



Clinical learning experiences of nursing students using an innovative clinical partnership model: A non-randomized controlled trial

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ABSTRACT

Background: Clinical practicum is a major learning component for pre-registration nursing students. Various clinical practicum models have been used to facilitate students' clinical learning experiences, employing both university-based and hospital-based clinical teachers. Considering the strengths and limitations of these clinical practicum models, along with nursing workforce shortages, we developed and tested an innovative clinical partnership model (CPM) in Hong Kong.

Objective: To evaluate an innovative CPM among nursing students actual and preferred clinical learning environment, compared with a conventional facilitation model (CFM).

Design: A non-randomized controlled trial examining students' clinical experiences, comparing the CPM (supervised by hospital clinical teacher) with the CFM (supervised by university clinical teacher).

Setting: One university in Hong Kong.

Participants: Pre-registration nursing students (N = 331), including bachelor of nursing (n = 246 year three-BN) and masters-entry nursing (n = 85 year one-MNSP).

Methods: Students were assigned to either the CPM (n = 48 BN plus n = 85 MNSP students) or the CFM (n = 198 BN students) for their clinical practice experiences in an acute medical-surgical ward. Clinical teachers supervised between 6 and 8 students at a time, during these clinical practicums (duration = 4–6 weeks). At the end of the clinical practicum, students were invited to complete the Clinical Learning Environment Inventory (CLEI). Analysis of covariance was used to compare groups; adjusted for age, gender and prior work experience.

Results: A total of 259 students (mean age = 22 years, 76% female, 81% prior work experience) completed the CLEI (78% response rate). Students had higher scores on preferred versus actual experiences, in all domains of the CLEI. CPM student experiences indicated a higher preferred task orientation (p = 0.004), while CFM student experiences indicated a higher actual (p < 0.001) and preferred individualization (p = 0.005). No significant differences were noted in the other domains.

Conclusions: The CPM draws on the strengths of existing clinical learning models and provides complementary methods to facilitate clinical learning for pre-registration nursing students. Additional studies examining this CPM with longer duration of clinical practicum are recommended.

1. Introduction

Clinical practicum is a major component of teaching and learning for pre-registration nursing students. It is in the arena of clinical education that nursing students have the opportunity to develop and apply essential clinical skills. Clinical practice also enables student nurses to be socialized into the professional role (Thomas et al., 2015). Clinical practicums are located in a variety of settings; each has its own complex social environment (Shivers et al., 2017). In these settings, nursing students have a role of learner under supervision, and active

involvement contributing to patient care (Allan et al., 2011). The clinical environment combines the learning of new knowledge and the practicing of skills in actual clinical situations, which helps students to maintain their eagerness to learn (Bourgeois et al., 2011). Suitable environments for clinical practice are critical for optimal learning experiences. The quality of clinical teaching and learning is affected by the staff-student relationship. It is the clinical teacher who exercises direct control and supervision over the activities of the nursing students in the respective units. Students' satisfaction with their clinical experience indicates a positive relationship between satisfaction and

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learning environment. Additionally, nursing students depend upon a supportive atmosphere (Pai et al., 2011) based on psychological and pedagogical aspects for clinical learning, such as, staff-student relationships with support and feedback (Levett-Jones et al., 2009; Newton et al., 2012).

2. Background

Clinical practicums enable nursing students to apply theoretical knowledge to direct patient care. Best practices in nursing care are vital for successful clinical learning experiences and establishing relationships between staff and students (D'Souza et al., 2015). Nursing students often express a lack of nursing theory integration into clinical practice. To remedy this scenario, a variety of clinical practicum models have been tried, such as preceptorship, collaborative learning units, dedicated learning units (DEU), facilitation and cluster models (Bourgeois et al., 2011; Budgen and Gamroth, 2008; Callaghan et al., 2009; Edgecombe et al., 1999; McKenna and Wellard, 2004; Nielsen et al., 2017).

The preceptorship model involves supervision of one nursing student by one hospital-based clinical teacher. The particular focus is on newly graduated nurses and nursing students in terms of knowledge, practical skills, confidence, clinical judgment, professional socialization and the smooth transition from novice to expert nurse (Nielsen et al., 2017). The preceptor (clinical nurse) acts as a role model, providing a learning environment where theoretical knowledge links with essential clinical skills (Elisabeth et al., 2009; Happell, 2009). Studies indicate that the preceptorship model promotes adaptive learning competencies along with role socialization of nursing students (Happell, 2009). However, not all healthcare facilities can offer the preceptorship model, and at times, there are staff shortages with demanding workloads for preceptors. When this happens, students may be assigned to provide only basic care, without sufficient opportunities to observe (or practice) more complex care and skills (Croxon and Maginnis, 2009).

In the collaborative learning unit model, rather than assigning students to one nurse, as is the case with preceptorship, all nurses in the practice unit are involved in mentoring and supporting students. The salient elements of this model are that the clinicians share the responsibility to teach the students, as students determine their own learning needs and goals for clinical practice (Callaghan et al., 2009). Students are able to work with several staff members and experience multiple approaches to patient care. The benefits of the collaborative learning unit model are that students articulate and take responsibility for their own learning needs and work at a level of independence (with registered nurse supervision), while clinical staff share responsibility for guiding and enhancing student learning. The limitations of this model include challenges in obtaining feedback about student progress, as no single member of the nursing staff is accountable, and continuity of student learning and progress is often lacking (Budgen and Gamroth, 2008; Callaghan et al., 2009).

The dedicated learning unit (DEU) originated in 1990s (Edgecombe et al., 1999), and involves collaboration between university and clinical institutions. An experienced nurse works as preceptor and supervises one to two nursing students. The academic faculty member overlooks 10–12 students, and is responsible for ensuring students have acquired relevant clinical knowledge to achieve their expected clinical learning outcomes. In this model, students demonstrate increased satisfaction and greater engagement with patients (Hunt et al., 2015). The challenges perceived by students are that some nurses are not keen to be a DEU nurse and that these nurses need to be critically evaluated and trained. The challenges felt by the DEU nurses are that their first responsibility is their patients and they feel that they do not have enough time with the students (Rhodes et al., 2012). Given the current nursing shortage, additional workloads on nurses is not an ideal strategy.

In the facilitation model, a university-based clinical teacher facilitates the learning experiences of a group of students (e.g., 8–10) at a

healthcare facility (McKenna and Wellard, 2004). In this capacity, the clinical teacher is supernumerary though not an employee of the healthcare facility. Often times, the clinical teacher may not be familiar with the various policies and procedures at the healthcare facility. Students though, generally appreciate the instruction and support provided by the clinical teacher, as they are able to link theoretical concepts with clinical practice. Though at times, the clinical teacher supervises students on different units in the healthcare facility and may not be available when needed; resulting in students missing an opportunity to practice a new skill (Budgen and Gamroth, 2008).

In Australia, a cluster model was developed, as a means to support nursing students in the clinical environment (Bourgeois et al., 2011). The cluster model places a group of 8 students on one unit in a hospital. These students have a hospital-based clinical teacher from the unit they are working on, yet this clinical teacher is paid by the university to facilitate student learning. Since the clinical teacher is an employee of the healthcare facility, they can more readily foster students' skill development, confidence, and team work (Bourgeois et al., 2011). The downside to this type of model is that students may feel disconnected from the university and unable to discuss negative clinical experiences, should they arise.

Clinical teachers, whether hospital or university-based, have identified insufficiencies in these models; thus, new models for optimizing student learning in the clinical environment continue to be developed and tested (Bourgeois et al., 2011). Considering the strengths and limitations of these clinical practicum models, along with nursing workforce shortages, we developed and tested an innovative clinical partnership model (CPM) in Hong Kong.

2.1. The Clinical Partnership Model

It is essential that a constructive clinical learning environment should have adequate opportunities for the development of nursing care confidence and competence, as well as a focus on student learning needs (Croxon and Maginnis, 2009). The university teacher is familiar with the nursing curriculum, students' learning needs, and desired outcomes set for each clinical practice, while the hospital-based clinical teacher is more familiar with the healthcare facility. Hence, a strong partnership between clinical and university teachers is considered as an important aspect of nursing clinical practicums (Lofmark et al., 2012). The connection between academic and industry partners has been recognized as valuable for both the facility's and faculty's profiles (Bourgeois et al., 2011).

In our innovative clinical partnership model (CPM), we placed a group of nursing students (i.e., 6–8) in an acute medical or surgical unit. Similar to the cluster model described above, students were supervised by a hospital-based clinical teacher (supernumerary). The university paid the hospital directly for providing the designated clinical teacher. All hospital-based clinical teachers in this study, held a bachelor of nursing degree or above and had more than five years of post-registration clinical experience. These clinical teachers were assigned by the hospital according to their specialized experience in specific clinical practice settings. Prior to the clinical practicums, the hospital-based clinical teachers attended a clinical teaching orientation program, which included clinical teaching and assessment courses provided by the university, to facilitate their planning and delivering of clinical teaching in order for students to achieve the desired clinical learning outcomes.

In our CPM, we included a university teacher, to act as a liaison between the university and hospital. The university teacher kept close contact with the hospital-based clinical teacher and students throughout the clinical practicum period. The university teacher visited the hospital-based clinical teacher and nursing students regularly, and provided additional support, if needed. Students had the opportunity to share their feelings and experiences with the university teacher as well.

Prior to the clinical practicums, the university teacher met with the

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