

# Practicum and Clinical Experiences: Postpracticum Students' Views

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## ABSTRACT

The clinical or practicum component of preservice undergraduate education across all disciplines typically is rated by prebaccalaureate students as the most important phase of their entire professional preparation. This study collected e-mail survey responses from 63 postpracticum nursing students who had just completed their culminating fourth-year clinical course. Students identified the most positive and the most negative aspects of that final practicum experience. These responses were compared with those reported by postpracticum students from the disciplines of engineering and teacher education. The cross-disciplinary similarity of these data related to postpracticum students' perceptions of this experiential learning phase of their preservice professional training was noted. The student voice provides a critical dimension to the program-enhancement process for all professional disciplines, and practicum organizers across the disciplines should value such student input and collaborate to improve the clinical phase of preservice education for all professions.

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This article describes one segment of a larger, federally supported, multidisciplinary research project currently being conducted on the future state of the clinical or practicum phase of undergraduate professional education in Canada (Ralph, Walker, & Wimmer, 2007a, 2007b). The findings from that segment, which was a survey of fourth-year student nurses in their baccalaureate nursing (BSN) program at one Western Canadian university, are synthesized regarding the students' views of the most positive and the most negative aspects of their final clinical programs. These findings are related to pertinent research in the recent literature, and the nursing students' responses are compared and contrasted with those solicited from postpracticum students in two other professional disciplines: engineering and teacher education.

## BACKGROUND

There is a looming shortage of adequately trained professionals across the disciplines, not only in Canada (Canadian Council on Learning, 2006; Ralph et al., 2007b, 2007c), but on a global scale (World Health Organization, 2006). Society has determined that its postsecondary institutions should fulfill the mandate of preparing its preservice professionals; but it also demands that these schools be held accountable for the quality of their educational performance. A key component of all professional undergraduate education has been the clinical or practicum phase, in which precertified students are mentored to develop their professional knowledge, skills, and values (Goodlad, 1984; Rose & Best, 2005).

The foundational premise on which these practice-based programs are based is that authentic and deep learning occurs when prospective professionals work at solving real-life problems encountered by actual practitioners in the field (Ralph et al., 2007a, 2007c; Renzulli, Gentry, & Reis, 2004). Historically, the experiential learning

components of professional programs (Kolb, 1984) allowed students to spend a period of time in an actual practice setting under the joint mentorship and supervision of a practicing professional in the field (e.g., a preceptor) and a university-based or faculty-based advisor, who assisted the field-based personnel in the mentoring process (Ehrich, Hansford, & Tennent, 2004).

With respect to professional preservice education in the health sciences, Rose and Best (2005) conceptualized four key roles of supervisory relationships and responsibilities arranged on a continuum from highly structured formality to unstructured learning support. These roles were clinical educator, preceptor, clinical supervisor, and mentor. In Canada, the terms for these roles and others (such as nurse educator and clinical nurse educator) are used to describe various participants within the clinical education setting of the undergraduate preparation of nurses (Penz & Bassendowski, 2006).

### Students' Views of Their Professional Education

In the United States, the entire educational process for all professionals at the undergraduate level is being investigated by the Carnegie Foundation for the Advancement of Teaching (2006) through its Preparation for the Professions Program for undergraduate education. The Carnegie Foundation has commissioned six major studies (representing clergy, engineers, lawyers, nurses, physicians, and teachers) that were selected because of:

- The recognized importance of these fields to society.
- The pending worldwide shortage of professionals.
- The role of higher education in appropriately training new cohorts of practitioners in these fields.
- The increasing demands by citizens and taxpayers for accountability by professionals and the institutions educating these professionals.
- A deliberate purpose to broaden the understanding of all professional fields by helping them study each other.

Each of these Carnegie Foundation research projects has considered the views of students regarding their experiences in the respective programs, and each of these research reports has addressed (or will address) in part the practicum and clinical component and its integration within the entire preservice program of the respective professions. Regarding the nursing portion of the Preparation for the Professions Program, Benner and Sutphen (2007) have been examining the integration of three apprenticeships in nursing preservice education (i.e., strengthening novice nurses' intellectual capacities, improving skill-based clinical practice, and developing the ethical dimensions permeating professional responsibilities). Benner and Sutphen also identified key characteristics of nursing teachers who have demonstrated excellence in helping their students accomplish this integration process. Two of these characteristics related to the clinical experience were treating clinical students as collaborators in the nursing role and engaging them in professional dialogue and exploration of their thinking

with respect to ethical issues related to actual health care cases.

Higher education institutions in Australia have been demonstrating leadership by seeking to improve undergraduate professional programming, an initiative they began more than 10 years ago (Trotter & Roberts, 2006). Several Australian universities have actively solicited and welcomed the perspectives of students as part of the formal assessment of the entire undergraduate educational experience (Scott, 2006). These institutions also have deliberately incorporated these student data in program improvement decisions (Norton, 2002; Symons, 2006).

In addition, an increasing number of universities in the United States, and some in Canada, have been soliciting undergraduate students' views of their university experiences, gathered through the annual National Survey of Student Engagement. Institutions have collected this information to assess and improve the teaching and learning processes on their respective campuses (National Survey of Student Engagement, 2005). Similarly, this interest in attending to the voice of students with respect to program assessment has emerged across Europe, as shown by initiatives to solicit undergraduate students' feedback regarding course impact at their institutions (Dinsdale, 2002; Pescosolido & Aminzade, 1999).

In the literature search for our own research project, we also found at least three sources of students' views regarding the "positive-negative duality" existing in many practicum programs across the disciplines. Postpracticum students identified certain strengths and weaknesses that they viewed as existing simultaneously within their practicum programs. One source reporting this duality was current nursing education research regarding clinical education (e.g., Berg & Lindseth, 2004; Ranse & Grealish, 2007; van Epps, Cooke, Creedy, & Walker, 2006). Another source was recent research on practicum education in nonhealth science disciplines (e.g., Foster, Dahill, Golemon, & Wang Tolentino, 2006; Sullivan, Colby, Welch Wegner, Bond, & Shulman, 2007). A third source was a body of research on students' reports of both positive and negative aspects of the practicum in professional preservice education (Goodlad, 1984; Lortie, 1975; Ralph, 1994, 1994-1995).

### Clinical Phase of Nursing Education

Each of the 4 years of BSN programs of preservice undergraduate nursing in Canadian universities (as well as in many other Western nations) includes one or more clinical education components. Each of these clinical courses requires increasingly sophisticated levels of application of professional knowledge, culminating in the final year with an extended consolidation practicum. In this final clinical experience, students are expected to synthesize and integrate their accumulated nursing skills in clinical practice settings. All Canadian provinces require that their nursing schools adhere to a common set of entry-level professional competencies, which all new BSN graduates must demonstrate prior to being certified as an RN. The final practicum course taken in year four of the BSN program

provides the setting where these competencies are demonstrated and evaluated.

On the basis of our own recent literature review related specifically to the clinical portion of nursing preservice education (Abdoly, 2006; Brammer, 2006; Cangelosi, 2007; Johnsen & Barra, 2002; Levett-Jones, Fahy, Parsons, & Mitchell, 2006; Levett-Jones, Lathlean, Maguire, & McMillan, 2007; Neill & Taylor, 2002; Pearcey & Elliott, 2004; Wolf, Bender, Beitz, Wieland, & Vito, 2004), we have advanced the following propositions with regard to students' perspectives regarding their undergraduate clinical and practicum experiences:

- Nursing students' mentors and supervisors have a profound impact (either positive or negative) on students' learning in the clinical setting and possibly on their future careers.

- There is a need for program leaders in nursing clinical education to ensure that their departments and faculties consistently recruit, retain, prepare, support, and reward supervisory and mentorship personnel who are willing to undertake mentoring roles in the undergraduate education program.

- The emergence of interpersonal difficulties, disagreements, and conflicts between mentors and protégés in the clinical setting should not be interpreted as "problems to be avoided" but rather as normal dimensions of human organizational life. Holding such a stance will treat these inevitabilities as routine challenges that need to be handled deliberately, seriously, and respectfully.

- All mentors in the clinical phase should be trained to implement a sound mentoring approach based on certain research-based principles such as providing consistent supervisory instruction and guidance as required in each situation, encouraging mutual respect among all participants, listening to students and giving them effective feedback, serving as positive role models for students to emulate, providing peer support, acknowledging students' past experiences and their developing autonomy, and maintaining collaborative interaction. Efforts at helping students address feelings of alienation or isolation should be deemed as important as encouraging their belongingness and as welcoming their contributions to the welfare of the unit. One mentorship model that has shown potential in meeting many of these criteria in the field of teacher education is Contextual Supervision (Ralph, 1998, 2004, 2005). This model could be applied easily in clinical nursing settings.

- Mentors and program organizers in nursing education need to acknowledge students' placement concerns and collaborate to address these concerns judiciously, equitably, and systematically. Better communication between the university and field-based personnel would help alleviate many of these placement difficulties.

## METHOD

In 2005-2006 and 2006-2007, a print survey was administered (either online or in a face-to-face classroom

setting) to postpracticum students in three professional faculties (engineering, nursing, and teacher education) at one Canadian university. The 546 students who submitted responses to this survey recently had completed their extended practicum or internship programs in their respective disciplines. The survey posed two questions:

- What was the most positive aspect of your practicum or internship experience?

- What was the most negative aspect of your practicum or internship experience?

All ethical procedures required by the university were followed, and both the online and hard copy surveys assured student anonymity and confidentiality.

Sixty-three senior-year nursing students responded to the online survey (and two e-mail reminders), which yielded a total return rate of 30%. A mixed-method approach was used to analyze the written responses by incorporating both qualitative and quantitative processes. Students' comments were first collated and categorized, and then emerging patterns and themes were identified using the constant comparison technique of analytic induction (Gay, Mills, & Airasian, 2005). During this inductive analysis, the data were continuously examined and reexamined for distinctions, similarities and differences, and regularities and common patterns or themes (McMillan & Schumacher, 2005). Individuals' narrative responses then were quantitatively synthesized to the two questions by simply tabulating the total number (and percentages) of responses that fit into each emerging category.

## RESULTS

A limitation of this portion of our study was the relatively low response rate from the postpracticum nursing students compared with the response rates for the engineering (52%) and teacher education cohorts (98%), as reported previously (Ralph et al., 2007b, 2008). We acknowledge that one must be cautious regarding making generalizations from these limited findings for nursing, but on the other hand, we were interested to see the congruency of the findings from this smaller nursing cohort with those from the two larger cohorts. However, on the basis of our early results, we suggest this nursing cohort was representative of the wider voice of postpracticum nursing students; we are hopeful that other interested researchers will investigate this assertion in further research.

Samples of the nursing postpracticum students' comments are provided to highlight the themes that emerged from the survey data. Although most respondents identified both positive and negative features, the positive comments outweighed the negative ones. This fact reflected similar findings from previous research, some of which emphasized positive results (Robertson, Anderko, & Usician, 2000), whereas other studies highlighted the negative aspects (Zupiria-Gorostidi et al., 2006).

### Positive Aspects of the Nursing Practicum

*Reduced the Theory-Practice Gap.* Fifty-seven percent of the responding nursing students rated most positively the opportunity they were granted to apply the academic theory they had been learning with real patients in authentic medical settings. One student commented:

The most positive was "getting my feet wet" and practicing what I will be doing as I start my new career; and experiencing the support of my classmates and of the facilitators as I took my first few steps into my new career.

Another student noted the practicum helped in:

applying theory so that concepts I learned in lectures and out of books were made relevant to the real world. This process helped me to clarify, prioritize, and solidify information in my brain.

*Received Effective Mentoring.* Twenty-seven percent of the nursing students identified the mentorship they received from their field supervisors or faculty advisors as being the most positive feature of their practicum. One student said:

The best parts were the interactions and support that I received from my preceptor. I think that it is very important to have a preceptor where there is one-on-one support. These are excellent learning opportunities.

Another student commented:

I found very positive the individual attention I received from my preceptor, and the opportunity to practice a variety of skills, as well as having my questions answered promptly.

*Worked with Supportive Staff Members.* The third highest positive aspect identified by 21% of the postpracticum nursing students was the opportunity to work with supportive staff colleagues in their field placements. Two typical responses reflecting this theme were "how open and willing the staff was to have me with them, and their willingness to share their knowledge and experience with me," and "supportive staff who were eager to help you learn and guide your way...making the most of every opportunity."

*Were Treated as a Team Member.* The fourth most positive feature reported by 16% of the respondents was the feeling of being treated like a contributing member of the health care team. This theme was demonstrated by one student who noted being:

treated more like a colleague and less like a student...the aspect of being respected and knowing that you are putting into practice what you will be doing for a job.

Another student described:

having the other staff members include you and invite you into the clinical setting (i.e., showing me how things were done and sharing their time to make you feel like part of the team).

One student described the teaching environment as very positive and noted:

These nurses were very helpful, answered all my questions, and assisted.... They were very kind and were happy to have me there, which made it a very positive working environment.

*Developed Self-Confidence.* Thirteen percent of the respondents identified their personal growth in self-confidence and professional independence as being the most positive. One student noted, "My confidence is much higher now as I start to look ahead at entering the workforce." Another student said:

I enjoyed being responsible for the same number of patients that an RN had and performing almost all the functions that an RN did. It allowed me to use my skills, not just the technical ones, but the organizational ones, and prioritizing ones as well...increasing my confidence in my nursing abilities.

### Negative Aspects of the Nursing Practicum

*Received Poor Mentorship.* The most negative aspect of the clinical experience identified by 33% of the nursing students was related to the poor mentorship they received from their supervisory personnel. One student said:

Preceptors seem to control students, and if conflict happens between students and preceptors, students are not listened to: it's the preceptor's word over anything. That is unfair.

Another student noted that:

Not all preceptors are skilled and compassionate, like the one I had. I saw and heard of some supervisors who were impatient, judgmental, and poor role models.

*Were Assigned Unproductive Tasks.* Twenty percent of the respondents indicated the most negative aspect of their nursing practicum was they believed they had been assigned too many trivial tasks that did not effectively promote their professional learning. This theme was illustrated by students' comments about journaling, which they thought was "redundant and not specific" and "a waste of time" that could have been better spent on "a real situation or problem" or "researching disease processes or medications."

*Encountered Unrealistic Time Constraints.* Twenty percent of the students mentioned facing unrealistic time restrictions to be the most negative aspect of their clinical experiences. For instance, one respondent stated, "There really wasn't enough time to get real good at the job I was doing." Another student noted being "stressed to ensure I clocked my hours down to the second (or so it seemed) in order to meet the required number of hours." One student said, "I found it intimidating to be in an area for a short time and try to learn my way around and be familiar with the processes of that ward."

*Received Poor Placements.* A fourth difficulty in the practicum identified by 11% of the respondents was related to what they considered to be faulty placement policies or procedures that the faculty enacted for students' field assignments. The faculty attempted to provide students with a variety of real-world experiences across a wide range of clinical locations in hospitals, clinics, and community settings during their senior practicum sessions. However, some students expressed dissatisfaction with these placements. One student described "being poorly matched with my preceptor, and thus having a poor placement. I also



lacked support from my faculty placement person.” Another student commented, “My preceptors did not have a clear understanding of the placement and what it all entailed.”

Having more than one preceptor also created student dissatisfaction. One student noted:

Due to scheduling difficulties, I ended up spending some clinical hours with four different nurses, although I officially had only one preceptor.... This plan is not ideal because it makes the maintaining of continuity very challenging.

Another student said:

Each nurse has their own way of doing things, and I found it difficult to build on and master my skills, when I had to learn them from a new nurse when my preceptor was sick, or when I had to make up some hours with another nurse.

*Experienced Unfair Evaluations.* A fifth weakness in the clinical program identified by 8% of the students addressed what they perceived as their supervisors’ unfair evaluations of students’ clinical technical performance of common nursing skills and competencies. One student said:

We were evaluated at the level of a graduate nurse, yet this is not possible due to the limitations of us still being students. I think this language needs to be revisited or at least clarified because a student nurse cannot be expected to do everything a graduate nurse would.

Another student noted:

It’s really hard having a facilitator evaluate you when she isn’t really there. The facilitators needed to give us a mark, but they only had access to our journals; however, some students are not “journalers” but “doers.” The facilitators don’t really see us do anything, yet their mark weighs lots, and it is too one-sided.

One student said:

my university facilitator gave me 50% of my practicum mark, and yet she didn’t spend any time with me on the unit. I will never write a journal again, but I will practice my nursing skills. So why is her mark weighted equally with that for my actual practice? I also thought that the feedback from the university facilitator was not accurate or timely.

*Experienced Financial Difficulties.* Six percent of the respondents expressed frustration with the personal financial constraints they encountered because of the extra expenses they incurred during the practicum. One student mentioned:

the cost of tuition that had to be paid, when I did not even see anyone from the university at all. I was the one working, yet I was the one that had to pay money.

Another student commented:

It was hard to have to work full-time and not get any sort of compensation.... I found it hard to pay the \$2000 tuition on top of completing the practicum, and not have any time to work elsewhere to actually make some money to live on.

### Comparing Nursing to Engineering and Teacher Education

When the results from the nursing students’ survey were compared and contrasted with the findings from the

engineering and teacher education cohorts, several similarities and a few differences were found. The differences, as expected, were related to the content variances among the three disciplines, to their respective bodies of distinct subject matter, or to particular organizational features unique to each field. For instance, the subject matter content of the nursing curriculum helps nurses learn to promote healthy living, prevent illness, deliver health care, and facilitate healing, which typically are administered on a one-to-one basis, but also within and across populations.

Engineering education seeks to prepare graduates to work less intensively with individual clients, as do nurses and teachers, but to design, develop, and refine processes, products, structures, and facilities that benefit society at large. Teacher education prepares instructional personnel to facilitate learning among individuals and groups, not only in prekindergarten through grade 12 classrooms but also at the postsecondary level as well as in other settings, such as business, industry, government, and athletics.

With regard to how these professions train their respective neophyte practitioners, engineering faculties in Canada make provision for their undergraduate students to participate in noncompulsory cooperative education programs, in which students are encouraged to seek paid employment with engineering firms or organizations for one academic term or longer during their 4-year program. In these cooperative education programs, prebaccalaureate students gain valuable, paid work experience in their field and are mentored to improve their professional and personal skills.

Nursing and education students, by contrast, are required to engage in a series of mandatory field-based practicum courses as part of their preservice professional training. The latter do not receive remuneration for this learning-on-the-job experience; instead, they must not only pay tuition to take these clinical courses but also often must incur additional moving, travel, or accommodation expenses at distant locations.

The positive aspects of the extended practicum identified by the postpracticum students in all three professional programs were that the practicum provided:

- A setting where they experienced the real world of professional practice.
- An opportunity for them to link theory and practice.
- A time to build their own professional competence and self-confidence.
- A locale where they felt welcomed by practitioners into the ranks of the profession as fellow (yet developing) practitioners.

Many of the positive comments made by postpracticum students from engineering and teacher education were almost identical to those offered by the nursing students (Ralph et al., 2007a, 2007b, 2007c, 2008).

In addition, the negative aspects identified by postpracticum students from all three disciplines regarding their clinical and practicum experiences were:

- Feeling that they were somehow intruding into the professional life space of their field-based colleagues.
- Receiving inadequate mentorship from their supervisors (onsite mentors, faculty advisors, or both).
- Being assigned an inordinate number of trivial or irrelevant tasks.
- Experiencing a disjuncture between their campus-based coursework and field-based experiences.

Again, many of the negative aspects reported by the engineering and education postinterns closely corresponded to those expressed by the nursing students (Ralph et al., 2007a, 2007b, 2007c, 2008).

## CONCLUSION

These findings, taken in the context of what we have learned from our broader study on the future of the practicum in preservice professional education (Ralph et al., 2007a, 2007b, 2007c, 2008) and other relevant literature (e.g., Carnegie Foundation for the Advancement of Teaching, 2006; Scott, 2006), confirmed that postpracticum students do have a valuable contribution to make to the entire program evaluation process. The value of their judgments not only has been validated by previous research within their respective disciplines, but we assert their unique perspectives provide valid data that could help inform program decisions across the disciplines. We concur with Borg and Gall (1989), who asserted two decades ago that research subjects are as important as researchers within the process of interpreting outcomes: "Much can be learned from human subjects simply by asking for their perceptions" (p. 386). Practicum organizers in all professions need to seek ways to share with one another interdisciplinary research such as we have reported here. Welcoming the student voice will help practicum leaders from all professional fields not only maintain the strengths of their practicum offerings but also ameliorate the weaknesses.

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