

# Entry to practice programs in nursing: contributions to learning, direct patient care and health systems

Summary for Council of Deans of Nursing and Midwifery Australia

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**COUNCIL OF DEANS  
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## Introduction

Work-Integrated Learning (WIL) is an essential component of all entry to practice programs leading to registration in the health professions. In nursing, this occurs via clinical placements in which student nurses gradually expand their scope of practice in preparation to meet requirements for registration.

Clinical placements are intended to provide students with authentic learning experiences and support skills required for professional practice. The minimum number of clinical placement hours in nursing courses are regulated via a process of national accreditation. However, due to the dynamic nature of care delivery, the quality learning that takes place on clinical placements is, anecdotally, subject to wide variation.

In a climate of limited healthcare resources, clinical placements are also at risk of being considered a fee for service agreement between education and healthcare providers. When viewed through this transactional lens, the true value of clinical placements remains largely hidden and underdeveloped.

## Aim

To explore the benefits and burden of nursing students' clinical placements and document the ways in which clinical placements contribute to student learning, health service delivery and patient care.

## Settings and participants

Four Australian universities and four health services providing clinical placements to entry to practice students took part in the project. Participants were entry to practice students of nursing, clinical facilitators, and education and health service providers.

## Approach

Student surveys and individual and focus group interviews were conducted. Students completed a questionnaire regarding their perceptions of their most recent clinical placement. Participants reported on the value of undertaking specific clinical learning activities while on placement, and perceived areas of contribution to health services.

Focus group discussions and individual interviews were conducted with students, clinical facilitators, education and health service providers to explore their experiences of placement, including benefits and challenges. All interviews and focus groups were audio recorded and transcribed verbatim. Data was analysed inductively.

## Results

Four hundred and sixty-nine students participated in the survey. Thirty-eight students and twenty-three clinical facilitators took part in focus groups or were interviewed individually. Nine education and health service providers were interviewed.

## Student perspectives

### Learning

Through the application of skills, students reported gaining a sense of independence and confidence while on clinical placement, where they developed an appreciation for holistic nursing care. Key areas of student learning included the development of communication skills, time management and prioritisation of care, professional role development and socialisation, critical thinking and reflective practice.

“ I felt more confidence after every week of my clinical placement and also felt more encouraged and inspired to be a good nurse in the future after working alongside good nurses in the hospital and listening to the patients’ stories.  
(Survey 2nd Year Student.)

“ I found it very valuable to have that contact with real life practice so early on, because it meant that I was able to put the simulated tutorials and learning that we did during the semester in perspective, and kind of yeah think about how, what I’m learning will fit into my understanding or my experiences of placement.  
(Student Focus Group 1.)

“ I improved my speaking skills while at the hospital since I was too scared to talk in front of people but then I learnt that effective communication is necessary.  
(Survey 1st Year Student.)

“ Confidence that I am suited to the nursing career.  
(Survey 1st Year Student.)

Students reported the most valuable learning experiences on placements came from talking to patients, observing nurses as they work, taking vital signs, conducting patient assessments and care planning, participating in handover.

### Contributions to health service delivery and direct care

Students identified making important contributions to direct patient care while on clinical placements, by for example delivering basic health care, offering an “extra pair of hands”, attending to comfort needs of patients, listening to patients. They also exposed health service staff to new perspectives on routine care practices, and modelled evidence-based practice at the bedside.

“ We can assist our buddy nurses to fill in the gaps with their patients. We can spend time with them, educate family and patients, filling in the small tasks, and doing documentation. We are also a second eye on obs trends, and another person to recognise any deterioration.  
(Survey 2nd Year MNSc Student.)

## Clinical Facilitator perspectives

### Learning

For clinical facilitators, placements were perceived to contribute to student’s learning by exposing them to the realities of nursing and enabling them to become part of the nursing community. This included enhancing students critical thinking skills, helping them to put theory into practice and build therapeutic relationships with patients. Through clinical placement student confidence grew in many ways, most notably in the management of patient workload.

“ [I]t was very rewarding when the students got something, it’s like oh I remember that lecturer at uni, and now I’ve just seen it in practice and I’m never going to forget that now, it’s made sense.  
(Clinical Facilitator Interview 6.)

“ [T]hey become more confident, they become autonomous, they really start to have a sense of identity, that sort of real professional identity. And a proudness of their work. Yeah. And I think it’s the placement that do that, that really immersing themselves in that everyday learning.  
(Clinical Facilitator Interview 9.)

### Contributions to health service delivery and direct care

Benefits of clinical placements to health services and direct patient care were articulated by clinical facilitators who perceived students as the future health workforce. On placements students were reported to engage in mutually beneficial positive learning experiences with staff and facilitators adopting collaborative approaches to their own learning in the provision of direct patient care. Students were also viewed as being available to assist ward staff with workload and spend more time with patients than Registered Nurses.

“ They are our workforce and therefore it is up to all of us, not just one person, not the university, not the hospital – but it’s a combination of everyone coming together and making sure that we produce a workforce that is going to be sustainable and is going to be there for us, because in the end you know as we get older we want to be looked after by these people and we want good nurses, so the standards that we produce needs to be instilled in them, so yeah it’s reflective of our work as well as much as it is about them.  
(Clinical Facilitator Focus Group 2.)

## Education and health service provider perspectives

### Learning

Education and health service providers perceived value in clinical placements for student learning by exposing them to real world practice. This was seen to support the development of professional autonomy.

Education and health service providers saw clinical placements as key to students learning enabling knowledge integration and meaningful connections to practice. Student learning was supported through exposure to a range of clinical activities that involved communicating with patients allowing students to gain an understanding of their lived experience. As a result, clinical placements were considered key learning experiences through which students build professional practice skills, and develop a complete understanding of the role of a Registered Nurse. This ultimately was seen to enhance employability.

### Contributions to health service delivery and direct care

Students on clinical placement were seen to contribute to health services and direct care in a number of important ways, most notably by practising holistic care, promoting safety and quality of care, stimulating a collegial approach to learning, research and evidenced-based practice.

“ I think nursing students make a huge contribution to the health service, I think they bring a dimension of challenge to the service as well as an added quality to the service and when we think about learning in practice, and we have students in there who have the curious minds and sometimes challenge and create discomfort is a good thing.  
(Education Health Service Provider Interview 4.)

“ We've had students that have provided very clear positive outcomes for patients resulting in patient compliments that have been returned back to hospitals, speaking very highly of the students that they've had contact with, which of course makes the facility look good in a number of manners.  
(Education/ Health Service Provider Interview 5.)

### Burden of clinical placement

Despite the positivity that students add value to the clinical environment, the concept of burden emerged in all aspects of the data collection. The most common issues raised was that supervising students took time away from patient care responsibilities and supporting and supervising students was on top of an already heavy clinical workload.

“ I just sort of very much felt like I needed to step away from them because I was in under their feet, so I just got that powerful message from them.  
(Student Focus Group 2.)

“ Sometimes it can seem a bit of a burden in that people think that they've got an extra thing to worry about in working through their day and they can't sort of just concentrate on the patients.  
(Clinical Facilitator Interview 3.)

“ [T]he burden I would say is around additional workflow that's assumed by our staff in facilities taking students.  
(Education/ Health Service Provider Interview 5.)

## Summary

A thematic summary of the data regarding the perceived value of clinical placements to student learning from the perspectives of students, clinical facilitators, education and health service providers is shown in Table 1.

Table 1. Thematic summary of perceived value of clinical placements to student learning from the perspectives of students, clinical facilitators, education and health service providers.

	Student	Clinical facilitators	Education and health service providers
	Survey and Focus group	Focus group/Interview	Focus group/Interview
Gain confidence	Gain confidence Gain independence and confidence	Increase confidence and management of patient load	
Develop an understanding of role of the Registered Nurse	Are exposed to 'real life' environment and the role of the nurse		Developing a more complete understanding of the role of the Registered Nurse
Participate in a professional community	Learn healthcare and role socialisation	Experience the realities of nursing and become part of the nursing community	
Learn through immersion in practice	Develop more informed expectations through immersion in practice Learn from exposure to different ways of doing things Have close contact with patients	Exposure to different clinical areas	
Develop an appreciation for holistic care	Develop an appreciation for holistic nursing care		
Apply knowledge in practice	Practice new skills and gain knowledge Put theory into practice—the application of nursing skills	Putting theory into practice - improve and contextualise skills	Integration of knowledge and connection to practice
Develop skills in communication and therapeutic engagement	Communication and empathy	Building therapeutic relationships with patients	Communication with patients and gaining an understanding of their experience
Develop skills in critical thinking and reflective practice	Develop critical thinking and reflection	Developing critical thinking-understanding how and why	
Develop skills in time management and prioritisation of care	Learn time management and prioritisation of care		
Expand scope of practice and prepare for future employment	Work within an expanding scope of practice	Prepare for graduate year and future employment	
Develop skills for life-long learning	Learn to be assertive and proactive—seeking opportunities		

Perceived contributions of clinical placement to health services and direct care are summarised in Table 2.

Table 2. Thematic summary of perceived contributions to care from the perspectives of **students**, **clinical facilitators**, **education** and **health service providers**.

	Student	Clinical facilitators	Education and health service providers
	 Survey and Focus group	 Focus group/Interview	 Focus group/Interview
 Spending time with patients	Being with <b>patients</b> Time to spend <b>engaging</b> with patients	<b>Time</b> to spend with patients	
 Providing holistic care	Providing <b>compassion, empathy</b> and patient-centred care		Practising <b>holistic care</b>
 Stimulating collaboration and mutual learning	Valuing the <b>roles</b> within the facility	Mutual <b>good learning experience</b> for student and facilitator Collaboration	
 Stimulating an evidence-based approach to practice	<b>Advocating</b> and questioning practice Fresh eyes and providing <b>up-to-date information</b>		Stimulating a collegial approach to learning, research and <b>evidenced-based practice</b>
 Promoting safety and quality of care			Promoting <b>safety</b> and quality of care
 Supporting current and future nursing workforce needs	<b>Assisting</b> the nurse with tasks Extra set of hands to <b>help with tasks</b> —reducing the workload for nurses	Contribute to patient care, <b>assist with workload</b> Can be trained to match expectations—they are the future workforce	

Factors perceived to impact the quality of placements from the perspectives of students, clinical facilitators, education and health service providers are displayed in Table 3.

Table 3. Thematic summary of factors perceived to impact the quality of placements from the perspectives of **students**, **clinical facilitators**, **education** and **health service providers**.

	Student	Clinical facilitators	Education and health service providers
	 Survey and Focus group	 Focus group/Interview	 Focus group/Interview
 Level of support from health services and university	Clinical <b>support</b> Lack of <b>support</b> from nurses and educators Support, <b>supervision</b> and encouragement Working <b>collaboratively</b> and teaching students	<b>Support</b> for students	Level of support from both <b>universities</b> and <b>health care services</b>
 Organisation and management of placements	<b>Continuity</b> of supervision <b>Length and variety</b> of placements Congruence between scope of practice and placement area Timing of placement with regard to <b>student workload</b>	Rotation/type of <b>exposure</b> <b>Length</b> of placement <b>Privacy consideration</b> for patients	<b>Type and length</b> of placements, mechanics and minimum number of hours required Relationships with <b>industry</b> and volume of placements At risk students and <b>general student management</b>
 Clinical facilitator/staff capacity and capability	<b>Nurse attitude</b> significantly impacts the placement experience for students	<b>Lack of confidence</b> or experience of junior staff <b>Confidence, and training</b> , of the supervisor/buddy nurse	Clinical area, <b>length of placement</b> and 'buy-in' from staff
 Student knowledge, preparedness and scope of practice		<b>Knowledge deficits</b> or early scope of practice Lack of autonomy/students needing direction	Year level and <b>scope of practice</b>
 Student attitude, confidence and preparedness for placement	Feeling <b>underprepared</b>	Student <b>attitude</b> and <b>confidence</b>	Student expectations, preparedness and <b>willingness to learn</b> Value of <b>practice lab simulation</b> and virtual reality
 People and culture within health services	<b>Negative</b> ward and nursing culture Lack of <b>consideration</b> for students' personal circumstances Displaying <b>trust</b> in the student		Clinical area, <b>length of placement</b> and 'buy-in' from staff <b>Power imbalance</b> as a student
 Students feeling and being treated like a burden	<b>Treatment of students</b> impact learning and experience (poor treatment of students) Feeling like a <b>burden</b> Slowing down nurses' routine— <b>time burden</b> <b>Power imbalance</b> and devaluing the role of student nurse		

In the light of the current project findings and premised in knowledge garnered through a scoping review undertaken as a component of this project the following recommendations are made.

# Recommendations



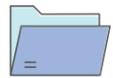
## Industry partnership

- University and health service partnerships must focus on tertiary and health system capacity to accommodate growth and support student learning in order to meet future workforce needs.



## Workforce capacity to supervise students on placement

- Strategies to prepare buddy/preceptors to effectively supervise students on clinical placement are urgently required to improve the quality of Work Integrated Learning in nursing.



## Work integrated learning curriculum

A core work integrated learning curriculum is clearly articulated for nursing students that:

- focusses on an expanding scope of practice,
- facilitates access to an agreed set of pre-determined pedagogically rich learning activities,
- prioritises and values the role of student as a learner,
- identifies appropriate areas for contribution to health services and direct patient care
- includes career development learning



## Preparation for practice

- Orientation and preparation for clinical placement must commence prior to the first clinical experience and then be tailored across the degree based on professional experience placement schedule.
- Education providers need to manage student expectations of clinical placement prior to commencement and inform students of the type of experience, the level of support or model of facilitation that will be provided, expected learning outcomes, and type of assessment tasks undertaken.
- Education providers must ensure students review scope of practice for each professional experience placement.
- Preparation for practice must also extend to health services providing placements. In addition to knowing how many and which students are allocated to the practice environment, it is essential that the ward/unit/facility understand the scope of practice, the types of learning opportunities needed, and the level of supervision required.
- Regular contact with a primary buddy/preceptor while on placement is beneficial to student learning and represents best practice. Buddy/preceptors influence the success of the placement but when poorly trained, unprepared for students or just ill equipped, student learning is adversely impacted.



## Practice immersion

- Placements of 2 weeks or less do not support optimal student learning and should be discontinued.



## Evaluation of the learning environment

- Indicators and benchmarks for clinical placements in nursing should be developed and systematically implemented to monitor and quality assure student learning occurs in a safe and supportive and environment.