



The Role of Anesthesia and Resuscitation Nurses in Supervising Students on Placement: A Case Study of Hassan II University Hospital Centre and Ibn Al-Khatib Hospital, Fes, Morocco

N. OUAHBI^{1,2} *, M. CHERKAOUI³, I. ALAMI MERROUNI¹

¹Institut Supérieur des Professions Infirmières et Techniques de Santé (ISPITS), Oujda, Morocco

²Institut Supérieur des Professions Infirmières et Techniques de Santé (ISPITS), Fès, Morocco

³Centre Hospitalier Ibn Sina, Rabat, Morocco

*Corresponding author, Email address: nawalouahbiispitso@gmail.com

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Abstract:

Introduction: Practical training at placement sites serves as a crucial conduit for the practical application of theoretical knowledge garnered at nursing training institutes, thereby underscoring the pivotal role of nurses in facilitating the training of student nurses during placements.

Objective: This study aims to delineate the role of anesthesia and resuscitation nurses in supervising students undergoing placements in anesthesia and resuscitation.

Method: Conducted in the operating theaters of Hassan II University Hospital and Ibn Alkhatib Hospital in Fes, Morocco, the study utilized a questionnaire distributed to 44 anesthesia and resuscitation nurses supervising students at the study sites.

Results: Analysis reveals a commitment among field staff to student supervision, driven by voluntary engagement or professional obligation rather than administrative designation. Most anesthesia and resuscitation nurses reported a lack of participation in continuing training for supervision (82%) and unfamiliarity with their supervisory responsibilities outlined in Moroccan nursing profession regulations, which they deemed insufficient and vague.

Responses indicate a dearth of structured supervision approaches (77%), with deficiencies in organizational, planning, assessment, and administrative dimensions. Challenges in fulfilling the supervisory role stem from inadequate ongoing training, insufficient collaboration between institutes and placement sites, and unclear delineation of roles.

Conclusion: This study suggests recommendations to enhance the role of anesthesia and resuscitation nurses in student supervision, thereby advancing nursing education. Further research is warranted to explore nurses' roles in student supervision comprehensively.

Keywords: Supervision, anaesthesia and resuscitation nurse, nursing student, nursing training, Morocco

1. Introduction

In the Moroccan health system, a significant transformation in paramedical education has been marked by a pivotal shift from the traditional training of state-qualified nurses within the Health Careers Training Institutes (Instituts de Formation aux Carrières de Santé, IFCS) to the adoption of a new educational framework under the LMD (Licence-Master-Doctorate) system at the Higher Institutes for Nursing and Health Techniques (Instituts Supérieurs des Professions Infirmières et Techniques de Santé, ISPITS). This reform aligns nurse training with the standards delineated in Law 01-00 governing higher education organization. Under this law, ISPITS are reclassified as distinct higher education institutions, not affiliated with universities, and fall under the oversight of the Ministry of Health and Social Protection [1] [2].

As per the training program guidelines, the education of anesthesia and resuscitation nurse students is a collaborative effort between the training institutes and the designated placement sites. Work placements constitute the predominant component of the anesthesia and resuscitation nurse training program, comprising 65% of the hours in the second year and 73% in the third year. Notably, the majority of these placements (80%) occur in the operating theatre, where students receive supervision from both permanent teachers and anesthesia and resuscitation nurses [3].

The supervision of student anesthesia nurses during their hospital placements holds paramount importance in fostering the development of their professional skills and ensuring the delivery of optimal care. This clinical learning environment constitutes a cornerstone in the training of prospective anesthesia and resuscitation nurses within ISPITS in Morocco, necessitating comprehensive supervision to facilitate their seamless integration into healthcare teams [4].

The way in which students pursuing the anesthesia and resuscitation nursing option are supervised during their placements is intricately intertwined with professional nursing training [4], [5]. Hospital placements provide students with invaluable opportunities to acquire practical skills, encounter authentic clinical scenarios, and cultivate the capacity to make informed decisions, particularly in demanding contexts like resuscitation and anesthesia. Given the complexity of these disciplines, appropriate supervision is imperative to facilitate students' learning processes and assist them in navigating the intricacies of management within these specialized fields [6].

The significance of the role played by anesthesia and resuscitation nurses in the care and guidance of students specializing in these fields has been addressed in prior research studies [4], [7], [8], [9], [6]. These studies have underscored the significant role played by anesthesia and resuscitation nurses in overseeing students, transmitting professional knowledge, honing clinical skills, and instilling ethical values pertinent to these specialized areas of nursing practice.

Nevertheless, despite these notable contributions, gaps persist in the existing literature. While previous research offers insights into optimal supervision approaches, specific challenges

encountered by anesthesia and resuscitation nurses, and innovative strategies to enhance the efficacy of student supervision during clinical placements in Moroccan hospitals, there remains room for further exploration. Our study is situated within this context and seeks to address these gaps by offering fresh perspectives and contributing to the advancement of supervision practices within anesthesia and resuscitation training settings.

The primary objective of our study is to enhance comprehension of the role played by anesthesia and resuscitation nurses in supervising student anesthetists at training sites and to pinpoint opportunities for enhancing the quality of practical training for future anesthesia and resuscitation nurses in Morocco.

2. Materials and Methods

Study Description: This study is a quantitative descriptive investigation aimed at delineating the role of anesthesia and resuscitation nurses in supervising anesthesia and resuscitation nursing students within the operating theaters of Hassan II University Hospital and Ibn Alkhatib Hospital (HIK) in Fes.

Description of Study Sites: The research was conducted within the operating theaters of Hassan II University Hospital and Ibn Alkhatib Hospital in Fes, serving as the practical training venues for second- and third-year anesthesia and nursing students at the IFCS in Fes.

Target Population:

Forty-four anesthesia and resuscitation nurses participated in the study, representing the entirety of anesthesia and resuscitation nurses working at the study sites and involved in supervising students in the second and third years of the Bachelor cycle.

Data Collection: Data collection utilized a questionnaire (Appendix 1), which addressed three primary themes: participant identification, general supervision information, and the role of anesthesia and resuscitation nurses in supervision. Following an explanation of the questionnaire's purpose, content, and assurance of anonymity, it was administered to the anesthesia and resuscitation nurses. Data collection occurred in April 2010, during which five anesthesia and resuscitation nurses were on work vacation. Consequently, 39 questionnaires were distributed, resulting in a 100% response rate. Data processing and analysis. Completed questionnaires were coded and entered into an Excel file as they were received.

Bias: One potential bias in this study could stem from participants altering their attitudes or responses due to their awareness of being part of the research, potentially leading to modified responses to align with perceived investigator expectations.

Ethical Declaration: We have implemented all necessary measures to safeguard the rights and freedoms of the individuals participating in the research, adhering to various ethical principles. These

principles include upholding voluntary participation, ensuring privacy, and maintaining confidentiality throughout the study process.

3. Results

1. Factors influencing management

i. Level of experience of anaesthesia and resuscitation nurses

It's worth noting that the vast majority of anesthesia and resuscitation nurses engaged in student supervision at the training sites have completed the first cycle of paramedical studies. Additionally, a significant portion of these nurses possess less than five years of experience both in their current position and within the department.

Table 1: Characteristics of study participants

| | Number | Relative frequency (%) |
|---|-----------|------------------------|
| Distribution of anesthesia and resuscitation nurses by profile: | | |
| Graduate of the first cycle of paramedical studies | 38 | 97% |
| Graduate of the Ecole des cadres | 01 | 3% |
| Distribution of anesthesia and resuscitation nurses according to length of service: | | |
| Less than 5 years | 32 | 82% |
| 5 to 10 years | 04 | 10% |
| 10 to 20 years | 01 | 3% |
| More than 20 years | 02 | 5% |
| Distribution of anesthesia and resuscitation nurses according to length of service in the department | | |
| 2 years | 13 | 33% |
| 2 to 5 years | 14 | 36% |
| More than 5 years | 12 | 31% |

ii. Specific teacher training and continuing education

For 71% of respondents, basic Initial Assessment and Referral (IAR) training was deemed inadequate for supervising student nurses in anesthesia. However, 26% believed that such training was sufficient for this responsibility. Notably, all participants in the study unanimously reported never having undergone any continuous training for supervising students during work placements.

iii. Regulatory framework for the management of anaesthesia and resuscitation nurses

The results indicate that a significant proportion of anesthesia and resuscitation nurses (82%) are not aware of their responsibility to supervise students as outlined in the regulations governing the nursing profession in Morocco. Many perceive these regulations as insufficient, lacking specificity regarding supervision activities, and failing to establish the obligation and duty to supervise students.

Interestingly, over half of the surveyed staff expressed that they provide supervision voluntarily and consider it a professional duty. Notably, none of the anesthesia and resuscitation nurses reported providing supervision as a mandated service obligation or by institutional appointment. Some nurses view their supervisory role as a moral obligation to the profession.

Regarding the perception of their supervisory role, a majority (54%) see it as an opportunity to update their knowledge, while a similar proportion (51%) consider it a valued nursing activity. Additionally, 36% of respondents view supervision as a motivating exercise.

iv. Conditions guaranteeing good supervision

The survey revealed that 56% of anesthesia and resuscitation nurses perceive close collaboration between the IFCS and the placement site as essential for ensuring effective supervision. Additionally, 41% consider knowledge and understanding of objectives to be crucial for successful supervision. Furthermore, 36% of respondents prioritize the quality of training, while 38% emphasize the importance of clarifying roles and responsibilities as key conditions for optimal supervision.

2. The management approach adopted by the anaesthesia and resuscitation nurse:

Anesthesia and resuscitation nurses consistently offer support to students throughout their training. Initially, a substantial portion (31%) reported providing supervision at the beginning of the course, but this frequency tended to decrease over time, with 18% providing occasional supervision. The number of students assigned for supervision per day varied between one and three per anesthesia and resuscitation nurse, with an average of 1.84 students per day.

Interestingly, the majority of anesthesia and resuscitation nurses (77%) indicated that they do not engage in any formal student mentoring. Moreover, two-thirds of those nurses (20 out of 30) stated that they were not informed about the mentoring process.

The majority of staff agree that the initial welcome is a pivotal element in the mentoring process. Typically, the anesthesia and resuscitation nurse initiate the process by either requesting the student to introduce themselves or facilitating the introduction themselves (as reported by 2 anesthesia and resuscitation nurses). Additionally, all staff members who responded to this question highlighted the importance of acquainting the student with the placement location and familiarizing them with the operational procedures of the operating theatre equipment. As part of the supervision process, all anesthesia and resuscitation nurses involve the student in observing patient care, gradually entrusting

them with tasks. Moreover, two anesthesia and resuscitation nurses assess the students' level of theoretical and practical knowledge through questioning at the onset of the placement. This evaluation is seen as a means to gauge the students' confidence levels.

In the final stage of the management approach, anesthesia and resuscitation nurses employ various strategies for delegating patient management responsibilities. Four anesthesia and resuscitation nurses advocate for the anesthesia and resuscitation nurse to oversee patient care from the pre-anesthetic room to the recovery room. Conversely, two anesthesia and resuscitation nurses opt to divide patient management tasks between two students under the supervision of the anesthesia and resuscitation nurse. Moreover, anesthesia and resuscitation nurses emphasize the importance of observing students and correcting any errors (as reported by six anesthesia and resuscitation nurses). Two anesthesia and resuscitation nurses note that their supervision approach is contingent upon the student's level of study. They provide less oversight for third-year anesthesia and resuscitation nurses compared to second-year students. For first-year students, they share anesthesia and resuscitation procedures and reinforce professional rules. With second-year students, anesthesia and resuscitation nurses focus on demonstrating department-specific procedures and actively involve students in practical tasks while closely observing and guiding their actions.

3. Anaesthesia and resuscitation nurse's role in the framework

i. Educational role

Table 2: The role of the anaesthesia and resuscitation nurse in management

| Anaesthesia and resuscitation nurse role in the framework | Workforce | % |
|--|-----------|-----|
| Supporting trainees in their personal and social development | 8 | 20 |
| Carrying out control and supervision functions | 10 | 26 |
| Setting up training situations | 17 | 44 |
| Planning and organising work placement activities | 4 | 10 |
| Total | 39 | 100 |

Among the anesthesia and resuscitation nurses surveyed, 44% identified the most crucial role in coaching as setting up training situations. Following closely, 26% emphasized the role of supervision and control, while 20% prioritized supporting student nurses in anesthesia with their personal and social development. Notably, no respondents prioritized administrative activities.

Furthermore, the anesthesia and resuscitation nurses expressed a desire to prioritize passing on responsibility to student nurses in anesthesia. However, they also acknowledged the importance of imparting theoretical and practical knowledge, which ranked second in their priorities.

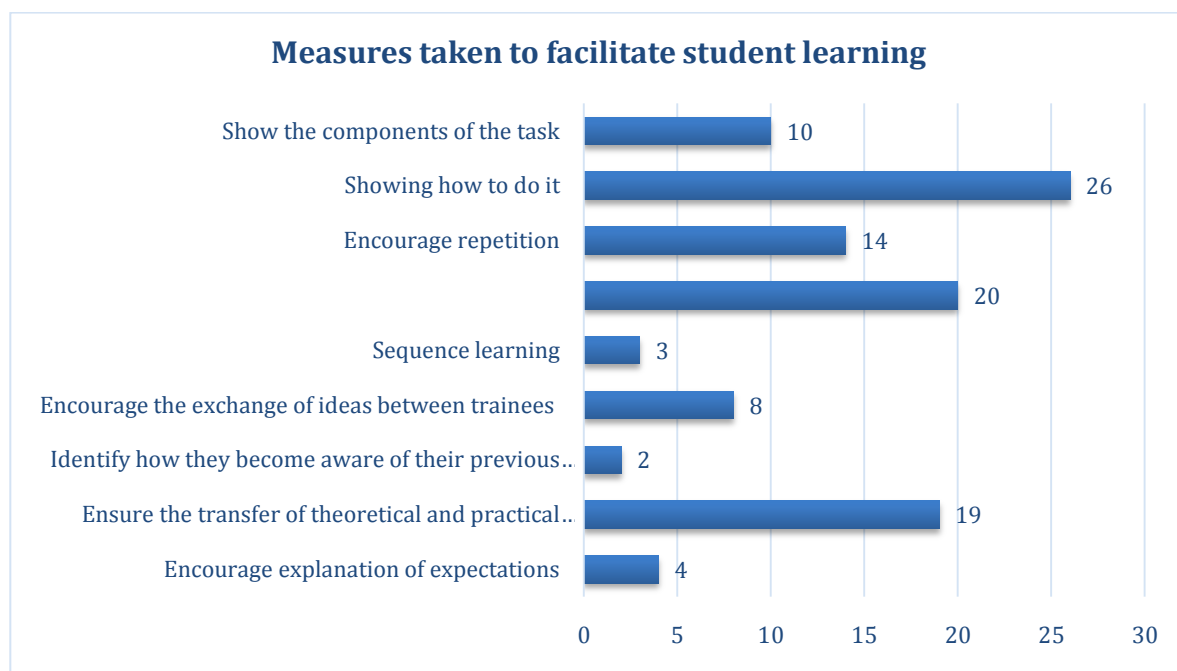


Figure 1: Distribution of anaesthesia and resuscitation nurses according to actions put in place to facilitate student learning

To facilitate student learning, half of the anaesthesia and resuscitation nurses express a commitment to assisting students in delving deeper into the practice of anaesthesia and resuscitation, while 49% prioritize ensuring the transfer of theoretical and practical knowledge. Additionally, a significant proportion (20% of anaesthesia and resuscitation nurses) actively encourage the exchange of ideas among trainees to enhance learning.

Among the techniques employed to help students apply practical situations, the most commonly used approach by the majority of anaesthesia and resuscitation nurses (67%) is demonstrating how tasks are performed. Additionally, 38% advocate for repetition to reinforce the implementation of practical situations during supervision. Demonstrating task components was cited by 26% of anaesthesia and resuscitation nurses, while the use of a structured learning sequence was employed by a minority (18%) of respondents.

Interestingly, over half of the respondents (59%) reported not conducting any form of evaluation for the supervised practical experiences. Among those who do engage in evaluation, the majority (28%) utilize formative assessment throughout the course, with only 13% involved in summative evaluation at the conclusion of the course. Notably, five anaesthesia and resuscitation nurses highlighted the perceived importance of their actions being reflected in the assessment of trainees through grading.

ii. Socio-affective role:

Nurses exhibit a preference for employing a range of strategies to offer emotional support to students. Notably, proposing solutions to overcome difficulties emerges as the most prominent approach, cited by 44% of nurses. Following closely in second place is the focus on developing students' autonomy, with helping them combat the negative effects of stress ranking closely behind. Furthermore, the

majority of anesthesia and resuscitation nurses express a desire to cultivate a relationship with students centered around risk management and encouragement for professional development.

i. Organizational and Administrative role

More than half of the anesthesia and resuscitation nurses have never participated in welcoming student nurses in anesthesia during work placements. However, 23% have often engaged in this activity, while only 10% consistently welcome students.

Regarding emotional support for anesthesia and resuscitation nurse students, a significant majority (79%) are dedicated to providing such support.

Conversely, nearly half of the anesthesia and resuscitation nurses state that they have never been involved in placement planning activities. Moreover, the majority of anesthesia and resuscitation nurses do not participate in administrative and organizational tasks related to internships. Notably, none of the anesthesia and resuscitation nurses undertake these responsibilities on a daily basis.

Table 3: Distribution of anaesthesia and resuscitation nurses according to participation in activities related to the role of supervisor in the work placement environment

| Frequency | Reception | | Emotional support | | Planning activities | | Organizational activities | | Administrative activities | |
|---------------|-----------|----|-------------------|----|---------------------|----|---------------------------|----|---------------------------|----|
| | Number | % | Number | % | Number | % | Number | % | Number | % |
| Always | 4 | 10 | 7 | 18 | 8 | 21 | - | - | - | - |
| Often | 20 | 23 | 15 | 38 | 4 | 10 | 5 | 13 | 1 | 2 |
| Rarely | 3 | 8 | 9 | 23 | 2 | 5 | 5 | 13 | 1 | 3 |
| Never | 12 | 59 | 8 | 21 | 25 | 64 | 29 | 74 | 37 | 95 |

Almost half of the anesthesia and resuscitation nurses (44%) attribute their lack of involvement in placement planning to the absence of communication with the IFCS. They express that they are uninformed about placement schedules, student department allocations, placement objectives, and student expectations. Additionally, they cite a lack of contact with the administration and insufficient cooperation, coordination, and collaboration between the IFCS and anesthesia and resuscitation nurses as contributing factors.

Only a small minority of anesthesia and resuscitation nurses (10%) report participating in planning objectives with student anesthesia and resuscitation nurses. None of the anesthesia and resuscitation nurses are engaged in setting course progression, selecting supervisors, or preparing course activities. Furthermore, 10% of anesthesia and resuscitation nurses do not contribute to placement organization due to their workload, while 8% mention stress as a factor influencing their involvement.

4. Positive points drawn from the supervision experience

The majority of anesthesia and resuscitation nurses have highlighted several positive aspects of their supervisory experience. Chief among these is the progression of professional skills and the enrichment of knowledge.

Table 4: Positive points drawn from the experience of supervising anaesthesia and resuscitation nurses' students

| Positive points drawn from the experience of supervising anaesthesia and resuscitation nurses' students | Number | % |
|--|---------------|----------|
| Nothing | 2 | 5% |
| Updating knowledge | 32 | 82% |
| Encourages correct practice | 6 | 15% |
| Acquire a close relationship with the Anesthetic-Resuscitation nurse profession | 2 | 5% |
| Development of techniques | 2 | 5% |
| Enhancing the value of our noble profession through the training of future nursing anesthetics and resuscitation personnel | 2 | 5% |
| Sharing ideas with students | 1 | 3% |

5. The difficulties faced by the Anaesthesia and resuscitation nurses in their management role

The majority of anesthesia and resuscitation nurses' express difficulties related to their supervisory role, which can be categorized as follows:

▪ Organizational Challenges:

Lack of Collaboration: A significant issue identified is the lack of collaboration between the institute and anesthesia and resuscitation nurses, perceived as the main hindrance to smooth supervisory operations (23%).

Communication Issues: Anesthesia and resuscitation nurses also cite challenges related to insufficient communication, lack of information about placement planning and objectives, and inadequate placement planning (13%).

Insufficient Training Hours: Anesthesia and resuscitation nurses criticize the insufficient training hours that do not align with the operating theatre program, along with the overall limited duration of training (21%).

Exclusion from Assessment: Some anesthesia and resuscitation nurses' express dissatisfaction with not being involved in student assessment, which they view as a means to validate their supervisory efforts (21%).

▪ **Continuing Training:**

Lack of Continuing Training: 13% of respondents highlight the absence of continuing training as a challenge.

Lack of Management Procedure Knowledge: 8% mention a lack of knowledge regarding management procedures as a difficulty.

Relational Challenges:

Conflicts at Training Sites: Anesthesia and resuscitation nurses face challenges at training sites, including intolerance from certain doctors towards student presence, congestion of workspaces leading to conflicts with interns or residents, which are challenging to manage by the institute (15%).

Communication and Confidence Issues: Difficulties in communication with English-speaking students, managing communication with shy students, and lack of confidence in students, especially in emergency situations, are frequently mentioned (12%).

Student-Related Challenges:

Low Level of Student Knowledge: Anesthesia and resuscitation nurses highlight the low level of student knowledge, requiring additional efforts from supervisors amidst heavy workloads (10%).

Student Behavior: Anesthesia and resuscitation nurses express concerns regarding students' lack of responsibility and absenteeism from school, which impacts their willingness to supervise effectively (10%).

Technical Focus of Students: Some students focus solely on technical aspects of patient management, neglecting essential tasks such as monitoring and patient communication (8%).

Institutional Challenges: Lack of Institutional Awareness: Anesthesia and resuscitation nurses note a lack of awareness regarding the role of the institute in management and the absence of a nursing statute defining the scope of anesthesia and resuscitation nurse practice (6%).

4. Discussion:

In this study, the challenges associated with the supervision of anesthesia and resuscitation nurses' students by anesthesia and resuscitation nurses practicing in the field were investigated. The objective was to delineate the role of the anesthesia and resuscitation nurse (IAR) in student supervision and propose recommendations for enhancing this practice. Participating anesthesia and resuscitation nurses had less than five years of professional experience in anesthesia and resuscitation. Despite their relatively junior positions at Hassan II University Hospital in FES and Ibn Alkhatib Hospital in FES, both training sites for IAR students, these nurses were tasked with supervising students. Notably, they assumed this supervisory role without formal training, either in basic anesthesia and resuscitation nurse training or through continuing education. As per the literature review, the mentor role necessitates both theoretical knowledge and nursing expertise.

The anaesthesia and resuscitation nurses participating in this study possess less than five years of professional experience in anaesthesia and resuscitation. Given their positions at Hassan II University Hospital in FES and Ibn Alkhatib Hospital in FES, both designated training sites for anaesthesia and resuscitation nurses' students, they are tasked with supervising these students. Notably, these anaesthesia and resuscitation nurses undertake their supervisory responsibilities within the training environment without formal training, whether in basic anaesthesia nurse training or through continuing education.

As highlighted in the literature review, the mentorship role demands not only theoretical skills but also proficiency in curriculum-related theoretical nursing skills and student feedback and assessment. It is in this latter aspect that mentors often encounter challenges [10].

To promote competent mentors, it is imperative to implement preparation programs aimed at enhancing their mentoring skills. These programs should focus on updating knowledge of educational advancements and enhancing teaching and assessment abilities. Such initiatives are considered essential for ensuring the effective development of mentors capable of guiding and supporting students in their educational journey [11].

The study findings reveal that over half of the surveyed staff engage in mentoring activities voluntarily and as part of their professional duty. Interestingly, none of the respondents mentioned carrying out mentoring as a mandatory service obligation or following appointment by the institution. Furthermore, it was noted that no formal mentoring or tutoring system has been established in the placement environments under study. It is noteworthy that in various countries, mentoring systems have been implemented to oversee student nurses during placements. These systems play a crucial role in providing structured guidance and support to students as they navigate their clinical experiences. [12].

In the nursing context, mentoring holds significant importance as it is considered both a professional obligation for nurses [13] and a fundamental concept in clinical education and nursing practice [12].

The mission of healthcare facilities emphasizes their role in facilitating the practical training of students at vocational training institutes and schools, as well as in the training of healthcare executives [14]. Within this framework, the Hassan II University Hospital Centre (CHU) in FES is mandated to actively participate in the training of paramedical staff [15]. Moreover, its hospital training programs play a significant role in providing practical training opportunities for students enrolled in nursing and health technician training schools [16]. In this study, the majority (82%) of anaesthesia and resuscitation nurses were unaware of the responsibility of anaesthesia and resuscitation nurses to supervise student nurses, as outlined in the regulations of the nursing profession in Morocco. Among those who were informed about these regulations, there was a consensus that they are imprecise and insufficient. Regarding the professional regulations pertaining to the involvement

of nursing staff in supervising student nurses, the Order of the Minister of Health establishing the internal regulations of IFCs specifies that placements should occur in healthcare facilities or any other relevant facilities deemed suitable for student training [17].

Moreover, student supervision is conducted by the teaching staff in collaboration with departmental staff where these placements occur. Similarly, Article Nine of the special regulations for nurses and medical assistants specifies that state-qualified nurses (IDE) are tasked with contributing to the training and retraining of nurses. Additionally, first-grade and main-grade IDEs hold responsibilities for training nurses, as well as managing and supervising nursing care teams.

Supervision is defined as an "educational action aimed at organizing the conditions for receiving trainees, directing and supporting trainees to ensure effective learning of their future role. This supervision is carried out jointly by nursing and teaching staff" [18]. In our context, supervision stands as one of the professional responsibilities of an anesthesia and resuscitation nurse. However, in Morocco, there is a lack of regulatory texts delineating the role of the nurse in anesthesia resuscitation in the supervision of student nurses. Professional regulations do not distinctly define the nurse's role in supervision or specify their specific tasks in anesthesia resuscitation.

The structures for welcoming trainees should be introduced and discussed with student nurse representatives each year of their training [19]. However, in our study, anesthesia and resuscitation nurses reported welcoming student trainees without implementing a formal induction process. Additionally, there was no discussion initiated regarding the expectations and planning of the student's placement. This observation aligns with findings from another study, which revealed that placement objectives were inaccessible in 24.3% of cases and not clearly defined in 20.3% of cases. Furthermore, care materials were unavailable in 52.7% of cases and inadequate in 39.2% [20].

Regarding the educational and intellectual role of the supervisor, the study findings indicate that more than half of the anesthesia and resuscitation nurses focused on providing learning support, primarily through the transfer of knowledge and practical skills. Only 20% of those surveyed engaged in successive exchanges of ideas aimed at assisting students in their academic success. Consequently, the training scenarios implemented predominantly emphasized technical aspects, focusing on learning techniques and procedures, while the development of situational analysis skills was infrequently addressed.

According to the literature, the utilization of the reflective approach holds significant importance for the active learning of nursing students. Trainers are encouraged to tailor strategies to address the specificities of encountered clinical situations, thereby fostering the development of students' reasoning and clinical judgment [21].

To enhance student learning, anesthesia nurses employ diverse strategies. However, due to insufficient training in pedagogy, they tend to underutilize metacognitive strategies for identifying how students

become aware of their prior knowledge. Additionally, the pedagogical dedication of supervisors often goes unrecognized and undervalued, with limited time or resources allocated to teaching activities [22].

The supervisory role lacks formalization by both the training institution and the hospital where anesthesia and resuscitation nurses are employed. The study reveals that no resuscitation anesthesia nurse has outlined the specific and necessary knowledge that students must acquire. Instead, nurses in resuscitation anesthesia fulfill the role of a coach, as defined by [23]. They structure the learning process, demonstrate procedures to students, and ensure repetition until students achieve autonomy. This coaching protocol resembles a form of automation. Additionally, nurses act as mediators by posing questions to students at the beginning and throughout the course.

Placement supervisors are tasked with ensuring that the training pathway aligns with the training objectives and the placement plan.[24]. However, the findings of our study regarding the involvement of anesthesia and resuscitation nurses in organizational and planning activities indicate that this role is often neglected, if not entirely disregarded. Merely 3% of anesthesia and resuscitation nurses were reported to be monitoring objectives

The tutor utilizes assessment tools, particularly portfolios, to formalize the acquisition of skills and the performance of actions and activities [25]. However, in our study, over half of the anesthesia nurses did not engage in the assessment of student anesthesia nurses during placement (59%). This finding aligns with [26], which suggests that placement assessment often relies on an overall evaluation, emphasizing attendance, knowledge, and behavior, or on placement reports that may not receive careful scrutiny or objective assessment. Participation in assessment demands both knowledge and skills and may sometimes position the nurse in a role of authority or confidence in monitoring student progress [27]. Nevertheless, anesthesia and resuscitation nurses express a desire to partake in end-of-course assessments, despite lacking formal assessment training, as they believe this action adds value to their supervisory role.

Formative assessments linked to trainees' objectives and learning achievements serve to readjust the course conduct if necessary [28]. They facilitate students' progression in their training process and foster autonomy and responsibility for learning, enabling students to reorient themselves or improve their performance before the placement progresses too far [29]. However, in the results of our study, 80% of anesthesia and resuscitation nurses do not rely on monitoring and evaluation as a learning methodology. Instead, they primarily utilize summative evaluation, even if they are unaware of the placement objectives.

The learning climate is influenced by two main factors: the openness of the work placement environment to training and the quality of the relationship between the supervisor and the student [29]. Regarding the first aspect, almost all anesthesia and resuscitation nurses expressed a lack of

collaboration and communication with the institute. Concerning the second aspect, the relationship between supervisors and students varies among anesthesia and resuscitation nurses but is generally centered on risk management and encouragement. From this perspective, effective placement supervision necessitates a positive attitude toward working with students and establishing rapport between students and their mentors [10], placing emphasis on encouraging students [30].

As a field trainer, the nurse in anaesthesia and resuscitation plays a significant role in shaping both the quantity and quality of students' learning experiences, thereby influencing their motivation. This influence is exerted through the nature of the teaching and assessment practices implemented to promote learning [23]. Nurses in anaesthesia and resuscitation are committed to nurturing and enhancing students' motivation by fostering their engagement and active participation, aiming to encourage them to persist in their personal and professional endeavors. Encouraging the development of students' personal projects involves prompting learners to take on professional responsibilities and make decisions autonomously (38%), including managing patients independently under the supervision of the nurse in anaesthesia resuscitation. Consequently, the majority of anaesthesia-resuscitation nurses (64%) aspire to delegate the responsibilities of the anaesthesia-resuscitation nurse to anesthesia-resuscitation nursing students.

In his book, [26] asserts that the organization and planning of placements are often left to chance. In our study, placement planning activities were rare or non-existent. The reasons cited by anaesthesia and resuscitation nurses primarily revolved around a lack of communication within their domain and a dearth of understanding regarding their role. Nevertheless, in their recommendations, they express a desire to participate comprehensively in supervising and preparing placements. The administrative aspect of their role remains largely obscure to the majority of anaesthesia and resuscitation nurses, who perceive it as the responsibility of institute supervisors. They attribute the main constraint hindering any intermediary role between students and the institute to insufficient communication with the institute.

The anesthesia and resuscitation nurses reported difficulties and shortcomings related to their non-participation in administrative, planning, and organizational activities within the placement setting. They highlighted the lack of collaboration between training sites and the IFCS as the primary challenge in this regard. Nonetheless, it is widely acknowledged that collaboration with the placement site and receiving effective feedback from the training institution are crucial for the smooth operation of clinical placements [11].]. Studies have identified additional constraints on caregivers in their supervisory role, notably including workload [31], staff shortages [22], the staff-student ratio in the clinical field [32] and high staff and patient turnover [22].

5. Study Limitations

The study possesses several limitations, primarily due to its descriptive nature, rendering generalization of the findings unfeasible. Additionally, constraints stemming from the scarcity of literature in the Moroccan context, particularly concerning the role of nurses in supervising students within clinical settings, further restricted the breadth of the analysis.

It's important to note that this study was conducted within a specific environment, thus caution should be exercised when attempting to generalize the results. However, they may still offer insights applicable to analogous contexts.

Future research endeavors could explore various aspects, including the factors influencing the participation of anaesthesia and intensive care nurses in mentoring, the examination of nurses' perceptions regarding their mentoring role, and an investigation into the impediments hindering the implementation of mentoring in nursing education.

6. Conclusion

This study highlights the crucial yet limited role of anesthesia and resuscitation nurses in supervising students. It underscores the need for improved collaboration between educational institutions and placement sites to enhance supervision practices. By advocating for clearer delineation of roles and responsibilities, this research aims to elevate the contribution of anesthesia and resuscitation nurses in student supervision, ultimately enhancing the quality of clinical education in this field.

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Conflicts of Interest: The authors declare that there are no conflicts of interest.

Compliance with Ethical Standards: This article does not contain any studies involving human or animal subjects.

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