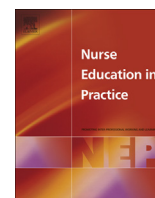




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Learning and teaching in clinical practice

Improving the quality of nursing students' clinical placements in nursing homes: An evaluation study

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ABSTRACT

The aim of this study was to explore students' experiences during their clinical placements in five nursing homes after implementing measures to improve the learning environment.

It is vital to stimulate more future nurses to consider a career within geriatric wards and nursing homes. One way to achieve this, is to enhance nursing students' learning experiences during clinical placements in these settings.

Measures to improve the learning environment were implemented as a result of a joint effort between a university college and five nursing homes. An explorative design was developed to collect empirical data concerning the students' experiences expressed through questionnaires and logs.

The results generally conveyed more positive than negative experiences. Students expressed most satisfaction with peer collaboration, the placement's contribution to awareness of future nursing role and described the learning arena as exciting and interesting. They expressed less satisfaction with supervision from preceptor and how the practice site was prepared for and organized students' placements.

Clinical placement arenas and educational institutions should collaborate closely to explore and develop models of supervision appropriate for the nursing home context, to build on existing potentials and resolve the issues that represent barriers for creating interesting and effective learning environments.

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Introduction

High quality care is essential to meet the increasingly complex medical and palliative needs of nursing home residents. The proficiency of the staff in nursing homes and similar facilities is considered a crucial factor in providing health care that will limit afflictions and pain and enhance quality of life for this group of residents (Elsner et al., 1999; Curry et al., 2009). Nurses have a pivotal role in securing this quality of care. Therefore it is vital to encourage more nursing students to use their future professional expertise within aged care.

Nursing homes have become important clinical placement arenas for nursing students in many countries (Robertson, 1988;

Kaeser et al., 1989; Wade and Skinner, 2001; Chen et al., 2007; Berntsen and Bjørk, 2010; Grealish et al., 2010). The complexity inherent in the medical, palliative and basic care needs of the residents makes nursing homes interesting, but also demanding places for learning (Chen et al., 2007; O'Connell et al., 2008). Student nurses encounter many challenging learning situations in nursing homes, but limited access to qualified supervision and support may prevent them from fully utilizing the learning potentials (Davies et al., 2002; Lees et al., 2006; Kerridge, 2008; Xiao et al., 2008). Negative experiences during clinical placements are considered one of the reasons why nursing students hesitate to engage in aged care, and efforts to enhance the learning environment during clinical placements in nursing homes, may positively affect nursing students' attitudes and their future choice of employment (Grealish et al., 2010; McKenna et al., 2010).

In this paper we present and discuss results from an evaluation study aiming to explore nursing students' experiences during clinical placements in five nursing homes after the implementation of measures to improve the learning environment.

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Background

Despite the recent development of clinical skills centers with advanced technology which allows for simulation of most clinical skills, good clinical learning arenas are still crucial in learning nursing skills, clinical reasoning and developing as a professional nurse (Benner et al., 2010). The complexity that characterizes nursing home residents' medical and caring needs, represents many learning opportunities in this respect. Students, clinical preceptors as well as faculty have acknowledged that clinical placements in nursing homes provide opportunities for acquiring both fundamental and more specialized nursing skills (Abbey et al., 2006; Banning et al., 2006; Chen et al., 2007). Such skills include those of essential nursing, manual handling and infection control, nutrition monitoring, physical assessment, medication administration, interpersonal and communication skills, and case management. Providing social activities, relating to residents' family and friends, end of life care, and assessing the residents' needs when frailty increases, are other core skills that students gain experience with in the nursing home setting (Keeling, 2010; Carlson and Bengtsson, 2014).

Both positive and negative experiences have been described regarding the learning environment in nursing homes. Students seem to perceive the overall learning environment in nursing homes as moderately positive (Berntsen and Bjørk, 2010), but even though students are more satisfied than dissatisfied with their clinical placements in nursing homes, they also seem to score this learning environment significantly lower than hospital settings (Skaalvik et al., 2011). Negative attitudes towards elderly care from students and faculty may prevent the students from discovering the learning opportunities (Happell, 2002; Kerridge, 2008; Schrader, 2009). Limitations of resources and qualified staff are found to affect both the quality of care and the guidance of students (Kerridge, 2008; Skaalvik et al., 2011). Some students are satisfied with the support they receive from mentors and nursing home staff, but students also experience lack of supervision and professional dialog with the preceptors and mentors who can help them link theory and practice (Banning et al., 2006; Chen et al., 2007; Skaalvik et al., 2012).

Happell (2002) emphasized that both educational institutions and the nursing profession share a responsibility for influencing the attitudes of nursing students towards working with the elderly. This can be achieved by highlighting the importance of essential aspects of nursing care and providing a high standard of clinical supervision. It is also important to ensure that students are continually exposed to the knowledge base on which aged care practice is founded. In a literature review on student placements in nursing homes (Lane and Hirst, 2012), two major considerations related to the learning environment emerged. The first consideration was the importance of having faculty with relevant knowledge, who are also committed to link theory to actual practice during students' placements. Second, it seemed that formalized strategies or educational models were needed to enhance the students' learning experiences. Other studies have emphasized the need for close collaboration between placement arenas and educational institutions (Campbell and Jeffers, 2008; Grealish et al., 2010).

One of the characteristics of nursing education is that students learn in close collaboration with other students, especially in the skills centers and during clinical placement periods. In the context of this study, peer learning refers to 1st and 3rd year nursing students learning with and from each other, collaborating, sharing ideas, knowledge and experiences during clinical placements in nursing homes (Seecomb, 2008). Peer learning can help first year students to deal more effectively with the challenges during initial

clinical placements, increase their confidence in clinical practice and develop their knowledge, skills and attitudes (Roberts, 2008; Seecomb, 2008; Christiansen and Bell, 2010; Stables, 2012). At the same time peer learning can help more experienced students to consolidate their teaching skills and gain confidence and heightened readiness for mentorship and professional practice through their peer relationship with the novice students (Christiansen and Bell, 2010; Stables, 2012).

Research design

An explorative design was developed to collect empirical data between the fall of 2008 and summer of 2010. The focus in this study was to explore students' experiences during clinical placements in five nursing homes as expressed through questionnaires and logs, after implementing the following measures:

- An introductory program for all the students on the first day of the clinical placement, aiming to inform and motivate students by introducing them to the values and knowledge which guides practice and care in the five nursing homes.
- Close follow-up from preceptors and others during the first fourteen days of the placement period.
- Mutual frames for instruction, guidance and learning to secure more structured and competent follow-up for each student.
- Using The Model of Practical Skill Performance (Bjørk and Kirkevold, 2000) as a tool for reflection and learning (results will be presented in a separate paper).
- Meetings on a regular basis between preceptors and faculty
- Coordination of supervision to first and third year students and utilizing the potential of peer learning.

The nursing homes differed in design and size and had different facilities, and each had their own institutional culture. They were run by a non-profit organization and had the same overall values, policies and operating guidelines.

Participants

Between 2008 and 2010, 260 1st and 3rd year students in a Bachelor program in nursing participated in the project. The student group comprised 4 groups of 1st year students ($n = 150$) and 6 groups of 3rd year students ($n = 110$). The placement periods lasted from 7 to 9 weeks. Eleven teachers and more than 80 clinical preceptors (mainly registered nurses with a BSN degree) were involved, some for the entire project period, and some part of the time. Only the students participated in the evaluation study.

Instrumentation

Data were collected using student logs and a questionnaire which contained three sections: 1) Demographic variables, 2) The Clinical Learning Environment Inventory (CLEI) (Chan, 2001, 2003, 2007; Berntsen and Bjørk, 2010) and 3) A locally developed questionnaire.

The CLEI is a survey instrument developed to assess student nurses' perception of psycho-social aspects of the clinical learning environment (Chan, 2001, 2003). It consists of 42 items categorized into six subscales: individualization, innovation, involvement, personalization, task orientation and satisfaction. Each subscale contains seven items with evenly distributed positive and negative statements. Students responded to each item using a 4 point Likert scale: 5 (strongly agree), 4 (agree), 2 (disagree) 1 (strongly disagree). Missing and invalid responses were scored as 3. Negative items or statements were reversed ahead of statistical analysis to

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