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Nursing Students' Perceptions of Their Summer Clinical Practicum

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NURSING STUDENTS' PERCEPTIONS
ABOUT THEIR SUMMER CLINICAL PRACTICUM

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**NURSING STUDENTS' PERCEPTIONS OF THEIR
SUMMER CLINICAL PRACTICUM**

**A Thesis Presented for the
Master of Science in Nursing Degree
Southern Adventist University
Collegedale, Tennessee**

**Elizabeth Scott
December 2003**

Abstract

The purpose of this study was to discover associate degree nursing students' perception of their summer clinical practicum. The university was located in rural southeast Tennessee. A qualitative method of phenomenological design was used with an unstructured interview to ask the question: "please tell me about your summer clinical practicum and how it affected you?" The framework was Imogene King's Systems of Transaction in Goal Attainment. Themes identified were communication, mentoring, interpersonal relationships, prior learning, and growth and development. The study findings supported the use of a summer clinical practicum, revealed that nursing students' perceived an increased self confidence and skill competency at the end and identified some communication needs.

Acknowledgements

“For I know the plans I have for you, declare the Lord, plans to prosper you and not to harm you, plans to give you a hope and a future. Then you will call upon me and come and pray to me, and I will listen to you. You will seek me and find me when you seek me with all your heart.” Jeremiah 29:11-13. Thanks and praise for the closing of doors and the opening of windows in such delightful creative ways.

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CHAPTER ONE

INTRODUCTION

Nursing students' perceptions of clinical learning are as varied as they are common and unique to each student. Multiple factors influence nursing students' clinical education, some of which are hospital imposed restrictions and learning objectives, hospital unit size, patient acuity level, and hospital staffing patterns. Nursing students' clinical learning may be influenced by personal experiences, stress, and lack of sleep, inadequate clinical preparation, and fear of the unknown (Yong, 1996). From the nursing faculty perspective, it is no secret that the clinical education component is crucial for metacognition to occur (Tanner, 2000; Taylor & Care, 1999; Yong, 1996). To meet the rigors of academia and challenges of healthcare, schools of nursing include a theory-practice learning component. This theory-practice component is designed with the purpose of producing a nursing student who is able to use basic problem solving skills in a variety of health care settings (Yong, 1996).

Much is written in the literature about theory based nursing, faculty instruction methodology, critical thinking, and skill acquisition; however, there is a paucity of literature concerning the nursing students' perceptions of clinical learning. The nursing students' perception of clinical learning seems to be ignored by nursing faculty as long as academic outcomes are met and test scores remain high. The purpose of this study is to discover nursing students' perceptions during a summer clinical practicum.

Background and Significance of Problem

To understand the complexity of student perceptions of learning, the evolution of nursing education must be reviewed. Over the past four decades there has been a

paradigm shift from the historical curriculum. In the beginning, a nursing student went to a hospital to be trained. In that hospital-based setting, nursing students not only learned on the job but were a part of the hospital staff responsible for providing patient care. Nursing skills centered on providing bed side care and assisting the physician. Nurses were trained rather than educated and their training focused heavily on learning skills and demonstrating competency in task implementation. Clinical instructors and classroom teachers were often part of hospital management. The nursing students began their training as neophytes but advanced their skill performance because of the intense focus on clinical application (Lowry, 1996; Paterson, 1997; Taylor & Care, 1999; Turner, 2001).

It was in the 1960s that nursing education separated from hospital-based schools of nursing and was offered in colleges and universities where nurses received college credit and a formal degree (Taylor & Care, 1999; Daigle, 2001; Turner, 2001). Now, nursing students begin their nursing education acquiring information in great detail under the direction of college or university faculty focused on learning outcomes. The academic environment is structured and prescribed. The nurse is considered a health care partner who is clinically competent and capable of self-direction in addition to giving bed side care (Papp, Markkanen & von Bonsdorff, 2003; Paterson, 1997).

The knowledge on which nurses base their practice is far more than facts and theories learned in the classroom. Their professional activity is a dynamic, on-going process that incorporates awareness, inquiry, investigation, imagination, integration, and openness to realities and possibilities" (Peterson & Bechtel, 2000, p. 43).

Clinical experiences serve to be the catalyst for tying together the theory-practice component and clinical experience is the heart of the nursing profession (Daigle, 2001). According to Dana and Gwele (1998), reality is the best way for learning to take place, yet clinical experiences are often uncontrolled learning situations. The learning potential is fraught with diverse and multiple stimuli that nursing students may see as conflicting and stressful encounters.

Nursing students' perceptions include feelings of clinical inadequacy, negative clinical staff attitudes towards them, not being taken seriously and feelings of low self-esteem. These perceptions may interfere with facilitation of the theory-practice learning component (Lofmark & Wikblad, 2001; Papp et al. 2003). Nursing students may have a preconceived mental image of effective clinical learning (Bendor & Leviyof, 1997). These preconceived notions may stem from previous learning experiences, the media, family or friends.

Nursing students' perceptions also affect their learning process. Learning a skill is acquired; it is not an inborn trait or talent and is evidenced by a change in behavior. There are certain characteristics for learning: (a) openness to receiving help, (b) learning how to care, (c) a commitment to nursing as a career, and (d) an initiative to learn new concepts (Greene & Puetzer, 2002). Several principles are essential for nursing student learning to occur: (a) readiness and willingness to learn, (b) transfer learning, and (c) learning that is meaningful learning. Factors affecting readiness and willingness include motivation, goal orientation, and the ability to focus on the concepts being presented. Transfer of learning includes building upon previous scholastic and life experiences so that new concepts are transferred into familiar and user friendly learning formats.

Meaningful learning occurs when the nursing student perceives that their learning transaction is making progress towards their goal (O'Connor, 2001).

Social learning theory attributes learning to the social aspect of the person's environment and includes observation, imitation, repetition, and modeling (Ormrod, 1999). Within nursing, social learning theory may be used within the process of facilitating the theory-practice learning component. During the learning process, also known as skill acquisition, peer interaction and instructor feedback enhance critical thinking and analysis of the clinical experience. Open interaction between the nursing student and clinical preceptor encourage the transaction process.

Problem Statement

Clinical faculty and preceptors are instrumental in the development of the nursing students' clinical expertise through clinical educational experiences and facilitation of theory-practice learning component (Benor & Leviyof, 1997; Gignac-Caille & Oermann, 2001). In order to develop a well educated mind, nursing students must exercise their cognitive abilities so that the acquisition of information is processed for meaningful insights, comprehension, and understanding. Effective clinical learning engages the nursing student and appeals to their unique learning methods through a variety of teaching and instructional methodologies.

The clinical experience is the vehicle that assists the nursing student in crossing the theory-practice bridge (Daigle, 2001). This study explores nursing students' perceptions of their summer clinical practicum and how it affected them.

Purpose of the Study

The purpose of this qualitative phenomenological study was to discover and explore nursing students' perceptions of their summer clinical practicum experiences.

Study Significance

The study findings supported the use of a summer clinical practicum in the school of nursing as an effective clinical education component and that it meets school of nursing clinical education outcomes. Over all nursing students perceived that the summer clinical practicum was an asset to their clinical educational experience. It showed communication needs between the school of nursing and the hospitals, reflected that not all preceptors value the summer clinical practicum, and it revealed a perceived lack of knowledge from the second semester nursing students.

Definition of Terms

1. Learning is defined as the process of adding to one's existing knowledge base which results in a change in behavior(s). The additional knowledge may come from sensory, auditory or tactile areas (Greene & Puetzer, 2002; O'Connor, 2001; Ormrod, 1999).

2. Liaison faculty is defined as the university faculty who maintain nursing student and the preceptor contact and facilitates in making the 120 hour summer clinical practicum a successful experience. This liaison faculty is available via beeper contact 24 hours a day during the summer clinical practicum (NRSB 191, no date).

3. Mentor is defined as a preceptor who guides, instructs or trains by demonstration or example (Greene & Puetzer, 2002).

4. Metacognition is defined as the knowledge the nursing student brings with them and the nursing knowledge learned during their nursing education (Taylor & Care, 1999; Yong, 1996).

5. Perception is defined as the nursing students' belief about an experience (Lofmark & Wikblad, 2001; Papp et al).

6. Preceptor is defined as a licensed registered nurse who accepted responsibility for a nursing student (Hand, 2002).

7. Summer clinical practicum is defined as a concentrated course of clinical experiences where the nursing student spends 120 hours within a hospital setting under the direction of a hospital based employee who agreed to be the preceptor. Nursing students can be placed in hospitals all over the United States (NRSB 191, no date).

Framework

The framework chosen for this study is Imogene King's Systems of Transaction in Goal Attainment. King (1995) created this framework and theory to establish common nursing goals of attaining, maintaining and restoring health according to individual, group or environment transactions. "This framework provides structure, introduces learners to basic theoretical knowledge and ways of thinking, both inductively and deductively; and helps individuals value their own thinking and feeling" (p. 15). Nurses deal with behaviors. A basic understanding of human behavior is essential to the basic premise of what nursing is as a profession. "Nursing is a helping profession because nurses care about and for human beings" (Friebe, 1999; King, 1986, p. 61). King's interaction of systems "serves as a means of communication...between human beings" (King, 1995, p. 17). The application of King's framework supported the nursing student

processing the art of nursing and organizing concepts used in human environment interactions (Andersen, 2000; King, 1986). Nurses respond to human behaviors through a sequence of transactions which occur within three systems. Each system has goals which are met by identifying specific, relevant and focused concepts. Concepts are related to individual characteristics, behaviors, norms, and elements that configure each system; yet these concepts are fluid and can be interrelated across systems (Whelton, 1999).

At the inner most core is the personal system of the individual and includes the primary concept of perception as it relates to self, self-identity, body image, the interpretation of time, space, mechanisms of learning, growth, and development. Next is the interpersonal system where interactions are prominent occurrences and provide concepts for understanding human interaction between two or more people.

The interpersonal system includes socialization, expected behaviors, and influence of stress or stressor upon behaviors and demonstrated coping mechanism. Within the interpersonal system there are shared interests and commonalties of the community or society. The last system is the social system which involves formation of groups, families, social systems, academia, and peer groups. The major concept of the social system is organization. Within the concept of organization, there are key terms: (a) power, (b) control, (c) authority, and (d) decision making. These terms are described as the driving force for behavior change. Behavior change is influenced heavily by environment and the decision making processes used by each person.

It is in the concept of organization that nursing students make clinical decisions (King, 1981, 1995). This is where the application of the theory component is implemented through the transaction process. In all three systems there are dynamic

exchanges. These exchanges are described as reaction, perception, interaction, role stress, and growth and development culminating in a transaction. Transactions are essential components to goal attainment (Frey & Sieloff, 1995). Transactions relate to the mechanism of language and the interacting of the systems environments. It is imperative that there be "effective interaction in an atmosphere of mutual respect and desire for understanding" (King, 1981, p. 62). Goal attainment includes perceptions, judgments, and actions which lead to reaction, interaction, and then transaction. "This theory [goal attainment] is derived from the conceptual framework, organized elements of the process of nurse-client [nursing student-preceptor] interaction that result in outcomes, that is goals attained" (King, 1981, p. 143).

Both nursing student and the preceptor come into this process bringing their own perceptions, judgments, and actions (behaviors). During the reaction and action process, feedback communication may or may not be occurring. Feedback is the clarification or questions asked during the transaction process to achieve a mutually agreed upon objective or goal. The feedback mechanism ultimately affects every aspect of this transaction process as it is the checks and balances that verify that both the nursing student and preceptor are working toward the same objective and goal. This transaction model is embedded within each system: personal, interpersonal and social. These transactions dynamically occur within each of the systems personal, interpersonal, and social. Each system relates to behaviors or concepts that are internalized and perceived as true. Transactions take place on every level of this system.

CHAPTER TWO

METHODS

A qualitative design with the phenomenological approach was used to study nursing students' perceptions of their summer clinical practicum. Qualitative research has its roots in the social and psychology sciences and is used as a way to describe human beings' perception about an event or experience. Quantitative research is described as a systematic and detailed approach conversely qualitative is described as a humanistic approach with the design emerging from the natural setting. Qualitative research does not readily lend itself to research assumptions or limitations because the focus is on phenomenon and "appreciates multiple realities" of the lived experience (Baumann, Carroll, Damgaard, Millar and Welch, 2001; Denzin & Lincoln, 1998; Hoskins, 1998, p. 4). Also the research question is not a "cut and dried" question which drives the method, but is a question which sets certain boundaries on what the researcher is exploring or attempting to understand (Strauss & Corbin, 1998). Qualitative research is directed towards investigating, discovering, and understanding the complex and personal life experiences of the subject. The researcher involved in a qualitative study explores the whole person and finds meaning within their lived experience (Burns & Grove, 2001; Miller & Crabtree, 1998). Rubin and Rubin, (1995) addressed qualitative inquiry as a philosophy in which meanings are defined and understood and standards are adopted to provide rigor and completeness. They also stated that the interview process was "the art of hearing data" (p.1).

King, (1981) described human beings are comprised of three core systems. Each of these systems involves the process of self examination and self exploring. These unique processes influence human beings' perception of an event or experience. The goal of this research project was to discover nursing students' perceptions of their summer clinical practicum and discover how it affected them.

Eleven nursing students were interviewed using an unstructured interview process and were asked to share their lived summer clinical experiences. These experiences reflected their perceptions, feelings and thoughts. The interview was audiotaped and then later transcribed for a review by the researcher and committee members using hermeneutic process.

The hermeneutic process examines the spoken words for patterns or themes as they reflect personal beliefs, thought processes, or perceptions held by a person (Baumann et al. 2001). Meaning is defined as not only facts but the comprehension of what was said, how it was said and interpreting what the speaker wanted to say (Dilley, 2004).

The hermeneutical group process was accomplished by the thesis committee members. The transcribed interview was read aloud and each member offered their comments on repetitive statements or similar statements. Patterns of thought, reflection of feelings, and general themes were identified and discussed for clarity, meaning and interpretation.

Bracketing was a process of self examination that the researcher used to set aside personal feelings and thoughts prior to, during and after the unstructured interview. "As nurses [nursing faculty], we often assume that we know what such experiences are like,

and therefore presume that we can empathize with our patients [nursing students]" (Thomas & Pallio, 2002, p. 7). Bracketing means that the researcher must "enter humbly into the life world of the patient [nursing student]" (Thomas & Pollio, 2002, p. 7). The researcher will separate personal feelings, thoughts and experiences from the nursing students' experiences prior to, during and after the interview.

This researcher was a graduate student with twenty years experience in the nursing profession. The last ten years were spent in nursing education. The researcher was involved with a required course in research at a local private university in southeast Tennessee. The researcher conducted the research study under the tutelage of a research committee consisting of three doctorally prepared registered nurses.

Setting

The research occurred at a Christian university located in southeast Tennessee. The summer clinical practicum consisted of 120 hours that the nursing students spent with an assigned preceptor. The majority of preceptors were registered nurses who are baccalaureate degree prepared nurses and have agreed to be a nursing students' preceptor through prior arrangements. Nursing students were encouraged to select a hospital from a designated list which includes hospitals all over the United States. If the nursing student desired a hospital that was not on the list, the nursing student made a request in writing to the school of nursing. The goal of this experience was that the nursing student would apply theory-practice within the "real world" setting. The 120 hours of summer clinical practicum are usually completed during the first summer school session after completing the second or third semester of nursing curriculum. Prior to the summer clinical practicum the nursing students attended an orientation program and received a practicum

packet. The packet included student information, preceptor information, and envelopes for mailing the required information back to the school of nursing.

Course requirements included: (a) nursing students' written personal objectives, prior to the first day of practicum, which are to be shared with their preceptor, (b) completion of a self evaluation at midpoint in the practicum which was to be shared with their preceptor with a request of feedback for the nursing student from the preceptor, and (c) send by return mail all required course evaluations and personal objectives to the university according to the stated time-line. Nursing students and preceptors were encouraged to call the faculty liaison as needed. The faculty liaisons carried beepers and were on-call twenty four hours a day during the summer clinical practicum. During the summer clinical practicum it was an expectation that the preceptor was to evaluate and communicate with university faculty liaison a minimum of two times, mid-term (after approximately 60 hours of practicum) and the final evaluation.

Research Question

The research question was selected in order to gain meaningful insights into the nursing student's perception of learning and to ascertain to what extent the clinical practicum experience affected individual goal attainment. Learning is acquired and may be influenced by preconceived perceptions. This research question offered the researcher a clearer understanding of what the nursing students perceived they learned or did not learn as a result of the summer clinical practicum. It also allowed the researcher to explore what perceptions the nursing student viewed as most important during the summer clinical practicum. The nursing student was asked to "please tell me about your summer clinical practicum experience and how the experience affected you?"

Population and Sample

The sample consisted of associate degree nursing students, who had completed a summer clinical practicum in 2003. The study participants were volunteers, nineteen to twenty five years of age. Every effort was made to select a sample that was representative of the University's population: 25 percent male and 75 percent female. Nursing student rosters were used to select participants in a random selection process. Volunteer participation was solicited through phone calls giving a brief description of the project, time requirements, verbal permission, and then an appointment was made for the interview.

Ethical Considerations

Permission for the study was obtained by submitting Form A to the institutional review board (see Appendix A) at Southern Adventist University. Nursing student volunteers were over age eighteen and gave verbal and written consent (see Appendix C). The participants were told that they could exit out of the research study at any time and they could have access to the research study results after it was completed.

This researcher did not use personal or sensitive questions, and there was no risk of physical, mental or emotional harm. There could have been some feelings of anxiety to the participants in stating their perceptions about the summer clinical practicum.

The expectation of this researcher was to discover nursing students' perceptions of their experiences in their summer clinical practicum with the hope that program goals and outcomes might be refined or new information generated to promote a more useful clinical learning experience. The audiotapes, computer disks, and transcription copies

were kept in a locked file box. After five years, the written transcripts and audio tapes will be destroyed through shredding or burning.

Instrumentation

The instrument used for this study was an open-ended question asked in an unstructured interview. The student nurses were asked to reflect, give opinions and recall examples of summer clinical practicum experiences. During the unstructured interview word probes were used to clarify statements and to encourage nursing students to continue with their reflections (see Appendix B). The unstructured interviews lasted from 30-45 minutes.

Data Collection and Analysis

Data was gathered from the nursing student volunteers using an unstructured interview process and interviews were transcribed for processing. The words and phrases were grouped and sorted for repetition, meaning, relevance, and interpretation. Then the words and phrases were placed into theme categories.

Using the pilot study, data was processed in a hermeneutical circle to reflect, identify, and group the themes and patterns as to meaning and contextual reference. Discussion of themes and patterns took place among the committee members. Significant themes were coded and discussed for relevance and thematic placement. Subsequent analysis of written transcripts was completed by the researcher with a second hermeneutical circle conducted to verify accuracy and relevancy of findings.

The researcher's biases were addressed and noted in writing during analysis of the written transcript. The bracketing biases were: (a) past experience as a nursing student and clinical experiences, (b) current knowledge and experience with nursing students and

clinical experiences, (c) feelings of irritation when nursing students related negative nursing school perceptions, (d) unrealistic expectations of nursing students, (e) sadness and empathy for nursing students who related negative clinical experiences, (f) irritation with nursing staff for not being mentors, (g) the desire to give advice and counsel during the unstructured interview, and (h) feelings of frustration when nursing students related their perceptions of unrealistic theory to application learning.

The coding process included reading the transcript, identifying units, developing categories, and interpreting the connections between transcripts for themes (Miller & Crabtree, 1998). The researcher identified units of thought by highlighting repetitive or similar statements in the written transcript, then identifying similar statements for meaning and connection, selecting common themes of thought and developing categories. The naming of each category came as a result of descriptions of certain repetitive or similar statements. Additional data was collected from each volunteer participant as to their age, gender, current level of semester in nursing school, and hospital unit size.

The conclusions were sorted and linked through a logical chain of events. Presentation of this study was through written narrative and power point presentation. Future presentations include a verbal presentation during Florence Oliver Anderson School of Nursing Research Day. This research may be published in a peer reviewed journal in the future.

CHAPTER THREE

DATA ANALYSIS RESULTS

A total of nine phenomenological interviews were conducted, seven females and two males. Six were second semester nursing students and three were third semester nursing students. Two additional interviews were discarded due to volunteers' being over the age of twenty-five.

Nursing students were contacted by phone, the study was explained briefly and appointments were made with volunteer participants. At the time of the appointment, the study was explained in detail, a consent form was read and discussed, and signatures from volunteer participants and the researcher were obtained. The audio taped interviews were conducted at the university student center in a private room. Each audio tape was labeled with the interview number and initial of the nursing student. Written transcription was provided by a non-university secretary. The transcriptionist signed a privacy contract and transcription agreement.

A full hermeneutical circle review was completed with the pilot study. The written transcript was read and certain descriptive statements were highlighted. After reading the transcript, the common highlighted themes were grouped together. The grouped statements were examined for similarities and themes. Subsequent written transcripts were reviewed by the researcher using a process of editing analysis. Editing analysis style is described as the process of taking the text, identifying units of thought, developing categories, interpreting the connections and verifying the outcomes (Miller & Crabtree, 1998). The themes that seemed to present because of repetition were communication, mentoring, interpersonal relationships, prior learning, and growth and

development. A second hermeneutical circle review was done to verify and validate the researchers' findings, categories, themes, and outcomes. The hermeneutical circle findings verified and validated the researchers' findings and raised future recommendation issues for this study.

Communication

The communication theme was extracted from the nursing students' statements as their perception of the interaction between the school of nursing and the facility where the nursing student completed their summer clinical practicum. Some nursing students perceived that the facility's nursing administration did not communicate well within their own staff. Charge nurses, float nurses, or nurses who did not routinely assume an active patient care role were assigned to nursing students as preceptors. At some facilities, nursing administration and staff assumed that the nursing students were only there for observation. "They thought we were just there to observe...and not do anything, so I followed her and there wasn't a whole lot to do anyway." Some students perceived that the school of nursing did not relay enough information about student objectives and preceptor roles "They thought I was there just to observe...so I called down there (school of nursing) and so I got to have some patients and stuff."

A nursing student was assigned to the night shift as there was already another assigned nursing student doing summer clinical practicum in this facility on the day shift. After a phone call to the school of nursing liaison, the nursing administrator was able to create a change to the day shift. The nursing student then expressed delight at being moved "it was awesome...I got to do more in the first two hours than I did the whole week before." Another nursing student commented that the hospital was very unclear

about the exact policy of nursing student roles. It was “very, very rough because they didn’t understand what was going on and it was hard to contact [the faculty liaison].”

Yet another nursing student commented about the first day of summer clinical practicum.

I assumed everyone knew why I was there and everybody didn’t. So I sat there on the first day for about an hour and a half, maybe, waiting for somebody to put me some where...[then] I asked where I should be ... they were really nice, they assigned me to a nurse and I pretty much got to do whatever I wanted to do.

Another comment from a nursing student about their first day on the unit: “Well, they were friendly to me. Like they showed me where I could sit and wait for the charge nurse.” The nursing staff was aware that the nursing student was coming and that the nursing student was to wait for the charge nurse for preceptor assignment.

This nursing students’ paperwork was shuffled from one administrative department to another and the nursing student had to physically go to the department and get things settled. The delay of paper work caused this nursing student to start clinical practicum a week late and when the nursing student arrived on the unit, the preceptor still had not been informed about the nursing student nor had the preceptor seen any of the paper work. The nursing student initiated the clinical practicum by stating: “The first day...we need to sit down before we start and see what I’m here for.”

Positive nursing student perceptions about communication centered on orientation programs designed for the nursing students, the introduction to preceptors, and the reorganization of the units nursing staff schedule to facilitate the nursing students

learning opportunities. "...they put us through a nice orientation program, reviewed us on some skills and on hospital policies."

Mentoring

The mentoring theme was extracted from the nursing students' statements as their perceptions of positive role modeling of the preceptor. Overwhelmingly, nursing students used terms such as good, super, great role model, open and easy to work with as descriptions of their preceptor. Even when a preceptor was not especially good or super the nursing student would comment on their skill performance and 'tricks of the trade.'

One nursing student related that the preceptor was good because any question was welcomed "I didn't feel like I couldn't ask her questions. She made me feel really comfortable. She was just really a pleasure to be around so it made it a lot easier that way."

A nursing student who did summer clinical practicum in an intensive care unit had these comments about the preceptor and unit staff

It was kind of interesting to hear different nurse's ideas of how to do it [intravenous start and catheterization] I mean everyone has their own little ways to make things work...the unit was really laid back...people liked to laugh and joke, [yet] they know when to get serious.

One nursing student stated that in order for them to get in all the practicum hours it was necessary to have several preceptors. All the preceptors were "good nurses and they were willing to work with me and they were very patient with me...willing to tell me things...answer [questions] even stupid questions." Other nursing students reflected that their preceptor helped them learn to prioritize patient care, asked other staff for skill

opportunities or sought out other hospital departments for the nursing student. One nursing student stated that her preceptor asked day surgery-holding to let the nursing student come and practice intravenous insertion while the nursing student was there.

There weren't any patients in there [holding], so one of the nurses let me start an IV on her...I can't imagine those nurses doing that, but she was like, "oh sure if it will help you learn"... it really helped my confidence a lot. Like I was a lot more gutsy after that.

This nursing student said that the preceptor was basically a case manager and had minimal patient care contact "her main interest wasn't in making sure that I got to do what I needed to do." The case manager would assign the nursing student to various clinical activities under the direction of the other nurses. The reason that the case manager was the preceptor was because she was the only Registered Nurse on this unit. The nursing student would have to check back with the case manager for new experience opportunities through out the day. This was perceived as frustrating and a waste of clinical time to the nursing student.

A disturbing mentor relationship as perceived by another nursing student was described as a preceptor who was "very, very intelligent" and an "extremely good nurse" but the nursing student did not feel comfortable talking with the preceptor because the preceptor made it clear that being a preceptor "it was strictly work." Right at the beginning of the summer clinical practicum, this preceptor, in front of a patient and family members, made it clear that only the most necessary communication was to occur in the patient's room. The nursing student went on to say that this preceptor was often abrupt or rude with patients, family, and other hospital staff, even doctors. Early in the

practicum, the preceptor would verbalize an expectation or task for the nursing student to do and if the nursing student asked questions or clarification on the skill, the preceptor would get upset and verbally demean the nursing student.

This is one example of this nursing students' experience:

I was frustrated because all summer long, I was trying to prove that I knew stuff, I just didn't know what she thought I [knew], I felt disorganized and I felt like I was wasting my time. But I also felt like judgments were being made that really wasn't that fair. The first three days created a lot of conflict that carried throughout the whole summer.

Interpersonal Relationship

The interpersonal relationship theme was extracted from the nursing students' statements as their perceptions of the relationship established between the nursing student and the preceptor. "Super friendly" "helping spirit and friendly" were comments about a unit where the whole staff utilized their resources to make sure the nursing student had all the learning experiences desired. A negative example was described by a nursing student who perceived that, although the preceptor was an excellent caregiver and skilled technician, the preceptor did not take time to do much more than glance over the paperwork even after the nursing student requested that the preceptor look into the guidelines several times during the clinic practicum. Another nursing student had two preceptors, each spent time giving feedback and assessing what the nursing student needed to accomplish. The nursing student perceived that they communicated well with each other prior in completing the mid-term and final evaluations. "Yeah, if I do something wrong it's my fault, but the people were there to make sure I did it right."

This nursing student felt frustrated trying to clarify and justify what their skill abilities were and what the objectives for the summer practicum were with every shift.

This nursing student commented that they perceived that the entire summer clinical practicum could have been much better had the preceptor taken the time to review the course objectives. Conversely, there were clinical preceptors who went out of their way to make nursing students feel like a part of the staff and accommodated their needs while communicating to other hospital departments that a student was on the unit and needed lots of experience doing and learning.

Prior learning

The prior learning theme was extracted from the nursing students' statements as their perceptions of theory learned from the school of nursing as applied to clinical practice.

The theory base was adequate for third semester nursing students whereas second semester nursing students wanted to "know more" or have more knowledge made available to them before their summer practicum. One barrier to second semester nursing students during summer clinical practicum was nursing staff who "talked over my head" using medical terminology unfamiliar to the nursing student. The second semester nursing student felt intimidated and embarrassed to ask what the medical terminology meant.

Third semester nursing students were more assertive in identifying the skills they wanted to practice than second semester nursing students. "Basically I did whatever I could" was a common statement made by many third semester nursing students. Third semester students perceived that they had appropriate basic theory to forge ahead and learn new skills whenever the opportunity arrived. One third semester nursing student

commented that they talked with the preceptor about what they would accomplish each day prior to seeing patients. However, second semester nursing students were less able to verbalize to their preceptors their clinical expectations and frequently expressed that they wished they had more knowledge before doing the summer clinical practicum. Both second and third semester nursing students expressed feelings of being “really nervous” the first few days on the unit, but that just the experience of being in the hospital environment was positive. Being in the hospital culture gave the nursing student confidence in approaching patient care. “It was more realistic...I felt more like a nurse” and “nursing is a hard job.”

Growth and Development

The growth and development theme was extracted from nursing students’ statements as their perception of their nursing ability as a result of the summer clinical practicum. Two issues were identified: (a) the nursing students’ perceived lack of knowledge prior to the clinical practicum and (b) their perceived increased feelings of self-confidence in performing patient care after the summer clinical practicum was finished. All nursing students interviewed perceived the total picture of the clinical practicum as a positive experience and recommended it as an experience for future nursing students.

I, I wasn’t skill-wise, I hadn’t done a lot-still haven’t...I mean I know in theory how to do stuff, but I’d never done a lot of stuff. I mean I’d never actually changed a colostomy on somebody, never cleaned a drain, never, you know....so going into it I was apprehensive.

Another nursing student stated that “I learned many of them (skills) on the, on the job.” This nursing student perceived that on the job learning was the very best way to

actually learn skills. This nursing student expressed a desire to “learn more” in the clinical and academic setting.

Several nursing students had exposure to skills and acute care nursing activities that they had not covered in their academic program. However they were happy for this exposure and felt it strengthened their summer clinical practicum experience. One nursing student commented that the preceptor sent her to Cardiac Care Unit (CCU). During this CCU experience, she said “it seemed like the more I learned, the more I needed to learn; at times I felt so inept because I wasn’t taught that yet.” Another nursing student related how they liked to learn the basics then apply that knowledge: “I can’t, I don’t learn if someone is telling me. I just don’t learn a thing. I could sit in a classroom....and learn about something, but it doesn’t do any good until I get to it for myself.”

Over all, the nursing students perceived that the summer clinical practicum was a positive experience as it allowed them to experience the realities of nursing. “It was exhausting. I slept the entire week after it was over” and “I got to see the other side of nursing that I hadn’t seen before.” Another nursing student stated that the summer clinical practicum was “totally different than skills lab.” Underlying all nursing student perceptions seemed to be the fact that just going into the hospital has given them confidence to approach patients and nurses without feeling intimidated.

CHAPTER FOUR

DISCUSSION

The clinical setting is an environment ripe for teaching moments, bridging the theory-application gap, and taking knowledge from the classroom to the clinical setting (Peterson & Bechtel, 2000). Pierson (1998) stated that the faculty (clinical preceptors) should encourage a thoughtful reflection and analysis of clinical experiences and encourage student interaction and feedback during clinical experiences. "To be effective clinical teachers, they should not only help students to develop their clinical skills, but also create an environment conducive to learning" (Lau, Kai, & So, 2002 p. 202).

Significant to the clinical experiences of interest to this researcher is perception. There is a paucity of literature in relation to understanding nursing student perceptions. Nursing students bring with them feelings of anxiety, fear, and lack of self-confidence. The clinical preceptor not only a mentor for the nursing student, but a counselor, innovator, facilitator, and interpreter who encourage the theory-application process (Corkhill, 1998; Lowrey, 1986; Peterson & Bechtel, 2000; Turner, 2001).

The perceptions of students and faculty (preceptor) expectations often do not coincide (Gignac-Caille & Oermann (2001); Yoder & Saylor, 2002). King's transaction process addresses the perception issue and why it is necessary for there to be mutual goal setting and feedback to clarify transactions. It helps the nursing student to "value their own thinking and feeling" (King, 1995, p. 15) because nurses and nursing students' deal with behaviors.

Communication

The identified theme of communication highlighted a lack of communication. This can be a frustrating experience for the nursing student. Nursing students need the security and comfort of knowing that clinical preceptors know and understand the nursing students' objectives and goals. In this way preceptors may minimize confusion, ease the learning transition from known to unknown, and facilitate the transfer of knowledge in the theory-application process.

Positive communication was expressed by nursing students' when they perceived that hospital gave the nursing students' an orientation program, reviewed hospital policy and procedures prior to starting their clinical experience. This gave the nursing students' a feeling of security and situational knowledge. They knew where various departments and facilities within the hospital were physically located. Whenever the faculty liaison was contacted the nursing students' perceived that positive action and communication was good. But for some nursing students, they perceived nursing administration's poor communication occurring through the assignment of preceptors. Hospital administration would assign charge nurses, float nurses or nurses who did not routinely assume an active patient care role to nursing students as preceptors. Another negative comment stemmed from preceptors -who had the school of nursing summer practicum packet but did not read it prior to the nursing student's arrival. Other nursing students encountered a frustrating task of paperwork shuffling as they physically went from one nursing administrator to the next. These communication problems occurred even after troubleshooting steps were offered during the nursing students' school of nursing pre-summer clinical practicum orientation program. Communication problems continued even with the use of faculty

faculty liaisons that were available during the summer clinical practicum. Some nursing students' commented that they did not feel comfortable in calling and then there were the preceptors who should have called the faculty liaison but did not.

Mentoring

The identified theme of mentoring was perceived as positive role modeling behaviors. These positive role modeling behaviors were described by nursing students as friendly, easy to work with, made the nursing student feel comfortable asking questions, and establishing a caring therapeutic relationship between the clinical preceptor and nursing student. The nursing students' statements reflected that they perceived that positive role modeling and mentoring enabled them to practice the theory-application process with minimal stress. When preceptors model efficient and effective nursing care, students will emulate effective behaviors during their clinical experience (Floyd, 2003; Zimmerman & Phillips, 2000). Conversely, there were feelings of frustration and discouragement with the profession of nursing as a whole when preceptors appeared detached or disinterested in the nursing student or it was perceived that the clinical preceptor held too great an expectation for the nursing students' skill level, or when nursing students perceived that the clinical preceptor made unfair clinical judgments about the nursing student.

The clinical preceptor is not only a role model and mentor for the student, but is responsible for incorporating relevant nursing theory into clinical experiences. Thus, the clinical preceptor becomes a counselor, innovator, facilitator, and interpreter who encourages theory to application process (Lowry, 1986; Turner, 2001). Conversely, a study by Gignac-Caille and Oremann, (2001) reported that nursing students perceive competent preceptors with up to date clinical judgment as a number one priority.

One nursing student related that the preceptor was good because any question was welcomed. "I didn't feel like I couldn't ask her questions. She made me feel really comfortable. She was just a pleasure to be around." Another nursing student commented about an entire unit being laid back and friendly, yet they knew how and when to be serious and get the work done.

While school of nursing faculty are responsible for encouraging thoughtful analysis of the clinical experience and for tailoring the clinical experience to the nursing students skill needs, the clinical preceptor's role is to engage the nursing student in clinical decision-making (Dunn & Hartsford, 1997).

In the role of clinical preceptorship, the preceptor is the role model and the expert. The theory-application process is gradual and learned over time, refined with experience and reflected in practice (Lenburg, 1997). Using appropriate role model behaviors allows the nursing student to have a positive clinical experience and practice the theory-application process under the mentorship of preceptors who have mastered and perfected their clinical practice.

Interpersonal Relationships

The identified theme of interpersonal relationships was a factor in the nursing students' perception of their summer clinical practicum. The use positive verbal expressions and its integral role in promoting the nursing student's clinical experience is essential (Zimmerman & Phillips, 2000). It was perceived by nursing students that those clinical preceptors who used expressions of empathy, caring, and nurturing towards the nursing student were exhibiting a positive interpersonal relationship. The use of positive verbal expression is as part of the transaction process that occurs between two human

beings who interact in order to set a mutual goal. Clinical decision making occurs within the social core of the human being (King, 1981) A clinical preceptor may have a powerful impact for the professionalism of nursing as well as minimize role stress (Zimmerman & Phillips, 2000). "The profile of an excellent clinical preceptor is a competent, confident registered nurse who exhibits enthusiasm in the work environment...a high level of interpersonal communication skills and a strong desire to work alongside someone [the nursing student]" (Mundy, 2002, p. 66).

The preceptor will expose the nursing student to not only the routine clinical experiences but also to the professional and interpersonal conflicts between staff, managers and other health care professionals (Floyd, 2003). The preceptor nursing students' interpersonal relationships are about "taking someone [the nursing student] under you wing" (Cowin, 2002, p. 40). Being a preceptor includes the concepts of coaching, showing an interest in the nursing student, being respectful, being willing to be helpful, and including the nursing student in breaks and lunch time (Cowin, 2002). Hand, (2002) added that the effective preceptor will provide a nurturing environment and will actively listen, give positive feedback, and give reassurance liberally. A preceptor may allay many fears and stress just be welcoming the nursing student to the unit. Green and Puetzer, (2002) stated that the initial phase of the preceptor relationship is based on potential hope rather than actual performance. It is essential that the preceptor and the nursing student take time to review the summer clinical practicum objectives and goals prior to actual patient assignment as this transaction process may eliminate future problems.

Nursing students said that some clinical preceptors gave feedback. "You [nursing student] come follow me [clinical preceptor] and I'll watch you do stuff." Other nursing students made positive comments about entire nursing unit staff. The staff was encouraging and the nursing students perceived that they had a "helping spirit."

Lofmark and Wikblad, (2001) identified behaviors and attitudes that fostered and inhibited clinical learning. Fostering behaviors and attitudes was described as (a) being able to function independently, (b) receiving feedback, (c) collaboration, and contact with supervision, and (d) being able to supervise others and understanding the situation. In this study it was noted that these same factors gave the nursing students a perception of self-confidence. Some preceptors gave feedback throughout the day, which identified the clinical practicum into a "good learning experience." Behaviors and attitudes that inhibited clinical learning were described as (a) a poor relationship between preceptor and nursing student, (b) nursing students perception that they are not welcomed, (c) inappropriate supervision, (d) lack of feedback, (e) poorly established objectives or poorly communicated unit objectives, (f) stress, (g) lack of time, and (h) nursing students' perceptions of their own inability or lack of knowledge.

One nursing student left summer clinical practicum with a negative impression about nursing. There were serious questions about whether or not to continue in this profession. This nursing student even contemplated not returning to school in the fall semester. After much discussion with parents and peers, the nursing student decided to return and finish the program.

Prior Learning

The identified theme of prior learning is also a key element for the clinical preceptor and school of nursing faculty because it impacts their teaching and instructional methodologies. Every nursing student must cross the theory-application bridge and the successful crossing begins with the academic curricula of the school of nursing. This is where the basic foundation is laid for clinical application (Greene & Puetzer, 2002).

Often clinical preceptors, faculty, and nursing students have different perceptions about what is important in clinical experiences. These perceptions can become similar in focus and goals through use of open communication and clearly stated course and clinical objectives (Ihlenfeld, 2003; Yonge, 1997).

In this study, all the second semester nursing students wanted to know more before they were involved in summer clinical practicum. For example, there were these comments: "I wasn't skill-wise, I hadn't done a lot." "I mean I know in theory how to do stuff, but I'd never done a lot of stuff" and "I learned many of them (skills) on the, on the job."

Quantitative studies have addressed the cognitive strategies, measured student nurse perceptions and faculty expectations, identified characteristics of effective clinical instructors, and targeted learning outcomes. A triangulation approach taken by Tanner, Padrick, Westfall, and Putzer (1987) dealt with nursing students' and registered nurses ability to examine possible client conditions, ascertain appropriate client data as related to the condition, and lastly to examine how accurate the client condition was reported.

Working in dyads, 43 junior and senior nursing students and experienced registered nurses were asked to review three case studies and select appropriate answers

as well as answer open-ended questions. The junior nursing students had sufficient theoretical background to begin suggesting a condition or patient state. The senior nursing students' were able to be more detailed and select more appropriate conditions or patient states and the experienced registered nurses had even more advanced assessment techniques to sort through the case study for identifying condition or patient states. All the dyads demonstrated the ability to gather data with 95 percent using client cues, 91 percent using specific condition selection techniques and 35 percent using random condition selection techniques without regard for specific conditions.

A similar study by Angel, Duffey, and Belyes (2000) identified learning outcomes via a longitudinal quasi-experimental design. One hundred and forty two junior nursing students were asked to focus and comment on clinical decision-making and identify health care deviations using a case study approach. The students were exposed to two types of learning methodologies and then retested and compared. This study strategy was intended to promote the use of evidence based curriculum changes and the use of outcome learning over generalized theory learning and teaching methodologies.

Even though the second semester nursing students expressed less confidence in their abilities than did the third semester nursing students, they all felt that they had benefited from the summer clinical practicum experience. This is substantiated by both studies of Tanner et al. (1987) and Angel et al. (2000) where they support the fact that both levels of nursing students could reorganize and use techniques at their specific learning maturation. These study finding supported this researcher's study findings as evidenced by nursing students' comments that they had had a satisfactory theoretical

foundation in which to begin applying new concepts, although all desired to have more knowledge for deeper understanding and skill application.

Growth and Development

The extracted themes of growth and development were all positive, even if the nursing student had had a less than a positive interpersonal relationship with their preceptor. The preceptor relationship is essential for the nursing student's growth and development (Gibson & Hauri, 2000).

The summer clinical practicum was viewed as a positive learning experience because it allowed the nursing student to practice within the hospital culture from the beginning of the shift until it ended. It is within this environment that the nursing student base their perceptions of their clinical learning. (Daigle, 2001; Freytag, 1999; Spencer, 2003). Clinical practice is one of the best ways to simulate reality nursing and increase nursing students' skill practice and self- confidence (Dana & Gwele, 1998; Papp et al.) Mundy, (2002, p. 66) states that "a well prepared preceptor program will have a positive impact on nursing student learning, promote professional growth, and increase job satisfaction for the nurse". This summer clinical practicum experience fostered growth and development of nursing students through the use of clinical objectives and setting up opportunities for clinical challenges, accessing new clinical experiences (on the job training), and for providing for organization and priority of patient care. Ihlenfel, (2003) stated that the most important element of clinical experience were the objectives. Objectives drive the learning in the classroom and the classroom learning drives the clinical objectives and goals so that the nursing student may effectively cross from theory into application.

Two comments are examples of the eye-opening revelation of the work load of staff nurses expressed by several nursing students: "It was exhausting. I slept the entire week after it was over" and "I got to see the other side of nursing that I hadn't seen before." One nursing student related that after the summer clinical practicum they knew that they didn't want to be a staff nurse! Another nursing student stated that the summer clinical practicum was "totally different than skills lab."

Many nursing students reflected back on their final evaluation with their preceptor and said that their preceptor commented that they could see real growth and development, and skill accomplishments as a result of the summer clinical practicum. King's Goal Attainment framework (King, 1995) supports growth and development findings for the nursing student as expressed by the preceptor that goals were attained as a result of the prior learning which lead to growth development in the clinical area at the conclusion of the summer clinical practicum. The summer clinical practicum goal was attained as a result of the transaction process in which the nursing student and preceptor demonstrated behaviors, gave and received feedback thus leading to the ultimate goal of skill acquisition.

Underlying all nursing student perceptions was the idea that just going into the hospital gave them confidence to approach patients and nurses without feeling intimidated. Being in the hospital environment gave the nursing student increased self confidence in approaching patient care. These two quotes summarize the summer clinical practicum experience very succinctly "it was more realistic...I felt more like a nurse" and "nursing is a hard job."

Conclusion

The findings of this study support the viability of this university's school of nursing summer clinical practicum. The study findings support the theory-application clinical component in this school of nursing and underscore the fact that nursing students come away from their summer clinical practicum with a perception of increased self confidence and skill competency.

Factors that influence nursing students' perceptions are minimizing student anxiety in clinical settings, positive interaction between clinical instructors and hospital staff, and efficient and skillful teaching methodologies used by clinical preceptors while in the clinical setting.

Hand, (2002) stated that preceptors should be chosen based on their ability to enhance the nursing student's growth and development through mentorship, demonstrating safe, and effective care through role modeling. Preceptors should serve as friendly resource persons, but often, preceptors may be selected based solely on who is available. The preceptor may not be adequately prepared for the job of precepting a nursing student, they may sense of lack of administration support or peer support (Floyd, 2003). Care should be taken when selecting preceptors to avoid the pitfalls of poor preceptor selection.

Implications

This study reveals that this university's school of nursing clinical objectives, goals and outcomes can be met using a summer clinical practicum. It also points towards a need for a strategy to address communication problems. The current plan is good, but several problematic issues have been identified: (a) proper communication between the

school of nursing and the facility, (b) making the packet a valued part of the summer clinical practicum for the preceptor, and (c) discovering by what means communication is best achieved for the preceptor, faculty liaison, and nursing student. Using King's transaction model may facilitate this process as it calls for a feedback mechanism to validate what each person is bringing into the transaction process. There is a need for preceptor training, a how to guide for preceptors, and a guide for nursing students who are at different academic levels.

Summary

Nursing student's perceptions influence their learning. Part of their nursing education curriculum is theory application, of which the clinical experience is the central component. The study question sought to ascertain the meaning of nursing student's words. These words translate personal feelings, thoughts and basic understanding of an event or experience. The researcher was interested in knowing how these personal reflections affected the nursing student's clinical experience. King's framework supports the study findings as evidenced by nursing students' statements and reflections that they were able to apply basic theory to on the job learning experiences, thus supporting transition from prior learning into growth and development through the process of transactions with their clinical preceptor. Transactions were influenced by the unique characteristics and behaviors of the nursing students and preceptors. Summer clinical practicum findings revealed several issues: (a) communication needs between the school of nursing and the hospital, (b) communication needs between nursing students and preceptors, (c) preceptor perception as to the value of the summer clinical practicum, and (d) more or different orientation for second semester nursing students.

Recommendations

Recommendations for future activities may be the use of a university driven web based course for preceptor orientation along with annual updates and training for preceptors. A definition of the hospital's role in providing a clinical practicum experience for nursing students is needed. Further study is recommended to ascertain nursing students' maturation during and after a summer clinical practicum. Using a framework such as Benner's (1984) novice to expert might be used to study and discover nursing student levels of learning and maturation as a result of the summer clinical practicum. Additional exploration is needed to ascertain whether nursing students make different clinical decisions based on the number of semesters completed prior to the summer clinical practicum. Exploring the effect that the summer clinical practicum has on nursing student's ability to set priorities, make clinical decisions, and perform skills would be another interesting avenue for study. And the last recommended research study would be exploring the nursing student's realism versus idealism perceptions of nursing practice.

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Appendix A

Southern Adventist University
RESEARCH APPROVAL FORM
Form A

Directions: Please complete this form and submit with the following documents if used: (1) Informed Consent Form, (2) Data Collection Instrument (e.g., questionnaire) or Protocol.

Level I review: Obtain approval and signature from the course professor/student club or association sponsor. Submit **Form A** with signature to course professor and keep copy for self.

Level II review: Obtain approval and signature(s) from Chair/Dean. Submit copies of **Form A** with signatures to course professor, Chair/Dean(s), and self.

I. Identification of Project

Principal Investigator: Elizabeth J.W. Scott
 Address: P.O. Box 95 11118E. Brainerd Rd.
 Apison, Tennessee 37302
 Tel. & E-mail: (423)236-4603 bethscott@southern.edu

Co-Investigator(s):

Address:

Title of Project: Student Nurse Perceptions of Learning in the Clinical Environment.

Department: School of Nursing

Faculty Supervisor (for student investigator): Mary Ann Roberts

Starting Date: 08/03

Estimated Completion Date: 12/03

External Funding Agency and Identification Number

Grant Submission Deadline

II. Purpose of Study

1. To identify if student perception(s) are congruent with the educational course objectives and goals.
2. Explore student nurse perceptions of clinical learning and experiences.
3. Identify strategies that enhance clinical learning.
4. Discuss the impact of teacher vs. student perceptions of clinical learning and how it is developed within the clinical setting.

III. Description and Source of Research Subjects (e.g., humans, animals, plants, documents)

Associate Degree, fourth semester nursing students

If human subjects are involved, please check any of the following that apply:

☐ Minors

☐ Prison inmates

☐ Mentally impaired

☐ Physically disabled

☐ Institutionalized residents ☐ Vulnerable or at-risk groups, e.g., minority, poverty, pregnant women (or fetal tissue), substance abuse populations

____ Anyone unable to make informed decisions about participation
*If any of the above is checked, proposal requires Level III review. **Form B** must be completed in addition to Form A.*

IV. Materials, Equipment, or Instruments

An unstructured open ended question session that will be audio-taped then transcribed for a hermeneutical circle review by the committee members

V. Methods and Procedure

Ten students, 5% male and 95 % female, will be asked to volunteer for an open-ended, unstructured interview that will be audio-taped. This will be anonymous, coding done of the male, female information only. These interviews will occur on campus, last approximately one hour and will be transcribed by a secretary. It is expected that all the interviews will be completed in one week and the hermeneutical circle will meet afterwards to identify themes and patterns.

VI. Sensitivity: *Psychological discomfort or harm experienced by human participants because of topic under investigation, data collection, or data dissemination.*

On a scale of 0 (not sensitive) to 5 (extremely sensitive), rate the degree of sensitivity of the behavior being observed or information sought:

____ 0 ____ Sensitivity of behavior to be observed or information sought.

*If greater than "1" proposal requires Level III review. **Form B** must be completed in addition to Form A.*

VII. Invasiveness: *Extent to which data collected is in public domain or intrusive of privacy of human participants within context of the study and the culture.*

On a scale of 0 (not sensitive) to 5 (extremely sensitive), rate the degree of invasiveness of the behavior being observed or information sought.

____ 0 ____ Sensitivity of behavior to be observed or information sought.

*If greater than "1" proposal requires Level III review. **Form B** must be completed in addition to Form A.*

VIII. Risk: *Any potential damage or adverse consequences to researcher, participants, or environment. Includes physical, psychological, mental, social, or spiritual. May be part of protocol or may be a remote possibility.*

On scale of 0 (no risk) to 5 (extreme risk), rate the following by filling each blank.

<u>Extent of Risk</u>	<u>To Self</u>	<u>To Subjects</u>	<u>To Environment</u>
Physical harm	0	0	0
Psychological harm	0	0	0
Mental harm	0	0	0
Social harm	0	0	0
Spiritual harm	0	0	0

*If any blank is greater than "1," proposal requires Level III review. **Form B** must be completed in addition to Form A.*

IX. Benefit-Risk Ratio (Benefits vs. Risks of this Study)

Benefits: Student nurse perceptions will help identify if course objectives are being met. Student perceptions will assist in evaluating if clinical learning is being developed within the clinical setting.

Risks: Students may feel that the information they relay could get back to a specific faculty that they talked about. Students may feel that this interview might affect their grade

X. Confidentiality/Security Measures

Collection: Ten anonymous, volunteer student nurses who will be interviewed using open-ended questioning and unstructured questions atmosphere

Coding: Coding of male, female, themes and patterns

Storing: Locked file cabinet

Analyzing: Hermeneutical circle, themes and patterns will be identified

Disposing: Shredding

Reporting: SON Research Day, Peer-reviewed journal and poster session

XI. Informed Consent Process

 X Potential for coercion, which is considered any pressure placed upon another to comply with demand, especially when the individual is in a superior position. Pressure may take the form of either positive or negative sanctions as perceived by the participants within the context and culture of the study.

 Coercion or Deception involved. If so, explain.
If either checked, proposal requires Level IV Full Review.

XII. Debriefing Process

Students will be allowed to review the study after completion

XIII. Dissemination of Findings

SON Research Day, peer-reviewed journal and poster presentation

 X Potential for presentation or publication outside of University.
If so, proposal requires Level II Review.

XIV. Compensation to Participants

No monetary compensation will be offered to students. Participating students will receive a goodie bag consisting of candies or cakes, etc.

Southern Adventist University
Signature Page
Form A

By compliance with the policies established by the Institutional Review Board of Southern Adventist University, the principal investigator(s) subscribe to the principles and standards of professional ethics in all research and related activities. The principal investigator(s) agree to the following provisions:

- *Prior to instituting any changes in this research project, a written description of the changes will be submitted to the appropriate Level of Review for approval.*
- *Development of any unexpected risks will be immediately reported to the Institutional Review Board.*
- *Copies of approval for off-campus sites of data collection will be obtained from the site and submitted in triplicate to the appropriate Level of Review prior to data collection.*
- *Close collaboration with and supervision by faculty will be maintained by SAU student investigator.*

Principal Investigator Signature Elizabeth J. Scott Date 3/01/03

Co-Principal Investigator(s) Signature _____ Date _____

* * * * *

As the supervising faculty, I have personally discussed the proposed study with the investigator(s), and I approve the study and will provide close supervision of the project.

Supervising Faculty/Sponsor Signature Margaret Baker Date 3/01/03
 (Required by all SAU student investigators)

* * * * *

As Dean/Chair, I have read the proposed study and hereby give my approval.

Chair(s)/Dean(s) Signature Phil Hunt Date 3-02-03

Date _____

(If Level II approval required)

Signature Page Form B

By compliance with the policies established by the Institutional Review Board of Southern Adventist University, the principal investigator(s) subscribe to the principles and standards of professional ethics in all research and related activities. The principal investigator(s) agree to the following provisions:

- *Prior to instituting any changes in this research project, a written description of the changes will be submitted with 6 copies to the appropriate Level of Review for approval.*
- *Development of any unexpected risks will be immediately reported to the Institutional Review Board.*
- *Copies of approval for off-campus sites of data collection will be obtained from the site and submitted in triplicate to the appropriate Level of Review prior to data collection.*
- *Close collaboration and supervision by faculty will be maintained.*

Principal Investigator Signature Elizabeth J. Scott Date 5/10/03
 Co-Principal Investigator(s) Signature _____ Date _____

* * * * *

The IRB Subcommittee has reviewed the proposal and hereby grants approval to the project.

Name of IRB Subcommittee Human Participation in Research

Subcommittee Chair Signature Gilda Ann Foster Date Jul 4, 2002
 (If Level III approval required)

* * * * *

The IRB has reviewed the proposal and hereby grants approval to the project.

IRB Chair Signature _____ Date _____
 (If Level IV approval required)



June 4, 2003

Ms. Elizabeth J.W. Scott
P.O. Box 95
11118 E. Brainerd Rd.
Apison, Tennessee 37302

P.O. Box 370
Collegedale
Tennessee 37315
423.238.2111
Fax 423.238.3001
E-mail: postmaster@southern.edu

Dear Elizabeth:

The Human Participants in Research Subcommittee has approved your research application "*Nursing Students Perceptions of Learning during a Summer Clinical Practicum*". Your thesis is important and will help the School of Nursing evaluate the summer clinical experience for S.A.U. nursing students. I look forward to seeing the conclusion for your thesis project.

The research project is well designed and ensures confidentiality of the individuals involved in your study, and I am delighted to approve your project.

Sincerely yours,

Linda Ann Foster, Ph.D., Chair, Human Participants in Research Subcommittee
Associate Professor, Biology Department
Southern Adventist University

Appendix B

APPENDIX B

The following are examples of Probe Questions:

1. Tell me more about....
2. Describe that a bit more, can you give me some examples?
3. Could you clarify that?
4. When you speak of....what do you mean?

Appendix C

Appendix C

I, _____, agree to volunteer for the interview project by Beth Scott, a graduate student of SAU SON.

I have been informed of the risks:

1. risk of disclosure of personal information related to the clinical setting and the teaching strategies used by clinical instructors.
2. no personal, physical, spiritual or mental risk.

I understand that the use of this information may be used to support program goals and objectives. This information may be used to change or alter program objective and goals. This information may be published for other educational systems to read and use for curricula revision. This study may generate new information about clinical learnig within the clinical setting and impact the teaching strategies.

I understand that at anytime I may drop out, leave or refuse to answer any question or inquiry.

I understand that the information I give will be anonymous and confidential.

I understand that there is no financial or physical means of compensation, that my participation will only yield me a goodie!

I understand that I may have access to study results after study is completed and that no information will be held out deliberately.

Appointment date _____

Signed: _____ Date: _____