

REVIEW

HEMŞİRELİKTE KLİNİK EĞİTİMİN YERİ VE ÖNEMİ

THE ROLE AND IMPORTANCE OF CLINICAL EDUCATION IN NURSING

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ÖZET

Hemşirelik eğitimi, teorik ve pratik bileşenlerden oluşur. Hemşirelik eğitiminin temeli, teorik bilgi ve beceri yeterliliğini sağlanmasına dayalıdır. Klinik eğitim, hemşirelik eğitimin tamamlayıcısı ve en önemli parçasıdır. Etkili öğretimde temel düşünce, öğrencilerin derslerden elde ettikleri teorik bilgiyi pratiğe dönüştürebilme yeteneğidir. Klinik eğitim, bilgi ve beceri eksiklerinin ortaya çıkartılmasını, yeni bilgileri kullanılmasını, değişimlerin başlatılması ve yönetilmesini içermelidir. Bu makalede, hemşirelikte klinik eğitimi etkileyen genel faktörler tartışılmış ve öneriler verilmiştir.

Anahtar Kelimeler: Hemşirelik, Eğitim, Klinik eğitim

ABSTRACT

Nursing education consists of theoretical and practical components. The foundation of nursing education is that providing competency of theoretical knowledge and skills. Clinical education is complementary of nursing education and one of the most important parts of nursing education. The main thing in effective education is ability of students to put knowledge which gained from theoretical lessons into practice. Clinical education must include exposing lack of knowledge and skills, exploring and using new information, initiating and managing change. In this article, clinical education in nursing was discussed in general factors effecting clinical education, the recommendations were given.

Keywords: Nursing, Education, Clinical education

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Introduction

Nursing education consists of theoretical knowledge and practical applications. The basic purpose of this education is that teaching students the awareness and philosophy of nursing profession, gaining skills which are evaluation of status, detecting problems and care planning, realizing implementation and evaluation, giving training healthy individuals/ and patients and providing self-development of the students realizing research on various subjects¹.

The foundation of nursing education is that providing competency of theoretical knowledge and skills. Therefore theory and application have equal importance in nursing education curriculum. Clinical education is complementary of nursing education and one of the most important parts of nursing education. Clinical experience gives opportunity to students that applying their theoretical knowledge to real environment, enhances their psychomotor skills, and provides professional socialization^{2,3,4}.

The main features of clinical education approach are based on qualification, are started from participation and guidance of learning process and used humanistic education techniques⁵.

Competency Based Training

Competency is “combination of knowledge, attitudes and skills in order to fulfill professional responsibilities.” According to another definition, “competency is proficiency and ability to perform application safely and effectively without requiring control.”⁶. Competency Based Training (CBT) is quite different from traditional education process. Essential of this model is learning by doing. CBT is based on Social Learning Theory. According to this theory, the fastest and most effective learning is accomplished with observing a person who performs an activity adroitly when ideal conditions are satisfied. This education model gives students necessary skills for succeeding in professional life. In CBT, It is expected that clinical instructor

should leave his/her traditional teacher role and act as guide which is supporting and facilitating learning.

CBT is based on scientific foundations. Ability to remember learned information increases in education which is realized with training techniques students can participate. It is reported that recall rate from participatory practices was % 90 after three hours and %70 after three days. In order to accomplish learning with CBT successfully, firstly to be taught activities should be divided into major steps. Later each step should be solved and it should be researched how these steps to be learned and taught safely and effectively. This process is called standardization. After standardization process of any application, competency based learning guide and assessment guide (checklist) can be developed in order to facilitate necessary learning steps and to assess students' performance objectively^{7,8,9,10}.

Clinical Education with Mastery Learning Approach

According to mastery learning approach, if enough time is spent and proper education methods are used, every student can receive information given. Main objective of this approach is that all of the students can have knowledge taught. This approach accepts that students have different learning styles and defends that various education methods must be used together. It allows students to realize learning experiences directed themselves. In this situation, educator is facilitator. Background of this approach is philosophy based on assessing learning levels constantly. It is necessary to inform students by educators regularly about their progress in learning. Students are evaluated before performed application. Thus, status and deficiencies of students, subjects or skills which should be focused on, which one could be passed quickly is determined. Also students can understand their own inability. These assessments are repeated throughout clinical application. In this way progress of students throughout clinical application can be detected. Assessment is based on competency, dynamic and cause less stress in the mastery learning approach^{5,8,11}.

Humanistic Education Techniques

It is necessary to using humanistic education techniques while performing clinical education. One of the main characteristics of this technique is the use of anatomic models which are very similar to human body. Besides, videos and slides which facilitating learning process should be used. Studying with anatomic models facilitates learning, shortens education time, reduce minimum level the risk patients to be exposed. Due to this application, skills are acquired and even may be reached competency level.

Skill Levels

Acquiring Skill: The person knows levels (and if needed order) of the activity or the skill which have to apply but help is needed.

Competency in the skills: The person knows levels and order of the activity or the skill which have to apply and can perform them alone.

Mastering in the skill: The person knows levels (and if needed order) of the activity or the skill which have to apply and can realize them expertly.

After students work on model and acquiring skills then mastering these skills, they can realize application on the human body^{5,8,9,11}.

The teaching of professional and humanistic values also holds an important place in humanistic education technique. Branch (2015) describes four learning methods that together comprise a model for teaching professional and humanistic values¹². The four teaching methods are (1) experiential learning of skills, (2) critical reflection, (3) a supportive group process, and (4) a sufficiently longitudinal curriculum.

(1) Experiential learning of skills: Skills are best acquired through deliberate practice.

(2) Critical reflection: Reflection promotes re-evaluation and integration of facts and reframing of experiences into one's pre-existing knowledge, beliefs, values and attitudes. Reflective discussions promote application, analysis, and evaluation of previous learning, and promote the creative reframing of concepts and events. Deep, critical reflection is an emotional as well as intellectual process and can transform perspectives and deepen commitments.

(3) Group process: Reflective learning and experiential learning carried out in the small-groups benefit from the group's supportive learning climate. Thus, the group process powerfully facilitates this type of learning. Basic principles of group process apply to learning groups and explain their facilitative nature.

(4) Longitudinal process: Sufficient time is needed to develop mutual support and trust in the group as well as to master high level skills. Accurate feedback and coaching lead to the acquisition of advanced skills that open the richness of patients' worlds. Critical reflection done with others in a supportive atmosphere strengthens participant core values¹².

Characteristics of Clinical Education

- Should be based on strong theoretical background.
- Should have purposes which are easily understood.
- Should reflect philosophy, purposes and objectives of education institute and health institution.
- Should be ensured students what are taught are necessary.
- Should take into account that students have different level of anxiety and feeling which has important role in the learning steps.
- Applications should be planned carefully.
- Should be chosen and applied various education methods carefully.
- Should be supported self-learning of students and given them responsibility.
- Should include constant and interactive relationship between students and educator.

Features of Clinical Learning Environment

The clinical learning environment is very important for the nursing students. This contains four attribute characteristics affecting student learning experiences. These are the physical space; psychosocial and interaction factors; the organizational culture and teaching and learning components¹³.

- Controllability of environmental conditions is less.
- It is necessary to combination of cognitive psychomotor and sensory skills while caring.
- It is very important to ensure security of patients.
- Requirements of individuals should be observed as students'. This feature of clinical environment causes stress.

In Pagana's study which comprise of 262 nursing students which take surgery lecture, 77 % of students stated that felt themselves poor in clinical application and to be afraid of making mistakes¹⁴. In other study, 34.1 % of students stated that they had difficulty in communication, 54.2 % of students stated that they had difficulty in collaboration with nurses in application, 36.1 % of students pointed out that they got satisfaction in realized application¹⁵. In another study, 41.1 % of students pointed out that they was unresponsive to unexpected problems while occurring in clinical applications¹⁶. Nursing students (n=196) generally wish for a more positive environment than what have experienced, especially when it comes to issues related to satisfaction, individualization and innovation¹⁷. There are three main expectations held by students regarding clinical education: i) appropriate communication and interaction between instructors and students ii) incorporation of both theory and practice into clinical education. iii) having specialized instructors. Regarding the role of instructor-student interaction as a factor increasing student's self-confidence. A number of students considered certain instructors's negative behaviours (such as reapproaching students in the patient's rooms) as a factors decreasing their motivation and self- confidence¹⁸. Study which carried out by Yazici and Aslan (1997), 25.3 % of nurses remarked that they couldn't communicate with students, 10.7 % of nurses stated that students were lack of confidence, 13.3 % of nurses remarked that students were eager to learn and idealist. Also in this study 12.9 % of nurses pointed out that they had difficulties in communication with faculty member, 19.3 % of nurses stated that faculty members didn't have leadership qualities¹⁹. Health workers' degree of autonomy in their master field, their relationship with students, their perspectives to students causes difficult experience for students. Because of lack of sufficient level of development of team awareness in clinical environment, adaptation of students to clinical environment is more difficult. Education of students is directly influenced by physical environment in applications, used gadgets in education, quality and communication skills of our colleagues which carried out nursing services, behaviors of instructors.

Features of Effective Clinical Educator

- Should be master on taught skills, be sufficient in nursing.
- Should encourage students for acquiring new skills
- Should be able to communicate in two-way.

- Should be get feedback as needed and be sufficient in assessment.
- Should be sufficient in education and should like learning.
- Should guide students to think.
- Should research and follows realized studies.
- Should have positive personality characteristics

Effective educator gives importance to practice, collaborate (peer relations), tries to reduce stress, communicate in two way. In effective educator give importance to theoretical knowledge, holds off (superior status), usually causes stress, communicate in one way. Basic activity of educator is courses and training in clinical environment. Educator should provide feedback before application, during application or after application. Educator isn't certainly student controller. Controller term is mostly acceptable when professional application is considered rather than learning events. Learning way in clinical environment is guidance^{3,5,6,20,21}.

A study stated that students sought instructor who has qualities and good personality characteristics of educators²². It is found that effective educator behavior which was used by instructors in clinical environment was "medium level"²³.

Responsibility should be given to instructor in clinical education. Certainly, role of nurses who contributes to students' education couldn't be ignored. But, in our country, separation of clinical instructor and theoretical instructor may harm nursing and nursing education. Separation of nursing academician is unacceptable because, nursing is professional and practical discipline. Relevant with nurses' own responsibilities in clinical education, 66.1 % of nurses stated that instructor should be responsible for students and 23.6 % of nurses pointed out that responsibility for students should be given themselves²⁴.

Principles of Clinical Skill Training and Recommendations with These Principles

- The most effective learning occurs when student is ready. Although motivation is internal dynamic, creating environment which feeds motivation of participants depends on instructor. Application areas provide real learning experience which shows to students which, how and why to do in nursing. In fact changing existing clinical environment to appropriate clinical learning environment is impossible. But universities which include nursing education have responsibilities that enforce them to provide ideal clinical environment. This situation is generally relevant with country's politics to higher education and budget allocated^{25,21}. A study stated that 73 % of educators were displeased with application area²⁶.
- If education builds on knowledge which gained by students' background, it is more effective. For this reason, clinical application based on theoretical knowledge should be realized. Students shouldn't be started clinical application before getting basic theoretic knowledge about a course of nursing. When clinical application is started, knowledge and skills should be described with correlation among them. Clinical education should be systematic. For example firstly bloodletting, then establish vascular access, firstly

conversation with patient, then physical examination, firstly preoperative assessment, then postoperative assessment and comparing each other etc.

- If students are aware of which they should be learn, the learning is more effective. Before attending clinical application, case exams which don't effect grade and give opportunity to students assessing their knowledge and noticing their learning requirements can be composed. During clinical application, educators should create appropriate conditions for self-recognition of students about their learning requirements. These conditions can be created with regular feedback to students about case discussions.

- Learning can be facilitated with using various education techniques and methods such as case discussion, presentations for applications, demonstrations etc.

- Under supervision or in realistic environments (role play, anatomic models) giving opportunity for realizing applications is necessary in order to gain or to master skill. Laboratory applications are crucial for clinical education. Firstly, skills should be divided in to suitable steps by educator. Before attending clinical application, it must ensure that students should practice enough in clinical skills laboratory in order to reinforce their theoretic knowledge. It is important that skills laboratory should be same as realistic laboratory. How learning environment closer to reality, learning is more effective. Technique equipment and hardware should be provided, educator should know how to use models and the most important is that educator should correctly explain steps of skill. It is very difficult when considering student quota of nursing department in universities and existing psychical environments (number of classes, lack of equipment, absence of skill laboratories, lack of academicians who are master in specific area, inapplicability syllabus for skill laboratory etc.) For this reason, video recording of educator when they are in skill laboratories should be published on departments' website or be distributed CDs to students in order to improve students' skills with observational learning. It is clear that this is not effective as real experiments which gained in laboratories.

- Feedbacks should be provided shortly after application should be positive and should avoid from judgments for effectiveness^{5,27,28}.

- Clinical educators must evaluate the clinical learning environment, ensuring learning objectives can be met, to better prepare students for practice¹³.

- Clinical leadership includes tasks and activities that lead to improvements in the safety and quality of health care. Clinical educators should desing course assignments and seek modalities and innovative strategies that meet clients, students, and organizational needs²⁹.

- Students's and faculty's experiences are important to develop clinical education in nursing³⁰.

The main thing in effective education is ability of students to put knowledge which gained from theoretical lessons into practice. Clinical education must include exposing lack of knowledge and skills, exploring and using new information, initiating and managing change. Professional applications have to respond expectation of society and scientific demands. Therefore, knowledge and skills of nurse shouldn't be stable and should renew themselves. Professional education should prepare current knowledge and skills to future applications. To gain skills in nursing education is indispensable and so important that it couldn't

be simply left to master-apprentice relationship, nature of learning environment or individual preferences of instructors.

References

- Görgülü, S. Expectations of the academic staff members of the Students in Clinical Practice, *Journal of Hacettepe University Faculty of Nursing*, 2001; 8(1):1-13.
- Ay F. Alternative Tools Used in Nursing Education: Portfolio, *Journal of Firat Health Services*, 2007; 2 (4): 58-68.
- Karaöz S. Overview Clinical Evaluation of Nursing Education: Challenges and Recommendations, *Dokuz Eylül University School of Nursing Electronic Journal*, 2013; 6(3): 149-158.
- Uyar G. *Clinic Education in Nursing*, Hatipoğlu Publishing, Ankara, 1992.
- Sullivan R., Magarick R., Bergthold G., Blouse A., McIntosh N. *Skills Training Guide for Medical Educators* (N. Sahin, Trans.), Hacettepe Public Health Foundation, Ankara, 1999.
- Karaöz S. General View of Clinical education in nursing and recommendations for effective Clinical education, *Journal of Nursing Research Development*, 2003; (1): 15-21.
- Erdemir, F. Nurse's Role and Functions of Philosophy and Nursing Education, *C.U. Nursing Journal*, 1998; 2(1): 59-63.
- Senemoğlu N. *Development of Learning and Teaching from Theory to Practice*, Gazi Publishing, Ankara, 2002.
- Sönmez V. *Teacher Handbook for Curriculum Development*, 9. baskı, Anı Publishing, Ankara, 2001.
- Tonham R.F.S., Costa G.C.M., Hamamoto G.C., Francisco M.A., Moreira M.M., Gomes R. Competency-based training in nursing: Limits and Possibilities, *Rev. Esc. Enform. USP*, 48 (ESP2), 2014; s.213-220.
- Kaya H., Akçin E. Learning Styles / Styles and Nursing Education, *C.U. Nursing Journal*, 2002; 6(2): 31-35.
- Branch T.W. Teaching Professional and Humanistic Values: Suggestion for a Practical and Theoretical Model, *Patient Educating and Counseling*, 2015; (98):162-167.
- Flott, E.A. Linden, L. The clinical learning environment in nursing education: a concept analysis, *Journal of Advanced Nursing*, 2016; 72(3): 501-513.
- Elliott M. (2002) The Clinical Environment: A Source of Stress for Undergraduate Nurses, *Australian Journal of Advanced Nursing*, 2002; (2)1: 34-38.
- Kaymakçı Ş., Yavuz M., Demir F., Candan Y., Coşkun İ., Toprak E., Dramalı A. Determination of opinions of students about the implementation of the surgical nursing disease course, *First International & V. International Congress of National Nursing Education Book*, 2001; s. 369-372.
- Aytekin S., Özer G.F., Beydağ D.K. Difficulties Encountered in Clinical Practice of Denizli Health School Students, *Journal of Firat Health Services*, 2009; 4 (10): 137-149.
- Papathanasiou, J.V., Tsaras, K. Sarafis, P. Views and perceptions of nursing students on their clinical learning environment: Teaching and learning, *Nurse Education Today*, 2014; (34): 57-60.
- Esmaili, M., Cheraghi, M.A., Salsali, M., Ghiyasvandian, S. Nursing students' expectations regarding effective clinical education: A qualitative study, *International Journal of Nursing Practice*, 2014; (20): 460-467.
- Yazıcı S., Eti Aslan F. Guests have the eyes of Clinical: nurses in nursing education applications, ideas for students and faculty, IV. National Nursing Education Symposium "International participation" Book, p.289-296, 1997.
- Dahlke S., Baumbusch J., Affleck F., Kwon J. Y. The Clinical Instructor Role in Nursing Education: A Structured Literature Review, *Journal of Nursing Education*, 2012; 51(10): 1-5.
- Karadağ G., Uçan Ö. Nursing Education and Quality, *Journal of Firat Health Services*, 2006; 1(3): 42-51.
- Bahçecik N., Alper-Ecevit Ş., Yazıcı Z., Erten H. Training of Marmara University School of Nursing Students about expectations and IV. National Nursing Education Symposium Proceedings, Book, 1997; s. 24-29.
- Erdemir F., Ak B., Aytur T., Erol A., Uslubaş B. Evaluation of the Effect of Clinical Teaching Instructor, IV. National Nursing Education Symposium "International participation" Book, 1997, s. 270-277.
- Akyüz A., Tosun N., Yıldız D., Kılıç A. Reflection of the Nurses on their Responsibilities and the Students' Working System During Clinical Teaching, *TAF Preventive Medicine Bulletin*, 2007; 6(6): 459-464.
- Gökdoğan F., Çıtak N., Karahan A. The opinions of nursing students about implementation and Instructor, *First International Nursing Education & Fifth National Congress Book*, 2001; s.155-158.
- Olgun N., Yazıcı S., Aslan F., Bektaş G. To create wanted application area for nursing students : The opinions of academics, clinicians and students to build a bridge between school and application area, IV. National Nursing Education Symposium Proceedings, Book, 1997; s. 47-55.
- Gaberson B. K., Oermann H. M. *Clinical Teaching Strategies in Nursing*, Second Edition, Springer Publishing Company, Newyork, 2007.
- Tosun N., Oflaz F., Akyüz A., Kaya T., Yava A., Yıldız D., Albayrak N. Evaluation of the expectations of nursing school students from the intern education program and of their acquisitions and suggestions at the end of the program, *Gülhane Medical Journal*, 2008; (50):164-171.
- Démeh, W., Rosengren, K. The visualisation of clinical leadership in the content of nursing education- Aqualitative study of nursing students' experiences, *Nurse Education Today*, 2015; (35): 888-893.
- Ironside, P.M., McNelis, A.M., Ebright, P. Clinical education in nursing: Rethinking learning in practice settings, *Nursing Outlook*, 2014; 62(3):185-191.