Improving nursing students’ experience of clinical placements

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Abstract
Clinical placements can present a significant challenge for nursing students, since the learning environment differs from that of the classroom, involving potential risks and complicated interpersonal and interprofessional relationships. The array of decisions required on clinical placements can be confusing for nursing students, which can cause them to doubt their skills and knowledge. This article describes the challenges involved in clinical placements, and discusses the importance of person-centred care and techniques such as reasoning and reflection that can improve nursing students’ learning in practice. It uses two case studies to illustrate how clinical supervisors and mentors can design clinical placements that enable nursing students to develop their skills, knowledge and self-confidence.

Aims and intended learning outcomes
This article aims to discuss the challenges involved in learning, reflection and managing any doubts that nursing students may have about their skills and knowledge during clinical placements. After reading this article and completing the time out activities you should be able to:

» Describe the challenges involved in learning during clinical placements.
» Explain why inductive and deductive reasoning are useful to support nursing students’ learning during their clinical placements.
» Understand the various components involved in reflection and its importance in enhancing nursing practice.
» Discuss how to address nursing students’ doubts concerning their skills and knowledge in clinical practice.

Introduction
Clinical placements are important for nursing students, because they provide an authentic experience of day-to-day clinical practice, and because nursing students can learn from nurses’ clinical reasoning. However, learning on clinical placements can be stressful for nursing students because it can lead them to doubt their knowledge and skills (Admi et al 2018). For example, it might appear to nursing students that experienced nurses have developed specialist knowledge and think more quickly and intuitively than they do. Nurses may also have significant experience of a specific group of patients, which the nursing student can only begin to understand during a clinical placement.

While it is part of the clinical supervisor or mentor’s role to ensure that any clinical placement involves purposeful learning, clinical placements also present significant challenges for nurses who mentor nursing students (Perry et al 2018). Opportunistic learning, or that which occurs spontaneously during a clinical placement, involves the nursing student experiencing a range of patients and clinical procedures; however, it is the clinical supervisor or mentor’s role to enable nursing students to make sense of these experiences.

Learning in practice can be fragmented, with nursing students required to address...
Nurses have to use their interpersonal skills to develop trust with patients. Nursing students have to learn how to effectively combine clinical information from a range of sources to develop the confidence to practise effectively, learn how to reason, and manage the complexities involved in day-to-day nursing care.

### Learning in practice

The experience of learning during a clinical placement is unlike the learning experienced in a university environment. Box 1 outlines some of the factors involved in learning in clinical practice. For example, clinical placements include an element of risk (Damodaran et al 2017). The clinical decisions that nurses make are vital to patient outcomes and, compared to a university environment, nurses must act quickly and decisively to address patients’ needs.

Effective clinical practice requires person-centred care; however, patients may or may not agree with the nurse’s care priorities, for example a patient may refuse an effective wound dressing because they find it uncomfortable (Wolf et al 2017). The patient’s ability to liaise with the nurse can also vary at different stages of their illness, injury or disability, for example a patient experiencing acute pain requires a different approach to a patient recovering from their condition.

Nurses do not obtain information about patients and the level of clinical risk in a neat and concise manner. Unlike the university environment, where nursing students learn from textbooks, online resources or lectures, nurses must decide how to proceed using an iterative process, which involves drawing on knowledge that has been gradually accumulated, often in a random order. While nurses have to abide by principles of optimal practice, they must also be prepared to explore alternative interventions based on the information provided by patients, family members and/or carers (Price 2019).

### TIME OUT 1

With reference to the information in Box 1, reflect on a clinical placement that you undertook as a nursing student. Consider whether the information you learned on your university course enhanced your decision-making in the clinical environment. For example, can you remember a clinical scenario where you applied specific knowledge or a skill you gained during your university course?

### Reflection

Reflection is an important aspect of learning, because it involves considering the positive or challenging elements of a situation or experience and how it might be improved or undertaken differently in the future. Reflection in nursing has been described as taking place either in action (as events unfold and the nurse interacts with patients and colleagues), or on action (in retrospect) (McKinnon 2016).

Reflection in action can be challenging because the nurse must consider a situation before they have fully absorbed all of the available information. For this reason, reflection on action can be more effective than reflection in action because it is undertaken away from the care episode and the potentially distracting influence of colleagues, patients.

### Box 1. Factors involved in learning in clinical practice

<table>
<thead>
<tr>
<th>Risk</th>
<th>The clinical decisions made by nurses can have a significant effect on patients’ safety and well-being</th>
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<tbody>
<tr>
<td></td>
<td>Nurses have to use their interpersonal skills to develop trust with patients</td>
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<tr>
<td></td>
<td>Nurses must use information from patients’ medical notes and assessment, for example their physiology, pharmacological profile, pathology and psychology, to limit clinical risk and develop a mutually agreed care plan</td>
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<td>Nursing students have to learn how to effectively combine clinical information from a range of sources to develop a care plan</td>
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<td>Real-time reasoning</td>
<td>Nursing involves a methodical compilation of information that enables nurses to formulate a care plan</td>
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<td>Nurses can be required to formulate a care plan quickly. For example, patients or family members might be anxious to understand the direction of care</td>
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<td></td>
<td>Nursing students need to learn to reason concisely and focus clearly on the steps required to formulate a care plan</td>
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<td>Partnership working</td>
<td>Nurses should not subject patients to care; instead they should liaise with patients to agree a care plan</td>
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<td></td>
<td>Patients may or may not be ready to liaise with nurses about their care</td>
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<td>Nursing students have to learn that patients are individuals</td>
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<td>Incremental reasoning</td>
<td>During any care episode, the nurse is unlikely to have a complete set of clinical information about a patient. Rather, the nurse must access information from a variety of sources, for example patient-reported symptoms, diagnostic tests and physical signs</td>
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<td>Nursing students have to learn how to identify and describe clinical conditions and develop a care plan</td>
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<td>Nursing students must learn how to speculate, for example theorising what effect clinical events and the patient’s experience might have on the interventions detailed in their care plan</td>
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<td>Liaising with other healthcare professionals</td>
<td>Nurses must operate within a multidisciplinary team setting</td>
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<td>Various healthcare professionals such as therapists, nurses, doctors and counsellors have to collaborate to develop and deliver effective care</td>
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<td></td>
<td>Nursing students have to learn how to liaise with other healthcare professionals and refer patients to them where appropriate</td>
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and family members. Reflection on action enables the nurse to review a clinical situation as a whole and weigh the importance of every piece of information received (Howatson-Jones 2016). Reflection on action also requires the nurse to summarise their insights into a care episode and suggest any adjustments or changes that could be made.

Clinical placement learning requires nursing students to alternate between reflection in action and reflection on action, sometimes in quick succession, which can be stressful.

Reasoning
Learning in practice involves nursing students exercising two forms of reasoning: deduction and induction. Deductive reasoning involves the testing of an existing theory or hypothesis to ascertain whether it adequately predicts or explains what takes place in practice. Conversely, inductive reasoning is a process whereby a theory or hypothesis is developed using a variety of information garnered in practice, for example a patient’s signs, symptoms and medical history, and the nurse’s past experience of patients with similar conditions (Mirza et al 2014).

A practice-based example of deductive and inductive reasoning is shown in Box 2.

One of the challenges nursing students often encounter on clinical placements is that they are frequently unsure of which form of reasoning to apply. They may also be used to university lecturers operating in ‘teaching mode’ and illustrating how nursing students should apply reason in hypothetical scenarios. However, in clinical practice nursing students are required to theorise about a clinical episode (inductive reasoning) and to subsequently test their theory (deductive reasoning).

**TIME OUT 2**
What do you think are the main differences between inductive and deductive reasoning? To test your knowledge, reflect on a recent care episode you were involved in. Which form of reasoning did you apply when assessing or treating the patient?

### Box 2. Case study: examples of deductive and inductive reasoning

Raj is a nursing student. He is completing a clinical placement on a coronary care ward where patients are recovering from myocardial infarction or undergoing risk-alleviating coronary artery surgery. Raj is assisting in the care of Barry, a 71-year-old man who has been admitted to the ward with chest pain and a history of angina.

**Inductive reasoning**
Barry’s self-reported pain is markedly different to that which Raj has previously encountered in patients with angina. The clinical supervisor and Raj take a patient history and Raj is asked to formulate a theory explaining the significance of Barry’s symptoms, history and recent events. Raj is speculating and developing a theory about why the patient’s pain presents as it does. Raj’s clinical supervisor prompts him using some of her own observations and demonstrates how she attributes significance to various pieces of information when making assessments, for example she explains how mild angina can be confused with the pain of dyspepsia (indigestion). Afterwards, the clinical supervisor congratulates Raj on the clinical signs and symptoms that he noticed, and outlines some other elements that Raj might consider in future assessments, such as the patient’s pallor.

**Deductive reasoning**
Raj’s clinical supervisor encourages him to consider what he has learned at university about the concept of risk. She asks Raj to apply the theory of risk to Barry’s case, to understand whether this theory seems adequate and what Raj has understood about applying it in practice. An adequate theory of risk should consider both the likelihood of a risk occurring and the factors that might influence the patient’s response to risk information discussed with them. Raj and his clinical supervisor test his knowledge of risk and how it can be applied to Barry’s clinical situation. For example, Barry might be at risk of high blood cholesterol, which would increase his risk of heart disease and myocardial infarction. Raj interviews Barry to understand his attitude towards the risk of high blood cholesterol and its potential effects, and identifies how willing Barry is to take action to reduce this risk, for example by consuming a low-cholesterol diet. Raj’s clinical supervisor assures him about what has been reasoned clearly and what requires further thought. For example, the clinical supervisor points out that Barry is at risk of high blood cholesterol and identifies how willing Barry is to take action to reduce this risk, for example by consuming a low-cholesterol diet. Raj’s clinical supervisor assures him about what has been reasoned clearly and what requires further thought. For example, the clinical supervisor controls Raj’s assumptions that patients always respond rationally to risk information. She observes that there are various other factors that might influence the patient’s chosen diet.

**Key points**

- Clinical placements are important for nursing students, because they provide an authentic experience of day-to-day clinical practice, and because nursing students can learn from nurses’ clinical reasoning. However, learning on clinical placements can be stressful for nursing students because it can lead them to doubt their knowledge and skills.

- Reflection is an important aspect of learning, because it involves considering the positive or challenging elements of a situation or experience and how it might be improved or undertaken differently in the future.

- Clinical supervisors or mentors should determine the nursing student’s learning priorities during the clinical placement. While any learning priorities should relate to the nursing student’s university study module, it is also necessary for the clinical supervisor or mentor to understand what motivates the student.

- Any doubt that nursing students experience in relation to their skills and knowledge can be ameliorated by clinical supervisors or mentors and nursing students clarifying together what represents progress in terms of learning, as well as what the nursing student has achieved on a clinical placement.

**Doubt**
In the context of this article, doubt is a psychological state where the nursing student undergoing a clinical placement is unsure of what is taking place, the skills and knowledge that might be required, the standards that are expected of them, and the appropriate response. While the concept of doubt may feature in workshops and tutorials in the university setting, the nursing student is likely to experience it first-hand during clinical placements (Alfaro-LeFevre 2016, Engebretsen et al 2016). A nursing student may experience doubt because they have insufficient information to proceed, they lack confidence in their knowledge and skills, or they do not have access to a procedure that demonstrates the steps required in a particular care episode.
Nursing students may be unsure about what is expected of them in the clinical setting, and of the criteria that will be used to judge their progress (Admi et al 2018). They may also be unclear about the levels of knowledge they are supposed to possess, or the types of tasks they should be able to undertake. The teaching method used on a clinical placement can also be challenging for nursing students who may be uncomfortable with the practical demonstrations and ongoing assessment of their competence, which are likely to be a significant component of any placement.

Assessment is often described as ‘continuous’ in clinical placement settings, for example monitoring the nursing student’s timekeeping, adherence to uniform policies, and whether they display a professional attitude towards patients, family members and colleagues (Price 2012). However, it is unclear how useful continuous assessment is as a method for judging a nursing student’s learning progress because circumstances can change over the period of a clinical placement. For example, individual nurses may recommend differing techniques to the nursing student and the availability of clinical equipment can vary between care episodes.

The practicalities of continuous assessment on any clinical placement should be clearly defined and any practice-based assessment should be related to an associated module on the nursing student’s university course, and should include defined learning outcomes.

Having some doubt regarding one’s skills and knowledge can be motivating, for example it could prompt the nursing student to ask their clinical supervisor or mentor additional questions or to undertake extra study to improve their knowledge. However, doubt can also be disempowering. In situations where nursing students feel their lack of knowledge may be exposed, for example where a patient asks a challenging question about their prognosis, doubt can be demotivating and might prevent the nursing student from learning through fear of making a mistake (Hutchinson and Janiszewski-Goodin 2013).

**TIME OUT 3**

Reflect on the assessment of nursing students in your clinical area. Do you think a programme of continuous assessment or one that focuses on individual care episodes would be optimal for monitoring their progress? Consider whether elements such as timekeeping, adherence to uniform policies and professional attitude are important in your clinical area, or whether nursing students’ competence in clinical skills takes precedence.

**Person-centred care**

Undertaking person-centred care may present a challenge for the nursing student’s communication, analysis and practice skills (Price 2019). Any nurse delivering person-centred care is required to consider research evidence, for example concerning the risk profile of the patient’s condition, alongside the patient’s perception of their condition. This enables the nurse to improve their understanding of the patient’s care needs (Price 2019). Person-centred care focuses on three main elements (Price 2019):

- Anticipating the patient’s needs and developing rapport – the nurse has to anticipate the patient’s clinical needs, for example any risks involved, treatment interventions and the course of rehabilitation. Successfully anticipating the patient’s needs assists the nurse in establishing a rapport with them.
- Listening to the patient – the experience of an illness is unique to each individual and their circumstances vary considerably. Listening to the patient’s account of their condition and asking relevant questions are central to person-centred care.
- Developing a partnership between the patient, their family and the nurse – partnership working in person-centred care involves the participants adopting clear roles that each is comfortable with. For example, when undertaking rehabilitation, a common role for a patient to adopt is that of ‘learner’, while the nurse becomes the ‘teacher’, and the family member the ‘supporter’.

**TIME OUT 4**

Reflect on the case study detailed in Box 3. What are the main practice points that you take away from Avril and Jane’s preparation for this clinical placement? Reflect on your own practice and ask yourself are there any elements of Jane’s clinical placement experience that you could use, either as a nursing student commencing a clinical placement, or as a clinical supervisor or mentor?

**Improving nursing students’ experience of clinical placements**

In any clinical placement, it is likely that the nursing student and clinical supervisor or mentor will find certain aspects challenging. For example, the nursing student will often meet patients and family members under challenging circumstances, or the nursing student may encounter healthcare professionals who have contrasting expectations of their role. The time available for the clinical supervisor or mentor to explain procedures and interventions to the nursing student can vary, according to the nature and intensity of care episodes.

There are various techniques that clinical supervisors and mentors can use to improve nursing students’ experience of clinical placements.

**Managing doubt**

It is important that clinical supervisors and mentors are able to recognise and manage nursing students’ lack of confidence at the outset of a clinical placement. One method is to reassure nursing students that doubt is a normal part of clinical practice. For example, individual nurses rarely have complete command of all the information necessary to treat a patient effectively; rather, they will confer with colleagues and refer to other healthcare professionals with specialist expertise as the patient’s circumstances develop. One of the primary purposes of any clinical placement is to familiarise the nursing student with the clinical reasoning techniques that will enable them to manage any doubts...
they have about their knowledge and skills.

Clinical supervisors or mentors should determine the nursing student’s learning priorities during the clinical placement. While any learning priorities should relate to the nursing student’s university study module, it is also necessary for the clinical supervisor or mentor to understand what motivates the student, for example they may be interested in improving their technical nursing skills. Ensuring that a nursing student’s progress on a clinical placement is clearly acknowledged through incremental feedback is also important. Any areas of suboptimal performance or mistakes should be acknowledged by the clinical supervisor or mentor and the final clinical placement report should not come as a surprise to the nursing student (Wigens and Heathershaw 2013).

The clinical supervisor or mentor should explain to the nursing student how reflection in action and reflection on action will be used in the practice placement and set boundaries where necessary. For example, the clinical supervisor or mentor might suggest that reflection in action should not take place in front of patients because reasoning aloud might alarm them. Establishing a consistent approach can assist the clinical supervisor or mentor to limit any anxiety the nursing student has regarding their clinical skills and knowledge.

The clinical supervisor or mentor should clarify with the nursing student and their colleagues how the assessment of the nursing student’s progress will be managed during the clinical placement.

While some clinical supervisors or mentors may use a continuous assessment process, other clinical supervisors or mentors may focus the assessment on specific care episodes that relate to the nursing student’s study module and involve agreed learning outcomes. For example, if the study module relates to patient rehabilitation, the clinical supervisor or mentor may focus on how competently the nursing student assisted patients to manage activities of daily living following a stroke (Stewart 2013).

It is unrealistic to entirely remove the element of anxiety from nursing students’ education or to pretend that clinical practice does not regularly involve nurses doubting their skills and knowledge. A recurring source of anxiety for nursing students is that each clinical placement involves a new group of patients with individual needs. For example, while the case study detailed in Box 3 focused on a ward for patients with diabetes, another clinical placement might focus on cardiac care or mental health. It is unrealistic to expect a nursing student to familiarise themselves completely with all the patients or to gain a full understanding of their needs within the limited timespan of a clinical placement. Therefore, Avril’s technique of supplying Jane with relevant literature in preparation for her clinical placement has the advantage of familiarising Jane with the needs of the patient group in advance. If a nursing student begins a clinical placement with an understanding of the patients’ condition, in this case diabetes, they will be more prepared to engage and support patients than a nursing student who has little or no knowledge of a specialty.

**Preparation**

Broadbent et al (2014) discussed the importance of connecting various educational elements to


References


Conclusion

Clinical placements can develop nursing students’ confidence to practice and assist them in managing any doubts they have about their skills and knowledge. However, to achieve this, clinical placements must be designed with clear learning objectives and the opportunity for regular feedback. Clinical supervisors and mentors have a crucial role in designing and managing clinical placements, engaging with nursing students before the clinical placement begins and ensuring that the focus of learning is relevant to the nursing student’s university modules. Nursing students should understand that experiencing doubt about their skills and knowledge is an inherent part of learning and nursing practice, but that this can be ameliorated through regular reflection in, and on, practice.
Clinical placements
TEST YOUR KNOWLEDGE BY COMPLETING THIS MULTIPLE-CHOICE QUIZ

1. Which of the following is one of the main functions of the clinical supervisor or mentor’s role?
   a) Having minimal involvement in the nursing student’s learning to support their self-sufficiency
   b) Ensuring that the nursing student’s clinical placement involves purposeful learning
   c) Providing the nursing student with timesheets
   d) Ensuring the nursing student is included in the off-duty rota

2. An effective clinical placement should enable nursing students to:
   a) Develop their clinical reasoning skills
   b) Undertake a medicine round
   c) Practice at the same level as a registered nurse
   d) Act as lead nurse for a single shift

3. Which of these is not an element of learning in practice?
   a) Real-time reasoning
   b) Partnership working
   c) Reflective reasoning
   d) Incremental reasoning

4. Reflection involves:
   a) Considering a situation and how it may be improved or undertaken differently in the future
   b) Ensuring others receive appropriate punishment for past mistakes they have made
   c) Focusing solely on the future and ignoring past mistakes
   d) Remaining exclusively ‘in the moment’

5. What are the two main branches of reasoning?
   a) Personal and impersonal
   b) Past and future
   c) Internal and external
   d) Deductive and inductive

6. Which of these is not an element of person-centred care?
   a) Anticipating the patient’s needs and developing rapport
   b) Ensuring any care the nurse decides to implement is evidence-based
   c) Listening to the patient
   d) Developing a partnership between the patient, their family and the nurse

7. The concept of ‘scaffolding’ involves:
   a) Ensuring all the relevant technical equipment is in place before a clinical learning episode
   b) Building a portfolio of evidence related to the learning subject
   c) Understanding that a complete learning experience involves emotional support, skill development and inquisitive enquiry
   d) Developing a network of regular contact between the nursing student’s university tutor and clinical supervisor or mentor

8. The process of inductive reasoning involves:
   a) Developing a theory or hypothesis using information gleaned in practice
   b) The testing of a nurse’s clinical hypothesis by colleagues in clinical practice
   c) Grading existing evidence to formulate an overarching hypothesis
   d) Weighing up the advantages and disadvantages of a theory or hypothesis in clinical practice

9. A nursing student may doubt their skills and knowledge in clinical practice because:
   a) They have insufficient evidence to proceed
   b) They lack confidence in their skills and knowledge
   c) They do not have access to a procedure that demonstrates the steps required in a care episode
   d) All of the above

10. Which of the following is the most effective method of preparing a nursing student for a clinical placement?
    a) Familiarising them with the ward’s uniform policy
    b) Supplying literature relating to the patient group before the placement begins
    c) Orienting them to the hospital’s catering facilities
    d) Ensuring that they understand the importance of timekeeping

How to complete this quiz
This multiple-choice quiz will help you to test your knowledge. It comprises ten questions that are broadly linked to the CPD article. There is one correct answer to each question.

» You can test your subject knowledge by attempting the questions before reading the article, and then go back over them to see if you would answer any differently.

» You might like to read the article before trying the questions.

Subscribers making use of their RCNi Portfolio can complete this and other quizzes online and save the result automatically. Alternatively, you can cut out this page and add it to your professional portfolio. Don’t forget to record the amount of time taken to complete it.

Further multiple-choice quizzes are available at rcni.com/cpd/test-your-knowledge

This multiple-choice quiz was compiled by Jason Beckford-Ball
The answers to this multiple-choice quiz are:
1. b 2. a 3. c 4. a 5. d 6. b 7. c 8. a 9. d 10. b

This activity has taken me __ minutes/hours to complete. Now that I have read this article and completed this assessment, I think my knowledge is:

Excellent ☐ Good ☐ Satisfactory ☐ Unsatisfactory ☐ Poor ☐

As a result of this I intend to:

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