenging, particularly for EAL students, when background noise made it difficult for students to hear.

5. Limitations

This study was an in-depth study of a small number of EAL students and facilitators. While the study was across multiple sites, all were large metropolitan hospitals. The findings are therefore limited in that they may not apply to other clinical settings (for example nursing homes or community nursing). As this study only considered the practices of three facilitators, there may be other pedagogic approaches and styles to facilitation that were not seen in this study. Likewise, as the students volunteered to participate, those I observed may have been more confident in their English language performance than those who chose not to participate. However, the descriptions of the activities, spaces and pedagogic practices will allow readers to interpret and assess the usefulness of the findings in relation to their own purposes, settings, and students.

6. Conclusion

This study demonstrates that focusing on the need for EAL students to improve their English language or learn to be independent learners is not enough. A pedagogical approach that is guided, and that uses spaces to create opportunities for students for different learning and language socialisation experiences can help EAL students learn about nursing. Facilitators can use these spaces to spend time explicitly guiding students in learning the ways of thinking like a nurse, practising like a nurse, reading and writing like a nurse, and talking like a nurse. The study, however, also demonstrates the challenge for facilitators in finding spaces where they can spend time with students in an education frame, focusing on students learning (for example, the end of day debrief), aside from the hustle and bustle of the wards.

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