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Case report

Clinical Teaching Values in Implementation of a New Model

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Abstract

Introduction: Clinical practice is a very important element in the education of the nursing students. The nurses' knowledge is closely related to practical clinic and the achievements in this area come through the implementation of the practical clinic in the health institutions. Nursing students should demonstrate their competencies in medical environment

The aim of the study: To conform cluster model is the right one to be followed in realizing the teaching practices on the nursing students of the Public Health Faculty

Specific objectives: To improve the students' abilities toward the basic nursing procedures.

Materials and Methods: This is an experimental study, realized in the Faculty of Public Health during the time period of March-June 2013, lasting for 15 weeks during the spring semester of 2013 academic year. This study was realized with the students of Public Health Faculty who work at the Hospital of Vlora. To evaluate the clinical skills of student's practice I used the (CLES+T) evaluation scale (Saarikoski & Leino-Kilpi 2008). This questionnaire was adapted according to the population and the aim of the study. The statistical analyses were done by SPSS Statistics 17.0 (Aug,23, 2008)

Results: A very important element of the study was the pre and post evaluation of the students toward the realization of ten nursing procedures. The procedures that follow have an improved difference on the grade scale; medicine administration IV for the experimental group 53.3%, while the control group 16.7%.

Conclusions: Results of this study showed that the implementation of cluster model during clinical practice, in the general nursing and midwives' students and compared to the traditional model of training has increased the ability and the interest in students for the work during practice. This is noticed by some of the procedures performed independently by the students in different wards.

Keywords: clinical teaching; supervising; cluster model

Introduction

Clinical practice is a very important element in the formation of a nursing student as a future nurse. Nursing knowledge has a close connection with clinical practice and achievements in this field are certainly coming through the application of clinical practice directly to healthcare institutions near the patient [1]. Nursing students should demonstrate their competences in the clinical environment [12], [13].

One of the goals of the nursing student during his nursing is the relationship of the theory taken to school banks with clinical practice [2]. The internship provides students with the opportunity to link theory to practice, familiarize themselves with the practice environment, and enable them to develop their knowledge of clinical habits and skills, which are crucial elements in hiring employment [14]. What can be said is that a cornerstone for the formation of future nurses is the supervision and leadership of students in the place of practice [14]. This logic brings to mind a Florent Nightingale statement which states: "Nursing student should be taught by experienced nurses who are trained to teach others"

Clinical supervision means "the process of professional support and learning in which the student is guided in the development of the practice through discussions with experienced nurses who are trained in the field of clinical teaching [15]. Models of clinical supervision. There are five models of clinical supervision activity of nursing students in clinical teaching Preceptor, Facilitator, Cluster, DEU – Dedicated education unit, Mentor.

The aim of the study: To conform cluster model is the right one to be followed in realizing the teaching practices on the nursing students of the Public Health Faculty

Materials and Methods

This is an experimental study, realized in the Faculty of Public For the realization Health during the time period of March-June 2013, lasting for 15 weeks during the spring semester of 2013 academic year of this study was up 3 groups of students:

• Experimental group: 30 students, 25 (83.3%) nursing students and 5 (16.7%) midwife students, 10 (33.3%) second year students and 20 (66.7%) in the third year.

• Control group: 30 students of general nurses 5 (16.7%) in the second year and 25 (88.3%) in the third year

• Control group: 30 student midwives - nurses year II. student midwife in the second year.

Organization of work

Phase 1: This phase was conducted during the fall 2012 semester. At this phase, discussions were conducted with students of II - III, nurse professors who attend practices in Vlora Regional Hospital.

Phase II: They were selected at randomly classmate's applet in experimental and control groups Students were assessed in advance for the knowledge base 10 nursing procedures. Students of the experimental group were preceptor nurse leadership articles.

Phase III: Implementation of cluster model Student groups were formed with 6 students It was clearly defined time of practice groups of students grouped by units. Phase IV: Evaluation of clinical teaching model of cluster.

Phase IV: Evaluation of the Method of Clinical Teaching Facilitator / Preceptor

At this stage, students from all three groups - an experimental group and two control groups - shared a questionnaire to help students evaluate the practice they performed and highlight the positive aspects, as well as the weaknesses noted. Each student was also subjected to evaluation in relation to the procedures previously assessed in Phase II of the study.

At this stage, the 30 preceptor nurses also completed a questionnaire on which the assessment of the experimental practice organized with these student groups would be based.

The distribution of a questionnaire which evaluated the implementation of clinical practice for the 3 study groups. Evaluation of 3 groups of students in terms of 10 basic nursing procedures.

For the assessment of teaching practice students have applied CLINICAL LEARNING ENVIRONMENT, SUPERVISION AND NURSE TEACHER (CLES+T) evaluation scale (Saarikoski & Leino-Kulpi 2008).

Questionnaire*

Personal data: Age, gender, branch of study, year of study

Implementation of Clinical Practice: Ward of practice, duration of practice, frequency of performing nursing procedures, the most preferred department,

Evaluation of clinical skills. The assessment file used by the Faculty of Public Health during the evaluation of professional practice was used for evaluation of the procedures. In this case, a modification has been made by adding an assessment at the moment when students do not know and cannot do the procedure. Evaluation should be done according to the following method.

The fourth part provides information about each student's clinical skills. In this case we have the pre-assessment and post-qualification of each student. Clinical abilities of students are assessed in terms of the 10 nursing basic nursing techniques: Administration IM medications. Administration of medicines IV. Insertion of a venous catheter. Administering a perfusion. SC administration of medications.Blood transfusion. Realization of temporary and permanent vesicular catheterization in women.• Temporary and permanent vesicular catheterization in males .Realization of cleansing skis. Prevention of infections.

- Using the evaluation file:

- 0 –He does not know and does not perform the procedure

- 1 –He knows the procedure but cannot perform it.

- 2 -Knows and performs the procedure but with help

- 3 – He knows and performs the procedure itself.

- Skills assessment is performed by calculating the difference between the post and pretestit grade realized in phase II study.

- notes by the (-1 – 0) = Weak worsening

- notes by the (0 – 1) = No progress

- notes by the (1 – 2) = Litle progres

- notes by the (2 – 3) = Evident progress

- notes by the (3 – 4) = Strong progress

Overall report on the analysis used with the SPSS program.

The analysis consists of 48 variables for the student population which were presented according to the rankings in the questionnaire plus the rankings that the grade variables had. All variables are of the String group of the Ordinal or Nominal type with unequal value step in addition to versions of the variables of the Po-No type, respectively, which are considered with equal value step. Only a "Age" variable is of numeric type. These 48 variables are the same for all three types of student populations without exception (Nursing Group, First Group of Control, Mum Group Second Control Group, Experimental Group). On the other hand, we have 41 variables belonging to the staff population. Here too, all variables are of the String of the Ordinal or Nominal type, optionally with an unequal value step, except variants of the Po-no type variables that are considered as equal value steps. Only a "Age" variable is of numeric type.

The analysis includes descriptive frequency statistics for each variable as well as split and detailed in the crossable according to variables 2, 3, 4, 5 and 6, respectively, gender, place of residence, study branch, study year, department. The method of "Ordinal Regression" was used to analyze the bond coefficients (dependence), since all the factor variables used were 6, 7, 8, 9, and 10 (Influent) of the Ordinal - Nominal type. The rate used for analysis is logarithmic type of log. On the other hand, in the outputs shown are also the tests generated by the program itself as "-2 Log Likelihood", "Chi-Square", "Pseudo R-Square" and "Test of Parallel Lines". The analysis was done parallel to all three student population groups and the results obtained were presented in common tables for each individually reviewed variable.

Result

The results are presented in two parts:

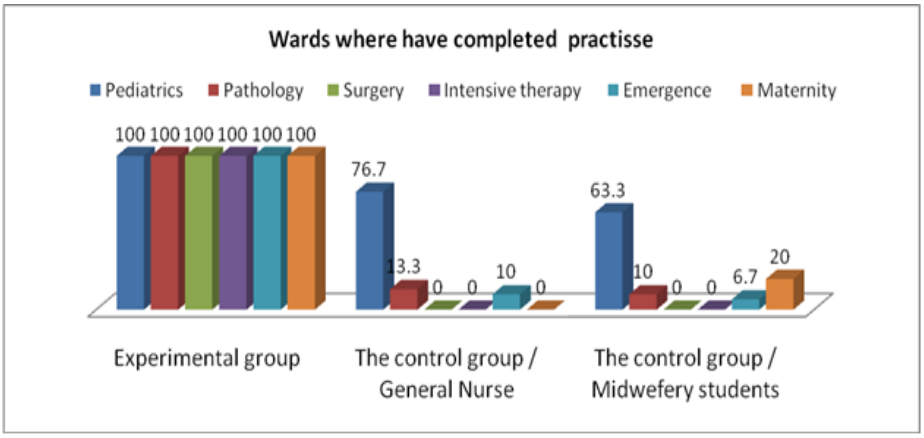
Results that provide information to students: the experimental group and the two control groups.

Outcomes that provide information to nursing staff and the way they have felt during the implementation of this new method of clinical teaching.

A total of 90 students participated in the study, which were divided into 3 study groups: 1 experimental group and 2 control groups each with 30 students.

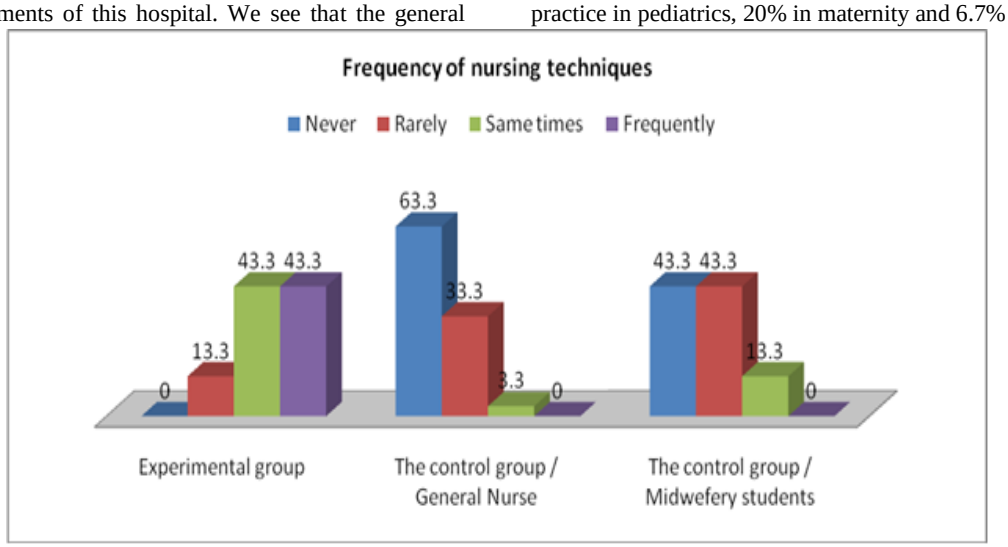
In the experimental group 86.7% were female and 13.3 males, in the total nursing control group 90% were female and 10% males and in the third experimental group for the study branch all the participants were female.

In terms of residence: experimental group students 53.3% from the village and 46.7% from the city, in the control group with general nurses 43.3 from the village and 56.7% from the city and in the control group midwife 50% city and 50% village,



Graph 1. Wards where have completed practice.

All three groups involved in the study have implemented teaching practices in different departments of Vlora Regional Hospital. The experimental group based on the prepared schedule has implemented practice in the 6 departments of this hospital. We see that the general nursing team has conducted the practice in these departments respectively: 76.7% in Pediatrics, 13.3% in Pathology, 10% in Emergency. The Mamma-Nursing II Group has implemented 63.3% practice in pediatrics, 20% in maternity and 6.7% in emergency.



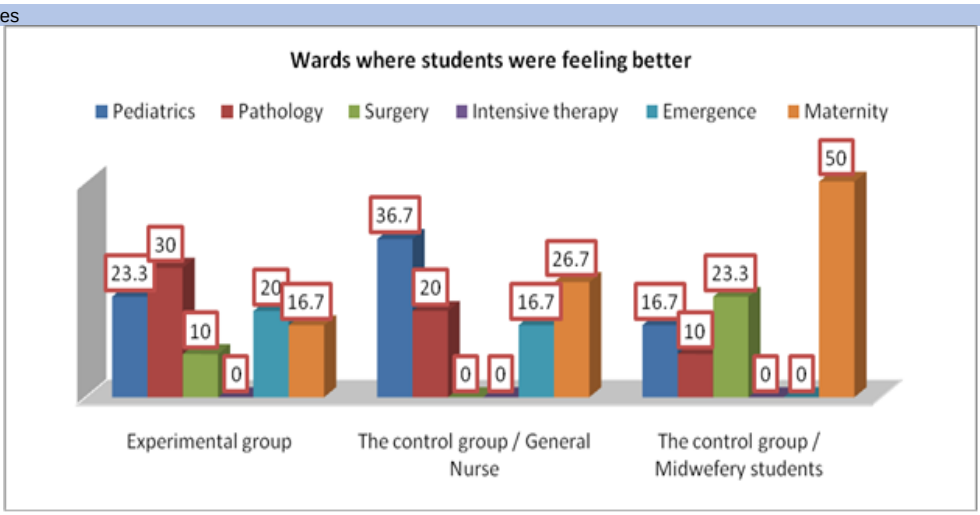
Graphic 2. Graphical presentation of the distribution of the three groups involved in the study according to the frequency of performing nursing techniques independently.

Regarding the frequency of performing nursing techniques, we find that the experimental group has reached a high frequency technique where 43.3% have referred to many nursing techniques compared to 0% of the first control group and 0% of the second control group.

43.3% of the students in the experimental cannabis have been referred to have performed nursing techniques several times versus 3.3% of the first control group and 13.3% of the second control group.

In the first control group it is noticed that 63.3% of students have referred to never having nursing techniques and 43.3% of the students refer to the second control group, and none of the students in the experimental group referred to non-technical nursing.

Realization of nursing techniques rarely refers to 13.3% of the experimental group, 33.3% of the first control group and 43.3% of the second control group.

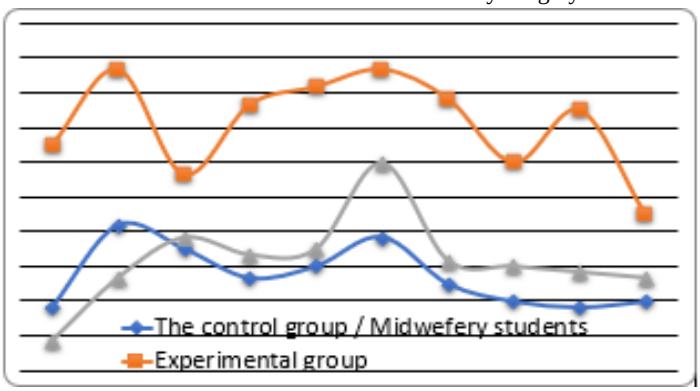


Graphic 3. Graphic presentation of the distribution of students of the three groups by department where they felt better during the realization of clinical practice.

In the question addressed to the students of the three groups to be deleted in the study on which department they felt better we see that for the experimental group the pathology is the preferred department with 30%, followed by pediatrics with 23.3%.

In the first control group the most preferred department is pediatrics with 36.7%, and maternity leave with 26.7%.

The second most preferred control unit is the 50% maternity ward, followed by Surgery with 23.3%



Graphic 4. Comparison of the three groups with each other based on the difference between the grades obtained in 10 tests developed aluation of nursing procedures differentiation

Clinical abilities of students are assessed in terms of the 10 nursing basic nursing techniques: Administration IM medications. Administration of medicines IV. Insertion of a venous catheter. Administering a perfusion. SC administration of medications. Blood transfusion. Realization of temporary and permanent vesicular catheterization in women.• Temporary and permanent vesicular catheterization in males .Realization of cleansing skis. Prevention of infections.

According to the graph above showing the mark average for each test that each control group received, it is clear that in the last MDP column, which is also the mean of the general difference, dominates the experimental control group which also has a general average of the 1.22 and which is classified between Easy Advancement (1) and Strong Advancement (2). While the other two control groups, such as the midwife and the general nurse, result in a mean overall score difference of 0.34 and 0.43 respectively. it is understood that the general nursing team has a higher overall average of the grade difference compared to that midwife but that both control groups are classified between non-advancement (0) and easy advancement (1). It is worth noting that the experimental control group in the transfusion and IV administration test had the highest marking grade average of 1.53. Also, the lowest score difference score in the table is -0.033 realized by the control group of the Infirmary in the I / M Administration Test.

Discussion

Three main issues emerged regarding student assessment, which makes practice with the cluster model in the clinical learning environment.

First, this model focuses on the student, the relationship with facilitators, and the supervision they receive from them. This conclusion is also based on the literature that emphasizes that the clinical supervision provided by the facilitators is more appreciated than the preceptors [15]. This is because the facilitator is a good nurse in the nursing education program according to years of study and student objectives. [15].

Second, positive and supportive relationships between students and nursing staff are key points for a qualitative clinical practice. [62] It is apparent in the literature that when discussing this model, you would appreciate that the great support given to the student is very important for clinical supervision. [53] Third, in this model, students feel themselves appreciated as part of a team and being part of a team to increase self-confidence.

Ensuring clinical quality supervision is at the heart of the attention of nursing program makers and health care providers in the whole world. These two drafters and providers should focus on these two above-mentioned issues, remain engaged in the problems of clinical education and training while looking for new models of clinical surveillance. Since the preceptors are not sufficiently trained in teaching and assessing students as they are overworked due to increased demands for quality nursing care for patients. Therefore, to facilitate the work of the preceptor, besides him, facilitator.

Conclusions and Recommendations

It is worth mentioning that the test of the experimental group and the management transfusion IV also had the highest average difference with the grade of 1:53. As well as the lowest average difference of note under the table is carried out by the group -0,033 control Nursing Administration test I / M.

Enhance nursing education and improves the quality of nursing cares to patients. Practice the new model has increased training of nursing students in most procedure a higher degree. It is important that the students have positively assessed the new model. In conclusion we can say that the model of nursing education Cluster improves and enhances the quality of nursing cares to patients. Preceptor-student cooperation is mutual benefit

Re-envision nursing student-staff nurse relationships .Re-conceptualize the clinical faculty role Enhance development for school based faculty and staff nurses working with students Strengthen the evidence for best practices in clinical nursing education .Including of nurse preceptor as an important element in the professional training of students. Forming small groups of students in the implementation of clinical practice. The extent of clinical practice with shifts.

Study Limits.

One limit of this study is that the opinions of the pedagogues who followed the practice in the hospital were not taken.

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