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Factors Affecting Clinical Competence of Senior Student Nurses

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INTRODUCTION

Related Learning Experience is a vital scope in nursing education. Student nurses are initially exposed to actual work situation under the supervision and guidance of a clinical instructor. This encourages competence in the clinical area, but this is not the only main concern. As student nurses are promoted to higher levels, they are introduced to competencies on leadership and management. One way to acquire these competencies is through staffing. Wherein through the direct supervision of a clinical instructor, senior student nurses are given responsibility to take part on clinical area routines and instruction.

DISCUSSION

Clinical teaching is a form of interpersonal communication between two people – a teacher and a learner. The teaching – learning process is a human transaction involving the teacher, learner and learning group in a set of dynamic interrelationships. Thus, teaching is a human relational problem (Ornstein, 1992).

Clinical teaching is a formidable task for clinical instructors. Nowadays, nursing students are given the same task as their clinical instructors. They are often required to teach simultaneously individuals who are at various levels of training. The medical and nursing cases that are presented are unpredictable, and this reduces the opportunity to prepare for teaching and to develop a comprehensive curriculum. A wide variety of teaching methods are required, from Socratic dialogue of bedside teaching to the lecture of a consultant. Clinical instructors are responsible not only for teaching but also for ensuring high quality patient care (Schewenk and Whitman, 1987)

The following are the various variables that contribute to the efficiency, affectivity and competency of clinical teaching by senior student nurse.

Learner Factor. What do learners bring to the relationship? Bradford (1957) notes that learners are usually loaded with all sorts of anxieties, needs and problems, and screen what interferes with learning. How secure is the learner in the situation and group? “Does he perceive the teacher as capable of understanding and helping him? To what extent does he even recognize the kinds of help he would most appreciate as well as most need? How motivated is the learner to learn, to risk old ideas and knowledge for the sake of the new? To what extent does the learning process threaten self-esteem or self-image?” (Heidenrich, 2000). These queries serve as an evaluation basis for learners if initial expectations are met.

Mann et al. (1970) have described eight general types of learners. The five most capable types are *The Compliant Students* – these are the typical “good” learners who work hard, are task oriented, show little emotional turmoil, and are primarily concerned with understanding the materials and complying with teachers request; *The Anxious Dependent Student* – this is often a predominant type in medical nursing schools, dependent on the teacher for knowledge and support and anxious about evaluation. The feeling of anxiety and incompetence blocks these students from actively learning and make them more concerned about grades. They are difficult to engage in discussion and prefer lectures; *The Independent Student* – these learners are often older than counterparts and seem confident and

unthreatened by the teacher. They favor peer relationships with the teacher and approach the material in calm, objective, and often-creative ways; *The Sniper Student* – These learners are uninvolved due to a low level of self-esteem and pessimism about being able to from productive relationships with authority figures. They can be hostile, but are often elusive when confronted with a particular issue; and *The Silent Student* – these learners are characterized by what they do not do. They feel helpless and vulnerable but without the anxiety characterizing the anxious – dependent learners (Gerchberg, 1962). The teacher that knows pretty well what kind of learners she/he is handling makes her/him sensitive to right approaches and covers the attitude component of the teacher. Learners bring startlingly different needs and agendas to their interaction with the teachers, just as do patients to their medical encounters. Teachers cannot be all things to all learners, just as physicians and nurses cannot be effective for their patients of all personality types. However, awareness of the different types of learners and adjustments of the teacher's style in so far as possible will be helpful.

Instructor Factor. A professor of Psychology named W,J. McKeachie, emphasized that expertise alone is not enough for good teaching. Clinical teachers should realize that they assure multiple roles in their interactions with learners. Ullian (1986) has reviewed sixteen (16) of the most significant studies of perceptions of excellent clinical teaching. He found out that factor analysis grouped most behaviors and characteristics of excellent clinical teacher into four roles; clinical instructor/senior student nurse role, teacher role, supervisor role, and person roles.

The *Clinical Instructor* or the *Senior Nursing Student* during staffing are expected experts and source of knowledge. There is a considerable discrepancy between the clinical instructor/senior student nurse's level of experience and wisdom and that of the learner/junior student nurse. This discrepancy is the reason the teacher and learners are together. As *Teacher*, the educator is acutely aware if the needs and aspirations of the learners but does not automatically assume it will be possible to provide them everything they need. The teacher can listen, question, paraphrase, encourage, or doubt learners but cannot always provide them. As a *Supervisor*, the educator demonstrates procedures, provides practice, observance and assesses performance and provides feedback. Finally, as a *Person*, the educator develops an atmosphere of sufficient trust that the learners are comfortable, sharing ideas, feelings, and thoughts. The educator does not necessarily have to like the learners but does need to accept their needs and imperfections. The persons may provide significant personal help and support outside the formal teaching setting (Gourneau, 2005).

In team learning such as in the clinical setting, there could be more than one instructor or individuals aiding in adding inputs and instruction. These could be the clinical instructors, staff nurses and student nurses themselves. Physicians may aid in learning but they don't have significant say about nursing concepts. This is a major strength of clinical education. While learners are responsible as individuals for their learning during clinical exposure, this learning experience is in the context of work team. Instructional time and effort are allocated in the context of the teamwork and team function. In the field study of instruction by educators in a ward; Mattern Weinholtz and Friedman observed that learning by individual team members appeared tied to overall team development. As individual team members learn, they appear better able to contribute and use the contributions of others to their teams, and as teams develop their abilities to work together, they appear to promote additional learning among their individual members,

clinical education is challenging experience for most students because it allows them to participate actively in the health care team, seek solutions to real problems and learn by doing whole caring for patients (Ferenchik, 1997).

The Nate Gage Model (1978) analyzed 49 process-product studies and identified four clusters of behaviors that show a strong relationship to student outcomes with learners in their expectations evaluate and rate the competency and effectiveness of their teachers was one of the concern of this study. The model developed by Ben Harris (1964) provides a method for improving teaching by analyzing classroom behavior. Rosenshinc and Furst (1973) in their teacher behavior research have shown that teacher behaviors, as well as specific teaching principles and methods, make a difference with regard to student outcome (Lardizabal, 2004).

Instruction Factor. Another significant issue is through what methods or approaches he is using to effectively convey what he wants his learners to entertain as basis of their practice. Lorette E. Heidgerken, a master of science and a doctorate in nursing education, proposed three methods of teaching very applicable in nursing education. These are; *Lecture Method*, wherein teaching procedure consist of the clarification or the explanation of facts, principles or relationships which the teacher wishes the class to understand; *Demonstration Method*, wherein teaching is supplemented by exhibition and explanation, and *Laboratory Method* or simply teaching by experience. Here, students are given the opportunity to actual hands-on learning (Gordon, Kay and Meyer: 2007)

Interplay of Variables in the Conditions for Effective Learning. Nursing students are adult learners, and nursing education should follow the principles of effective learning. Unfortunately, this does not always happen, they are pursuing a very difficult field of study requiring discipline and maturity. Unfortunately, many of the basic assumptions underlying current education are, or should be, an adult learning process. There are four principles that enhance the teacher-learner relationship: First, they usually want to apply what they learn soon after they learn it. This rule is broken somewhat less in clinical teaching than in other areas of nursing education. However, clinical teachers should always feel compelled to justify any clinical teaching that cannot be shown, to have some albeit small or indirect application to a relevant patient problem or clinical situation. Second, they usually are interested in learning concepts and principles. They like to solve problems rather than just learn facts. Medical and nursing education suffers terribly under the weight of unrelated and often relative useless facts. As nursing knowledge expands so does the density of the nursing education process often the detriment of the problem solving and clinical reasoning skills of future nurses. Third, they usually like to participate actively in the learning process by helping to set appropriate learning objectives. In knowing what the learners need possibly to know, the teacher possesses considerable knowledge and experience that learners do not. However, the teacher should negotiate with learners regarding appropriate educational objectives, given certain needs, resources, and overall goals. This has a remarkably positive effect on learner motivation; and fourth, they usually like to know how well they are doing; feedback should help them evaluate their own progress. Feedback for the sake of improving performance is called formative evaluation. Nursing education offers numerous opportunities for making decisions about competence, promotion or advancement, called summative evaluation (Scriven, 1967). However, clinical teachers have critical role to play in making comments particularly negative ones, which will help a learner

change a professional behavior, make a better decision or perform a skill more precisely, there pieces of personal, well intentioned feedback are the critical elements of cementing a teacher-learner relationship and bringing closure to the learning process (Heidenreich, 2000).

Student satisfaction with clinical teaching reflects not only the strengths of clinical teachers but also the positive aspects of clinical education itself. Clinical education has three distinguishing, positive characteristics: a problem-centered approach in the content of professional practice; an experience-based learning model; and a combination of individual and team learning (Heidenrich, 2000). The focus of clinical education is on the patient. Patient problems provide teaching opportunities for the educator and learning opportunities for the learner. Richness of that learning experience depends in the large measures upon the educator's instructional skills and the patient mix available. Since clinical instruction takes place in the context of professional practice, learner's question about the relevance of what is to be learned are minimal and motivation is high. The learners actively strive to emulate teacher role models.

Post Evaluation Process in Learning. In clinical education, the process of learning is principally by doing. This form of experiential learning differs from most classroom setting, where the symbolic medium is used to transmit information. In experiential learning, information is generated through the sequence of steps themselves. First, the learner first acts in response to a particular situation and experiences the consequents second, the learner then infers the effects of action to the particular case, third, the learner then generalized understanding over a wider range of circumstances, and lastly, the learner finally acts in new circumstances anticipating the consequences (Heidenrich, 2000).

Experiential learning is time-consuming and requires repeated actions and enough circumstances to allow for the development of a generalization from experience. When the consequence of action is separated in time and space, the learning process is not effective.

A typical observation of those who have learned something through this process is that "they cannot verbalize it, but they can do it". The weakest link in experiential learning is in generalizing from the particular experiences to a general principle applicable in other circumstances. This is why post-experience discussion is critical to the learning process to infer general principles from the experience The strengths of this learning process include intrinsic motivation (since action occurs at the beginning, the need for learning exists from the outset) and stronger recall than learning through information processing. Clinical education relies heavily on experiential learning but also uses information processing for knowledge acquisition. Weinholtz, Friedman, and Watson proposed an instructional model for clinical settings that postulates a developmental sequence for educational activities. Learning begins with the clinical instructor providing an orientation to the service and work at hand. This is followed by the acquisition and application of knowledge and skills by the senior student nurses in the context of practice and finally termination of the instructional/work sequence. This model is tied directly to the tasks of the work group and relies heavily upon the instructional leadership role of the senior student nurses to the junior student nurses (Kango, 1985)

Clinical education is a conceptually sound learning model, which, unfortunately, is flawed by problems of implementation. Some of the more glaring problems of clinical teaching include: limited emphasis upon problem-solving; lack of clear expectation for student performance, inadequate feedback to students, and inappropriate role model and

clinical setting (Gordon, Kay and Meyer: 1999).

SYNTHESIS

Based on the data gathered by the researchers it has been clearly stated by literatures and studies that an effective clinical teaching contributes to the satisfactory comprehension of the student nurses. The references reflected different statements about the study. The researchers have studied the ideas presented by various authors and found out congruencies on the way the concept was revolved.

The concepts of the researchers about an effective clinical teaching were discussed and were explained in a manner that clinical teaching can be a formidable task to both instructor and students. The research is supported also by the foreign literature that can be found in the internet which denotes the factors to be considered to have an effective clinical teaching. The guidelines to be well thought-out are the factors that influences to the contribution for a well understood teaching and learning process.

The researchers then conceptualized that it may be useful and an effective strategic method for the clinical instructors to have the senior student nurses teach the junior student nurses. In order for them to realize the importance of quality teachings as well making them enhance their learning especially in interaction by means of three way learning process the clinical instructors, the senior student nurses, and the junior student nurses. The researchers have come up with this by analyzing the figurative connection of the three factors that will enable the study to have a satisfactory outcome. Clinical instructors and senior student nurses will be learning in the process of teaching because they will be able to know their deficiencies and what are lacking in their method of teaching thus they will be able to improve it. The senior student nurses, who already has a broader concept of different knowledge will further develop the familiarity of the course and will be able to prepare for the real clinic arena. As to the seniors who had clinical teaching with the juniors, the practice may help them to acquire the ability to handle learners, teach and guide their fellow students through their respective duty at hospital. This can heighten their self-confidence and at the same time enhance their attitude, knowledge and skills as future nurses.

But in one way or another three-way learning process composed of the clinical instructors, the senior student nurses, and the junior student nurses do not solely dominate the learning process. Environment, time and non-teaching student factors also affect the learning process.

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