The impact of clinical placement model on learning in nursing: A descriptive exploratory study

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KEYWORDS

Curriculum; nursing; nursing education; nursing students; professional role; placement

ABSTRACT

Background
Learning in the clinical setting is an essential component of nursing education. Two common models of clinical learning place students in facilities using either block or distributed approaches.

Aim
The aim of this study was to examine nursing students' perceptions of the impact of block versus distributed model of clinical placement on their learning experience.

Design
The study employed a descriptive, exploratory approach. Focus groups and an individual interview were conducted with third-year undergraduate nursing students.

Setting
Students from four Australian universities took part in the study.

Subjects
The average age of the 22 student participants was 37.5 years and 91% were female. More than half (55%) studied full time.

Results
Thematic analysis of the data identified five overarching themes: We're there to learn; Taking all that knowledge out and practising it; You actually feel a part of the team; Just prepare them for us coming; and It's really individual.

Conclusions
It is clear that both block and distributed modes of placement have inherent advantages and disadvantages that might be magnified depending on the individual student's circumstances. Sequencing, consistency and preparation must be considered when planning either mode of clinical placement to ensure the best possible experience for students. Most significantly, students need to feel as though they are part of the team while on placement to get the most out of the experience. These findings have implications for education providers planning the integration of clinical placement into the nursing curriculum.

INTRODUCTION

Nursing education must give students a comprehensive knowledge base to support critical thinking and clinical decision-making in expert practice. During undergraduate education, nursing students are taught theoretical foundations and given opportunities to practice skills in simulated environments before undertaking clinical placements across all years of their studies. Most nursing programs use either block or distributed models, or a combination of both (Walker et al 2013). In Australia the Australian Nursing and Midwifery Accreditation Council (ANMAC) sets minimum standards for professional experience acquired through clinical placements (ANMAC 2012). The standards do not, however, provide recommendations about the type of clinical placement model.

Choice of placement model is often determined by practical and financial factors rather than pedagogical needs. Current types of clinical placement in nursing education include block and distributed modes. The choice of placement model adopted by nurse educators is dependent on factors such as curriculum design, cost effectiveness and partnerships with health facilities – including contractual agreements (Walker et al 2013; Löfmark et al 2012). Block placement is based on the apprenticeship style of nurse training utilised prior to the transfer of nursing education to the university sector (which was finalised in 1992 in Australia). This model incorporates full-time placement for a period of weeks either within the study period or during semester breaks (Kevin et al 2010). The distributed model arose from a National Review of Nurse Education (Heath 2002) recommendation that undergraduate nursing students have weekly exposure to a broader range of clinical settings. Distributed placement requires students to attend placement and classes concurrently; for example two days in the clinical setting and three days of classes per week (Kevin et al 2010).

Research evidence (Levett-Jones et al 2008) suggests that short periods of one to two week block placements do not enable nursing students enough time to settle into the clinical setting, which influences their experience of 'belongingness'. Clinical staff are also less likely to feel a sense of ownership of the process of block placement, resulting in inadequate time being allocated to meet students' needs (Walker et al 2014; Levett-Jones et al 2008; Heath 2002).

Various studies (Kevin et al 2010; McKenna et al 2009; Ranse and Grealish 2007) report nursing students' perceptions of the distributed model. Positive student outcomes include continuity, familiarity, greater opportunities for learning and early professional socialisation. However, students were critical of the lack of the time they had to prepare for weekly placements (Kevin et al 2010).

Little evidence in the current literature supports the efficacy of one model over another. While the broader literature provides evidence of factors influencing students' and preceptors experiences of clinical placement (Paliadelis and Wood 2016; Courtney-Pratt et al 2015; Kevin et al 2010; Warne et al 2010; McKenna et al 2009; Ranse and Grealish 2007), a review of the literature failed to identify any studies that consider the efficacy of block placement versus distributed placement models. The lack of published evidence provides justification for this study, which aims to examine nursing students' perceptions of the impact of block versus distributed model of clinical placement on their learning experience.

METHOD

Ethical approval was obtained from the university's Human Research Ethics Committee. A descriptive exploratory design that employed focus group interviews with nursing students was used. Third-year students were recruited to ensure the participant group had the broadest possible experience of placement. Twelve institutions across one Australian state were approached to participate. Despite in principle widespread support, the limited availability of students during this final year of their program resulted in three focus

group interviews and one individual interview being conducted with a total of 22 participants. Interview groups were undertaken at the students' universities during final-year teaching periods outside of students' scheduled classes. As this was a convenience sample across a diverse geographical area, each focus group was comprised of students from a single institution. The majority of participating students experienced both block and distributed placement during their studies.

Focus group interviews were conducted by at least one member of the research team, sometimes with the aid of a research assistant. Participants completed an anonymous survey that gathered demographic information such as gender, age, course and duration of enrolment. Focus groups have the advantage of bringing individuals with shared interests that stimulate interaction (Birks and Mills 2015). In this study the process was enhanced by the use of activities that engaged students and encouraged them to examine their previous placement experiences, including reflecting on factors that determined whether or not these were effective. Through this process of 'sharing and comparing' (Morgan 2012, p164) participants were encouraged to explore how and why characteristics of block and distributed modes of placement had the potential to enhance or detract from the learning experience. Interviews were recorded and transcribed for thematic analysis using qualitative data analysis software (NVivo). Materials such as post it notes and posters produced by participants during the interactive activities were also collected and used for clarification where necessary.

FINDINGS

The average age of the 22 participants, who were all from the same State, was 37.5 years (median: 37.5, range: 20 – 60), and 91% were female. A female academic also attended at one location, primarily as an observer. All participants were enrolled in a nursing degree program at the time of the study. Students recruited to the study were in their third (final) year of study though, on average, participants had been enrolled for 3.6 years (median: 3, range: 2.5 – 6). This can be explained by the variation in enrolment mode: 41% of participants studied part-time, while 55% studied full-time (5% enrolment mode not stated). Twenty-three percent of participants studied on-campus, 37% studied off-campus, and 9% studied in a mixed mode (on and off campus) (32% not stated).

Data from the transcripts were analysed to identify overarching themes. The five resultant themes were, *We're there to learn; Taking all that knowledge out and practising it; You actually feel a part of the team; Just prepare them for us coming;* and *It's really individual.*

"We're there to learn"

Study participants characterised the best placements as those that featured 'learning opportunities', i.e. situations that challenged students to make clinical decisions and acquire new skills. These learning opportunities materialised when three interrelated factors were in place: consistent expectations; clear understanding of the student scope of practice; and trust in student abilities. When students and staff knew which skills and behaviours were expected, students were free to focus on skill mastery without distraction, intimidation or frustration. Consistency in the supervising nurse was considered particularly important.

> *"I agree, consistency in the nurses [is good] because they're very different and they do their clinical skills different as well, which can make it confusing because you feel under pressure to do it the way they do it and then the next day you feel under pressure to do it the way [another nurse is] doing it."*

Participants generally found that block placements fostered consistency in the short-term, as opposed to distributed placements where "[i]n two days, you're just starting to get the hang of it and then you're not back until the week after or something". Individual student-supervisor relationships and the context of placement also had a bearing on consistency; for example an aged care facility or doctor's surgery was more likely to be

characterised as consistent compared to a busy hospital ward. Consistency can present a barrier to learning if the student is barred from trying new skills. Regardless of mode, a common barrier to learning was uncertainty about students' scope of practice among both staff and students themselves:

> *"So nobody knows what you can and can't do. So they don't offer you the things that you want to learn how to do. You miss a lot of opportunities when no one knows what your scope is or when there's miscommunications about it."*

Though participants were usually eager to extend their skillsets, they were also acutely aware of the implications of practicing outside their scope:

> *"...the way she made me feel, I thought, oh my God, I'm going to get thrown off prac... so I was just shaking... I went to my bag and got out my scope of practice for prac... and... I just went to her and I said, 'look', you know, thinking I was in such big trouble, 'I just want to let you know this is what we've been told I'm allowed to do'."*

Participants did not perceive either placement mode as inherently better for promoting a clear understanding of the students' scope of practice, though one student commented that, hypothetically, it would be easier to delineate the scope in block placement, because:

> *"They'll know the days and the times that you're going to be there. Therefore they can go 'right, all of the students from [this subject], who can do exactly this, will be here, Monday to Friday on these three weeks'."*

"Taking all that knowledge out and practising it"

Clinical placement experiences should provide students with authentic learning experiences that enable them to consolidate knowledge. Sequencing appeared to be of greater importance than mode of placement for promoting integration of theory and practice.

> *"One of my placements was... for chronic, [but] we hadn't done acute... I'm like 'I have no idea what I'm doing'. They probably thought I was an idiot."*

Some participants suggested that distributed placements enabled students to integrate theory and practice more effectively because students had the opportunity to explore in greater depth what they encountered on the ward:

> *"...if you found something on placement that you wanted to research you had the time to. With block you've got the weekend and you've got to catch up on uni work, so you don't have the time to... look it up."*

Participants indicated that the appropriateness of placement mode shifted over time. While a distributed placement was perceived as a better fit for first-year students who required "balance" and "more time" to adjust to the clinical environment, block placements become more suitable as students' confidence and skills increased.

"You actually feel a part of the team"

Participants valued placements that supported the development of their identity as a nurse. Participants spoke highly of placements that best approximated 'authentic' or 'real life' working conditions, particularly being treated as part of the nursing team; managing shift work; being given responsibility for particular patients; and learning to adapt to changing circumstances. The allocation of meaningful nursing tasks to students offered mutual benefits:

> *"it really builds your self-confidence when you know that you can actually help and ... decrease someone's workload while you're there as well as actually learning. It means that when you go into the work force, you can go 'yeah I've done that heaps of times'."*

Participants generally found they were more likely to become part of the nursing team on distributed placements; the structure of this model enabled students to develop effective communication skills and to become familiar with staff and routines on the ward. Block placements, however, were perceived as being more 'realistic' in terms of exposure to shift work and increasing the likelihood of being present for routine ward activities (e.g., handovers). Participants also reasoned that the short period of full-time work during the block better replicated a registered nurse's schedule and fitted more easily around academic obligations (e.g., a student on block could work a night shift, just as a registered nurse might, without having to attend lectures the following morning).

Participants repeated that self-confidence was fostered when supervising nurses demonstrated confidence in students' ability to practise effectively, "The best thing that happened to me was I had a nurse who said, 'okay, you write the plan, I'm following you today, you're running the shift'." When staff validated students as knowledgeable, skilled future nurses, this provided a huge boost for students' confidence.

> *"I wasn't even referred to as a student. I was referred to as a colleague. It made you feel so good … 'this is my colleague, she would like to ask some questions, is that okay?' Yep. Awesome."*

However, this kind of validation was overshadowed by examples of participants' abilities being discounted, which can significantly limit learning opportunities:

> *"As soon as you walk onto that ward and you've got that student shirt, you're just nothing, you're just there to clean up for them while they went and had a coffee break or a smoke break."*

There appears to be little distinction between block and distributed modes in terms of reducing what participants referred to as the "stigma" of being a student. Rather, this is perceived as dependent on institutional culture, a complex variable not readily mitigated by the mode or sequencing of placement:

> *"I don't think it boils down to how often we're there, or how regularly we're there. I think it's just a culture thing."*

"Just prepare them for us coming"

While the factors discussed above have pedagogical importance, findings suggest that preparation and planning at the placement sites strongly influence students' placement learning experiences regardless of mode. Such organisational factors are peculiar to a given placement site and are, therefore, more difficult to control. Organisational issues raised by students included staff not anticipating students, students not being told where to go or who to work with, and an inappropriate mix of staff/supervisors.

> *"I was allocated to a placement where they didn't always have students. So I showed up, they didn't know I was coming and the two ladies said 'oh I'm not having a student' and the other one said 'well I'm not having a student'."*

Providing students with a comprehensive, practical orientation upon arrival is a key responsibility of placement sites. Without proper orientation students spend valuable time seeking mentorship and trying to orient themselves to the site (e.g., paperwork procedures, computers/library access, parking) rather than gaining valuable professional experience.

> *"Unless you have a really good facilitator that puts you with someone, it's up to you to sort of be like 'can I work with you?"*

"It's really individual"

Personal factors strongly influenced students' placement experiences. In particular, balancing placements with study, work and family commitments were key considerations for participants. The placement mode that

was most effective for promoting learning was, therefore, determined at the individual level. Maintaining a balance between study and personal life was a prominent concern. Whilst acknowledging that "a little bit of pressure is (a) good" motivator, participants felt they were at high risk of 'burn-out' as a consequence of struggling to manage placement expectations, academic workload and personal responsibilities.

For parents with young children, block placements proved challenging. Block placements demanded students' full-time attention for weeks at a time and were associated with greater financial burden. Costs cited included accommodation and fuel (for students placed away from their usual place of residence), childcare expenses, and lost earning opportunities:

> *"There's some people who work on weekends and block works for them fine. But I think for a lot of us, that's not the case and you're expected to save up for it. But that's nigh on impossible."*

Several participants commented that while distributed placements presented some pragmatic benefits, block placements offered the distinct advantage of encouraging a singular focus on the placement experience:

> *"I think that it's handy having block, because you know the rest of your life stops during this period. That's it. ...it's nice to know, in this period of time, the rest of life stops."*

DISCUSSION

The clinical experience component of pre-registration nursing programs is the most important factor in the development of reflective, evidence based practitioners who are committed to ensuring quality outcomes in the practice environment (Henderson et al 2012). Participants in this study were aware of the important role that clinical placement played in the consolidation of learning. While the block placement model was considered by some participants to offer a realistic and authentic experience of the registered nurse role, numerous other factors determined which mode of placement was considered most conducive to learning. Of these factors, consistency was seen as one of the most critical. Consistency supports continuity and could take the form of working with the same staff, returning to the same environment, or being in a given environment over a period of time (Gilmour et al 2013). Participants felt that consistency facilitated familiarity between students and staff, particularly in relation to students' capabilities; similar findings were reported in Courtney-Pratt et al (2012). Block placements were generally perceived to be more likely to support consistency, a concept supported by Levett-Jones et al (2008) who found that a settling-in period preceded the ability of students to focus on learning at each placement. For participants in that study, the capacity to benefit fully from learning opportunities was limited in shorter placements. Personal preferences and lifestyle factors determined the extent to which a student would find one or the other mode of placement more conducive to learning. Block placement can create a situation of difficulty, even hardship, for some students. Where such pressures do not exist, block placement can provide an opportunity for focused learning.

The current climate in which clinical placements for nursing students is negotiated is complex and driven by numerous factors that are often beyond the control of the educational institution. Quality clinical placements are secured in a competitive environment as all institutions seek to meet the minimum requirements for registration of graduates determined by the accrediting authority (ANMAC 2012). Clinical venues also struggle to support these requirements within political and economic constraints. These factors contribute to the issues identified by participants in this study in relation to planning for placements. Adequate preparation of clinical environments and the staff who support students undertaking clinical placement (Courtney-Pratt et al 2012) is essential for ensuring a quality learning experience. This might be as simple as ensuring staff at the unit level are aware that students will be on placement at a given time. As described in this study, students can feel very unwelcome and be derailed from the outset if their arrival is not expected by clinical staff (Gilmour et al 2013).

Participants did identify some aspects of the clinical experience that could be improved by the educational institutions themselves, particularly in respect of the scheduling of clinical placement relative to the curriculum. Aligning practical exposure with theoretical instruction has become increasingly difficult for nurse academics in recent decades because of growth in student numbers. This study indicated the impact that this misalignment of theory and practice can have on the learning of related concepts. In respect of sequencing of modes, distributed placements may be of greater value earlier in the program of study, with block placements being more beneficial during the later stages as students build confidence. This finding reflects that of Roxburgh (2014) who found that supportive models used earlier in a nursing program built resilience for a different model of placement in subsequent years.

Participants in this study highlighted the importance of feeling part of a team, reflecting the findings of participants in studies by both Courtney-Pratt et al (2012) and Gilmour et al (2013) who felt that this level of acceptance was critical to ensuring a positive placement experience. Participants in this study found that becoming part of a team was more likely to occur with a distributed placement model, an outcome inconsistent with the work of Levett-Jones et al (2008). Participants in this study also discussed the importance of staff having confidence in the student's ability to function in the clinical environment. Confidence was instilled when registered nurses trusted students to take on greater responsibility, similar to the experience of midwifery students in Gilmour et al's study (2013). The results presented in the preceding section suggest that participants felt this confidence was more effectively built with a distributed model, once again at odds with the work of Levett-Jones et al (2008). When students did not feel as though they were part of a team, the clinical placement experience could be negative and learning potential was reduced. The findings reported in this paper reveal the stigma associated with being a student. Participants found environments that "were not welcoming or facilitative of their learning" (Levett-Jones et al 2008, p14) had little benefit, regardless of mode.

RECOMMENDATIONS AND LIMITATIONS

It is clear that both block and distributed modes of placement have inherent advantages and disadvantages. The results of this study showed that block placements were regarded by students as more effective than distributed placements in three main areas: gaining a realistic sense of the work, routines and schedules of nursing; encouraging a singular focus on placement; consistency in teaching and learning style of clinical supervisors. On the other hand, distributed placements were regarded as more conducive to the following: work life balance; integrating theory and practice; developing the feeling that one was 'part of the team'. Students also said that the placement model had little bearing on a number of crucial factors that affected their learning, such as uncertainty about scope of practice; readiness of the workplace to manage placements; and the 'stigma' of being a student nurse.

While individual factors will often determine the value of clinical learning, measures can be taken to enhance student learning experiences regardless of the placement model employed. Such measures include:

- ensuring appropriate sequencing of placements to align with theoretical and chronological stages of study;
- promoting consistency by enabling students to return to a familiar venue;
- adequately preparing the clinical environment for the students they receive on placement; and
- establishing a culture that encourages students to feel as though they are members of the team.

The main limitation of this study was that it was confined to one state and was constrained by student availability in their critical final year of study. While the models of placement described in this paper reflect those in other parts of the country, it is acknowledged that different approaches to clinical experience placement are used

internationally. Future research may explore the potential application of these diverse models to the local context; or the perspectives of a broader cross section of students and/or staff of clinical and educational institutions. Targeted research that develops strategies to address learning in the clinical environment more broadly would also prove valuable.

CONCLUSION

Professional experience in the clinical environment is crucially important for students of nursing. As the resources available to support students on clinical placement are subject to increasing stressors, it is critical that the quality of the experience not be compromised. Consideration needs to be given, therefore, to identifying the most appropriate placement model to support student learning. Placement models vary by institution, but preparation of students and staff in the clinical setting is critical to the success of the placement experience. Such preparation provides a foundation for the development of relationships that contribute to students feeling part of a team. This sense of belonging is inextricably linked to the facilitation of positive learning experiences that are critical to preparation for the professional role.

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