

# Learning Nursing Practice: A Multisite, Multi-method Investigation of Clinical Education

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# Session Objectives

- Describe study: *A Multi-Site, Mixed Method Examination of Student and Faculty Experiences and Interactions in Clinical Practice* (2010-2013)
- Examine results
- Discuss implications for regulation, nursing education and research



# Purpose

The study examined the nature of contemporary clinical education by describing students' and faculty's experiences at three geographically diverse universities in the U.S.

- Providing rich descriptions of students' thinking and their interactions with educators during these experiences can help faculty and regulators understand the contributions and limitations of current approaches to clinical education and the potential of emerging alternatives



# Methodology

- Descriptive qualitative, multi-method design, including direct observation and individual interviews of study participants
- Guided by cognitive task analysis methods that provided a process for systematically investigating the cognitive work of participants



# Recruitment

- Purposively recruited three geographically dispersed schools with strong reputations for high quality pre-licensure education:
  - 1) major research university;
  - 2) large, private not-for-profit research-intensive university; and
  - 3) smaller not-for-profit university



# Participants

- Convenience sample of 30 students and 6 faculty (10 students and 2 faculty per site)
- Clinical component of final general medical-surgical course
- Both traditional, faculty-driven clinical education and preceptor-driven models
- At least two different clinical settings per site



# Data Collection

- Investigator observed one participant and documented all observable behavior
- Observations took places over 3 continuous hours (including a variety of times during the day, evening, and night shifts)
- Demographic data: description of nursing program, clinical sites, and participants



# Data Collection

- Following observation, 1-hour interview with participants, using Critical Decision Method (CDM) techniques (Crandall, Klein, & Hoffman, 2006)
- CDM guided investigators in exploring participants' thinking associated with observed activities by focusing on participants' situation awareness, cues for action, and pattern recognition





# Data Analysis

- Observation and interview data transcribed verbatim
- Data coding
- Thematic analyses of transcripts by research team



## Findings: Sample

- 6 faculty aged 32 to 79 years ( $M = 50.2$ ), all female and experienced teachers, and all but one MSN prepared
- 30 students aged 21 to 30 years ( $M = 23.9$ ), predominantly female ( $n = 28$ ) and 70% had previous degree



# Findings

- Participants expressed overall satisfaction with clinical experiences
- Students cared for 1-3 patients under faculty or preceptor supervision
- Interaction among faculty, students and preceptors positive and collaborative



# Findings

- Missing opportunities for learning in clinical settings
- Getting the work done as the measure of learning
- Failing to enact situation-specific pedagogies to foster clinical learning
- Failing to engage as part of the team\_



# Missing Opportunities for Learning in Clinical Settings

- Interactions mostly focused on students' progress in completing and documenting assigned care and ability to relate laboratory values and medications to the underlying patient disease state
- Pronounced lack of discussion focused on more complex aspects of nursing practice, such as making qualitative distinctions in status that would indicate a change in patient condition; responding to patients' experiences of hospitalization, treatment, or transition to another setting; or identifying safety risks and improving current care



# Missing Opportunities for Learning in Clinical Settings

- Students focused on having information they anticipated needing to answer faculty routine questions, rather than constructing situation-specific questions or concerns or reflecting on contextual experiences
- At times, interactions between student and faculty focused on a specific school assignment rather than on patient-care issues pertinent to their clinical day



# Getting the Work Done as the Measure of Learning

- Students spent the majority of their time delivering basic patient care routinely performed by nonlicensed staff (bathing, feeding, bed making) rather than delegating and supervising these tasks
- Educators and students equated the timely completion of basic care with learning and success



# Getting the Work Done as the Measure of Learning

- Completion of basic care dominated discussions of students' progress
- Teaching this aspect of practice overshadowed other learning opportunities and often became the main measure of students' clinical abilities





# Failing to Enact Situation-specific Pedagogies to Foster Clinical Learning

- Expectations for students the same across sites and on faculty and preceptor units, not context driven
  - Included timely completion of assigned work; identification of the connections among the patient's disease, laboratory values, and medications; and ability to care for more than one patient



# Failing to Enact Situation-specific Pedagogies to Foster Clinical Learning

- Slow periods or downtime not used for meaningful learning activities, rather on finding “something to do”
- Faculty entrenched in current model so no observation of using downtime to explore complex questions about current care, care systems, or quality improvement



# Failing to Engage as Part of the Team

- Lack of student interaction with interprofessional health care teams
- Students excluded from interprofessional interactions
- Not identified by faculty or students as a goal for the clinical experience



# Discussion

- Rethink how to optimize learning in clinical settings
- Underutilization of quality clinical sites when focus is on basic patient care
  - Simulations to prepare students for procedural aspects of care
  - Clinical settings to explore more complex aspects of care



# Discussion

- New measures of clinical progress and successful learning needed
- Focus on creating opportunities to contextually experience complex decision-making, delegation, and clinical reasoning
- Improved pedagogical literacy of faculty and preceptors



# Limitations

- Only students in final med-surg clinical
- Majority students second-degree
- Faculty not doctorally prepared
- Hawthorne effect
- Only 3-hour observation



# Implications for Regulation, Nursing Education and Research

- New partnerships among schools, clinical agencies, and regulatory bodies are needed to rethink clinical education in nursing and the competencies students must demonstrate to reflect their preparation for nursing practice
- Further research that builds the evidentiary basis for regulating curricula and instruction to promote patient safety and public protection



# Questions/Comments

Thank you to NCSBN for funding and support of this project