



Clinical education

Nursing students' evaluation of quality indicators during learning in clinical practice

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ABSTRACT

A supportive clinical learning environment is important for nursing students' learning. In this study, a contract between a county and a university involving a preceptor model of clinical education for nursing students is described. The aim of this study was to describe nursing students' clinical education based on quality indicators and to describe the students' experiences of what facilitated or hindered the learning process during their clinical practice. During autumn 2012 and spring 2013, 269 student evaluations with quantitative and qualitative answers were filled out anonymously. Quantitative data from the questionnaires concerning the quality indicators: Administration/information, Assessments/examinations and Reflection were processed to generate descriptive statistics that revealed gaps in what the preceptor model demands and what the students reported. The answers from the qualitative questions concerning the quality indicator Learning were analysed using content analysis. Four categories emerged: Independence and responsibility, continuity of learning, time, and the competence and attitudes of the staff. The study underlines that reflection, continuity, communication and feedback were important for the students' learning process, whereas heavy workload among staff and being supervised by many different preceptors were experienced as stressful and hindering by students.

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1. Introduction

To meet the demand for an expanded workforce, universities are increasing the number of places for nursing students. It is therefore important to identify the factors that influence the students' learning (Pitt et al., 2012). Learning in the clinical environment is part of nursing education and should therefore be designed to train and prepare students for their future profession and provide the necessary knowledge and skills in clinical competence. Even though students often report positive experiences during clinical placements, it has been reported that many students experience placements where their learning is not optimized (Chuan and Barnett, 2012). A supportive clinical learning environment is important for students' learning. The roles and responsibilities of the professionals involved in students' clinical education must be clearly defined and supported by a formalized system. Supervision of students in Sweden is usually provided by head preceptors and

preceptors who are nurses working in the clinics, with responsibility for the students' clinical education. These nurses have a dual role to supervise students and to carry out high-quality patient care (Kristofferzon et al., 2013).

2. Background

Lofmark et al. (2001) found that communication between the health care settings and the educational institution as well as the culture of the workplace are important for the students' learning during clinical practice. The success of clinical supervision also depends on an organization's ability to create supportive frameworks to ensure the necessary time is available for supervising students (Landmark et al., 2003). Head preceptors, in close cooperation with preceptors, play important roles in carrying out pedagogical improvements in students' clinical education (Hallin and Danielson, 2010). Precepting consists of registered nurses' day-to-day support of nursing students, including teaching, reflecting, feedback and evaluation. The preceptor has a clear responsibility to create opportunities for students to integrate theory and practice, and several studies describe the importance of

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clarifying the theoretical dimension in discussions on practical actions (Swallow and Coates, 2004; Andrews and Roberts, 2003; Landmark et al., 2003).

Reflection can be useful as a learning strategy. It can be a pedagogical tool for building bridges between theory and practice. It is a professional way to think and act and to analyze and summarize what happens in different situations (Bie, 2007).

A contract has been signed between a county in southwest Sweden and the university regarding clinical education for nursing students at bachelor and master levels. Linked to this contract is a preceptor model, which describes the required qualifications and commitments for the professionals who are involved in students' clinical education. In every health care unit where the students undertake clinical practice, there should be a head preceptor with a master's degree, a clinical supervision course (7.5 credits) and at least 2 years of nursing experience and preceptors with a bachelor's degree, a clinical supervision course (7.5 credits) and at least 1 year of nursing experience.

Based on the contract and the preceptor model, a range of quality indicators has been developed, divided into four areas.

- Administration/information: Two weeks before the start, students shall receive a welcome letter and a schedule sent out by the respective head preceptor. At start-up, the head preceptor shall present an introduction to the ward for new students.
- Assessment/examinations: A first conversation about students' expectations, experiences and goals shall take place within the first week of internship, a first assessment at half time and a final assessment at the end of the internship period. The assessments are the basis for the examiner's examination of the student. The head preceptor and/or the preceptor are involved in the first conversation and the assessment done at half time, and examiners from the university are involved in the final assessment.
- Reflection: Head preceptors are responsible for ensuring that reflection is carried out, regularly and in structured fashion, with the students at the allocated time.
- Learning: Head preceptors are responsible for planning, guiding, supporting and creating learning activities for students in different health care situations, in order to achieve the goals for the clinical part of the course.

Earlier research has focused on nursing students' academic learning. Few studies have focused on nursing students' clinical learning (Pitt et al., 2012). A significant portion of the nursing education takes place in the clinical environment and many students experience that there is room for improvement in this part of their education. Therefore, this study examines the clinical environment and other factors that have an impact on students' clinical learning.

2.1. Aim

The aim of this study was to describe nursing students' clinical education based on quality indicators and to describe the students' experiences of what facilitated or hindered the learning process during their clinical practice.

3. Method

The study has a cross-sectional design with quantitative and qualitative data from nursing students' evaluations of their clinical education during autumn 2012 and spring 2013.

3.1. Setting

This study took place within the framework of the nursing programme and specialist nursing programme at a university in collaboration with a county in southwest Sweden. The nursing programme is a 3-year programme leading to a bachelor's degree. The clinical courses took place in semesters two, four and six and included a total of 30 weeks. The duration of the clinical placement was either 3, 5 or 10 weeks. The placement could be in any of a number of clinical settings, for example, hospital, primary health care or psychiatric care. The specialist nursing programme leads to a master's degree. The duration of the clinical placement was 11 weeks.

During autumn 2012, an investigation of the competence of the head preceptors and preceptors in the health care units where the students undertook their clinical education was conducted. Of the 454 head preceptors and preceptors, 272 (60%) had a bachelor's degree, 14 (3%) had a master's degree and 123 (27%) has attended a clinical supervision course.

3.2. Sample

During autumn 2012 and spring 2013, 269 student evaluations were filled out, 79 from students in semester two, 87 from semester four, 82 from semester six and 21 from the specialist nursing programme.

3.3. Data collection

Data were collected by means of an anonymous database questionnaire at the end of every clinical practice. The questions were based on the quality indicators described in the background section and consisted of 26 quantitative questions with the possibility of adding comments. The students were also asked to write down something they had experienced that had facilitated or obstructed learning during their clinical practice.

3.4. Data analysis

Quantitative data from the questionnaire concerning the quality indicators Administration/information, Assessments/examination and Reflection were processed to generate descriptive statistics. The answers from the qualitative questions concerning Learning were read through repeatedly by both authors, and then analysed using content analysis (Graneheim and Lundman, 2004). The analysis process started by identifying meaningful text units from the answers. The meaningful units were then developed into categories describing the content and are presented here with citations from the students.

3.5. Ethics

The kind of evaluations used in this study is public records (see Appendix 1). To protect the subjects of this study the evaluations were answered anonymously in a computer-based questionnaire and the answers cannot be ascribed to any individual student. As there were no risk of harm to the students the study did not fall under the Swedish Act concerning Ethical Review of Research Involving Humans (SFS, 2003:460), no ethical permission was needed or sought.

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