



Evaluation of clinical teaching models for nursing practice

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Summary Clinical placements provide opportunities for student nurses to learn experientially. To create a constructive learning environment staff need to be friendly, approachable, available and willing to teach. There must be adequate opportunities for students to develop confidence and competence in clinical skills with a focus on student learning needs rather than service needs of facilities.

A popular model for clinical teaching of nursing students is the preceptor model. This model involves a student working under the supervision of individual registered nurses who are part of the clinical staff. This model was failing to meet students' needs in acute nursing practice areas, largely due to Registered Nurse staff shortages and demanding workloads. The students' evaluations led to the trial of a 'cluster' or group model of eight students, with a clinical facilitator who is paid by the university, in each acute nursing ward.

Evaluation of twenty nursing students' perceptions of their acute nursing practice clinical placements was conducted using a mixed method approach to evaluate the two models of student supervision. Results indicate that the students prefer small groups with the clinical facilitator in one area. Thus evaluation and feedback from students and the perceptions of their clinical placement is essential.

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Introduction

A popular model for clinical teaching of nursing students is the preceptor model, which involves a student working under the supervision of a Registered Nurse (RN) who is part of the staff in a nursing area (Mills et al., 2005; Baltimore 2004). This RN is employed by the health service and super-

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vises the students' practice and assists students with debriefing. Whilst this model proved successful for first year students, in small rural health settings and for more experienced third year students in specialty health settings, it was failing to meet student needs in acute nursing areas in both metropolitan and rural hospitals. This was largely due to RN staff shortages and increasingly demanding workloads.

Anecdotal reports from undergraduate Bachelor of Nursing students at an inland University in NSW undertaking acute nursing clinical placements and prior clinical placement evaluations focus on the experiences of students being positive if the RN was happy to teach a student. However, many students reported being delegated repetitive basic care such as showering, bed making and observations, which they agreed were very much part of the nurses' role but left little or no opportunity to practice or observe more complex care and skills such as aseptic technique, medication administration, intravenous (IV) therapy and more advanced nursing skills, such as, catheterisation. Practical experience was not correlating to the theoretical preparation they had received prior to the placement. There were frequent reports from students of RN's who 'hid' from them or told them they were 'too busy to have a student'. These reports led to the trial of a 'cluster' or group model in which up to eight students were placed in one clinical ward/unit with a clinical teacher, or clinical facilitator, an RN from the clinical setting where the students were placed. The RN is paid by the university and is familiar with the staff, ward environment and policies and procedures of the area. The students work under the direct supervision of the clinical facilitator who has the responsibility to allocate patient care to students.

In essence the aim of the study was to evaluate a practice initiative, namely trialling a group model of facilitation as compared to the current preceptor model, to facilitate students' learning in the clinical setting. The clinical placements for this group encompassed four weeks in an acute nursing practice area. The participants were asked to rate each model with regard to its suitability in providing opportunity to achieve clinical objectives and practice clinical skills. Students were also asked to rate the availability of the preceptor or clinical facilitator and comment on the level of support and clinical instruction provided. The survey asked students to state their preference between the models and to explain their choice. The results were collated and coded by themes.

Literature review

The review of the literature was performed through a search of nursing specific data bases, including Cinahl, Informit, Ebscohost, Ovid and education databases from 2006 to 2007. The literature related to the importance of models of clinical practice for undergraduate Bachelor of Nursing students undertaking clinical placements. It included key terms such as clinical placement, mentoring, facilitator, clinical teacher, preceptor, cluster models and clinical facilitator models.

In the policy paper *Our Universities: Backing Australia's Future* (DEST, 2005) nursing has been identified as a national priority by the Australian Commonwealth Government. This is evidenced by course contribution schedule fees not being increased for undergraduate nursing degree courses, as well as the provision of additional funding for extra places. This has been acknowledged by the Australian Commonwealth Government who has increased its contribution to the cost of clinical placement per full time student from \$690 to \$1000 per year in 2007 (Media release 8/4/06). This funding has been allocated to offset the costs associated with clinical placements.

The National Review of Nursing Education (DEST, 2002) document again emphasises the nursing shortage and the ageing nursing workforce of nurses in all specialty areas. These shortages have far reaching consequences, such as the demands impacting on the staff having 'little time or energy to take on professional roles with students' (2002, p. 6). This review identified clinical education as an 'integral and essential component' (2002, p. 14). It further cited that the 'actual exposure to nursing in its various settings is essential to their understanding of the profession and to the development of competence at the beginning practice level for registration' (DEST, 2005, p. 4).

Clinical learning provides students with the opportunity to learn experientially in the clinical setting. The theoretical underpinnings of workplace learning are described by Garrick and Kirkpatrick (1998) as being based on the theories of adult learning, incorporating 'reflection in action, critical reflection and experiential learning'. Student nurses are required, as part of their learning, to practise 'genuine' nursing, actually undertaking activities in a clinical setting (Ohrling and Hallberg 2000, p. 22). Nursing students want to practice the skills needed for their future role, learn the routines, develop an awareness of the politics of the health system and develop relationships with staff and patients (Chapman and Orb, 2000).

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