Effective Planning and Implementation of Hospital and Community Based Clinical Experience for Nursing and Midwifery Students

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Abstract:- **Nursing and midwifery are practice-based professions; hence, the critical role of hospital and community based clinical experiences in the education of practitioners. Professional experience placements must be effectively planned and implemented to support students in developing desired cognitive, attitudinal and technical outcomes. This paper was prepared to provide guidelines for faculty and clinical personnel involved in training of nurses and midwives in the clinical and community settings**

Keywords: **Clinical Experience; Preceptors; Clinical instructors; Community; Nursing; Midwifery**

I. INTRODUCTION

Nursing and midwifery are practice-based professions; hence, the critical role of hospital and community based clinical experiences in the education of practitioners (Atakro & Gross, 2016; James Cook University, 2017). All core nursing and midwifery courses require clinical experience, making it mandatory for students to be exposed to a variety of professional experiences during their training. Each of the experiences has a planning, orientation and implementation phase (Royal College of Nursing, 2002). Effectively planned and implemented clinical experience is expected to afford the students the opportunity to develop the confidence and competence (Phuma-Ngaiyaye, Bvumbwe, & Chipeta, 2017) required for quality nursing and midwifery practice, and to provide a solid foundation for continuing professional development in future.

Literature is however, replete with challenges and positive outcomes of students' clinical experiences. This presentation is expected to help us to identify and promote strategies that produce positive clinical experience outcomes. Before planning, it is pertinent to look at identified factors militating against effective clinical experiences by nursing and midwifery students (Table 1) and consider the enhancers of students' clinical experiences (Table 2). It is important to also examine the expected roles of the stakeholders in students' clinical experiences. Generally, students see clinical experiences as a challenging (Brunstad, Giske, & Hjälmhult, 2016), but critical part of their professional training. Approaches to organizing students' hospital and community based experiences differ from one institution to the other even in the same country where precepting or mentoring has been adopted in place of the traditional clinical-instructor-solely approach. Similarly, the challenges and enhancers vary (Uchechukwu, 2014).

Table 1: Factors militating against effective clinical experience for nursing and midwifery students

Training institutions	Placement facilities	Preceptors	Students	Student - Staff
Poor theory-practice integration (Mabuda, Potgieter, & Alberts, 2008)	Shortage of staff (Niederhauser, Schoessler, Gubrud-Howe, Magnussen, & Codier, 2012)	Poor preparation for their tasks (Atakro & Gross, 2016) Lack of time for students (Brathwaite & Lemonde, 2011)	Personality of the students (Brunstad, et al., 2016)	Interpersonal relationship problems -students and unit staff (Mabuda, et al., 2008)
Dearth of educators (Phillips, Mathew, Aktan, & Catano, 2017)	Unsupportive teaching-learning environment (Mabuda, et al., 2008)	Inadequate or lack of feedback (Brunstad, et al., 2016) Personality of staff (Brunstad, et al., 2016)	Inability to attain proficiency in some tasks (Brunstad, et al., 2016)	Anxiety provoking relationships between student and supervising staff (Brunstad, et al., 2016)

Unsatisfactory relationship between training institutions and clinical experience facilities (Atakro & Gross, 2016) Non or poor participation of educators in clinical supervision (Atakro & Gross, 2016; Uchechukwu, 2014) Inadequate classroom preparation before placement for clinical experience (Uchechukwu, 2014)	Lack of personalized student supervision due to high number of students in understaffed units (Atakro & Gross, 2016) Lack of standardized practice among the staff (Brunstad, et al., 2016; Muleya, Marshall, & Ashwin, 2015) Difference between what is taught in the classroom and what is practiced in the placement facilities due to lack of resources and non-compliance with safety and aseptic techniques (Tiwaken, Caranto, & David, 2015) Unwillingness of others to help the students when designated preceptor is off duty (Muleya, et al., 2015)	Hurriedly interrupting students (Brunstad, et al., 2016) Making students do things they were not prepared for (Brunstad, et al., 2016) Questioning students in the presence of clients and relatives on issues about which they lacked the knowledge and / or skills (Brunstad, et al., 2016) Asking students if they have not learned or done something (Brunstad, et al., 2016) Humiliating or mocking students (Brunstad, et al., 2016) Distracted and occupied with unbecoming activities instead of teaching students e.g. abuse of mobile phones (Tiwaken, et al., 2015)	Being a student again (in a post basic programme) learning new skills after practicing as a professional (Brunstad, et al., 2016) Inability to manage difficult tasks (Brunstad, et al., 2016)	"strangers" or incompatible personalities (Brunstad, et al., 2016)

Table 2: Factors that enhance nursing and midwifery students' clinical experiences

Training institutions	Placement facilities	Preceptors	Students
Proper integration of both theory and practice with good clinical supervision (Tiwaken, et al., 2015)	Identifying with the preceptorship programme and supporting the staff engaged as preceptors (Brathwaite & Lemonde, 2011)	Welcoming (Brunstad, et al., 2016; Tiwaken, et al., 2015) and remembers students' names during subsequent placements for clinical experiences (Brunstad, et al., 2016)	Active participation in all phases of the clinical experience from planning to evaluation
Promoting effective mentor-mentee relationship before the placement (Muleya, et al., 2015)	Creating enabling environment for professional learning to thrive (Brunstad, et al., 2016)	Sustaining good mentor-mentee relationship throughout period of experience (Muleya, et al., 2015)	
Supportive supervision by college tutors (Mabuda, et al., 2008)	Well-structured nursing department with clear philosophy (Tiwaken, et al., 2015), core values, standard operating protocols in nursing units, etc.	Helpful personal attributes; such as, being supportive, encouraging, resourceful, confident, friendly, available, accommodating, understanding, showing interest in the students' wellbeing (Tiwaken, et al., 2015), and trusting (Brunstad, et al., 2016), and approachable to students (Brathwaite & Lemonde, 2011; Tiwaken, et al., 2015) Students see as a role model (Tiwaken, et al., 2015)	
Assisting preceptors and students appropriately (Brathwaite & Lemonde, 2011)	Friendly and motivating organizational culture Quality patient care provided Workers are willing to teach Students are accepted as part of the facility community and respected (Tiwaken, et al., 2015)	Proficient (Brathwaite & Lemonde, 2011)	

Effective communication and collaboration with other stakeholders (Brathwaite & Lemonde, 2011)	Systematic individual supervision in a one-to-one relationship (Tiwaken, et al., 2015)	Personalizes / individualizes assigned tasks (Brunstad, et al., 2016) Willingly guides during procedure and provides helpful feedback on student's performance (Brunstad, et al., 2016) Continuity with same preceptor during a particular placement though can still learn variety of skills from other staff (Muleya, et al., 2015)	

The challenges summarized in Table 1 though not exhaustive, have far reaching consequences on the stakeholders; particularly the students and the preceptors. Some of the consequences include:

- For the students - fear of supervisor, fear of victimization by unfriendly instructors (Tiwaken, et al., 2015), fear of failure, embarrassment, unwarranted stress, distress, guilt, distrust in self and others, lack of confidence, feeling sick - confused, lightheaded, trembling, having palpitation (Brunstad, et al., 2016), conflict (Tiwaken, et al., 2015), and confusion about what is right or wrong (Muleya, et al., 2015), etc.
- For the preceptors - lack of effective modeling and mentorship for professional role development, (Atakro & Gross, 2016) increased workload, and feeling of being overworked (Brathwaite & Lemonde, 2011).

On the other hand, the enhancers of students' clinical experience in nursing and midwifery produce results such as: confidence(Muleya, et al., 2015; Tiwaken, et al., 2015), encouragement to undertake more difficult tasks, eustress (Brunstad, et al., 2016), decreased anxiety,increasedenthusiasmto care for patients, development of nursing skills and knowledge(Brathwaite & Lemonde, 2011; Tiwaken, et al., 2015), professional socialization (Tiwaken, et al., 2015), belief in preceptor(Muleya, et al., 2015)improved critical thinking ability(Brathwaite & Lemonde, 2011), enhanced preceptor performance(Brathwaite & Lemonde, 2011) students'appreciation of educators' presence and input as critical for effective clinical teaching and learning. (Mabuda, et al., 2008), influence on quality of professional in future(Muleya, et al., 2015)

II. EXPECTED ROLES OF STAKEHOLDERS

From the foregoing, it is obvious that effectiveness of students' clinical experiences in hospitals and the communities requires synergy of all the stakeholders - individuals, groups and organizations (Registered Nurses' Association of Ontario (RNAO), 2016). It is essential that each contributor understands her roles towards achieving the goals of students' professional experience placements (Brathwaite & Lemonde, 2011). The major stakeholders often discussed in literature are: the student, the preceptors, the clinical instructors, the faculty or nurse educators, staff nurses in the placement facilities, the educational institutions, and the placement facilities

The students

Students are the focus of clinical experience and should keenly participate in the planning and implementation of every clinical experience. They should aim at taking utmost advantage of every clinical experience (Royal College of Nursing, 2002). It is the responsibility of students to attend orientation programmes organized in respect of their clinical experience (Brathwaite & Lemonde, 2011). Adequate information should be provided on every aspect of the placement. Such should include: uniform, conduct, possible challenges, available counselling resources and where to obtain help on any issue e.g. workplace bullying, violence, unethical practices, safety concerns, etc., evaluation methods and implications of the results (Royal College of Nursing, 2002).

Students need to know that they will bear the financial cost of participating in a clinical experience outside their regular location (James Cook University, 2017). It is important that students freely request for assistance when required (Phuma-Ngaiyaye, et al., 2017). Truancy should be discouraged in its entirety; students should inform appropriate authority of any genuine intention to be absent, providing details of reasons, duration etc. It is therefore pertinent to include the implication of absenteeism during clinical experience in the student placement information resource. As students advance in the levels of their training, they should be prepared to work on all shifts, and public holidays.

Students should be part of identifying the objectives and specific activities during each placement (Brathwaite & Lemonde, 2011). Working together with their preceptor, they should develop their individual plans in line with the expected outcomes of the placement(Brathwaite & Lemonde, 2011). Students should begin to behave as prospective professionals (Royal College of Nursing, 2002) in relating with their educators, preceptors, clients and all. Students are to maximize every learning opportunity and provide feedback appropriately (Brathwaite & Lemonde, 2011; Royal College

of Nursing, 2002). Documentation is essential for recall and feedback. Students should maintain the approved record books and participate in their own evaluation processes.

Preceptors

Professional nurses and midwives specially designated to assist students with development of professional attitudes and skills in the practice areas are called mentors, assessors, preceptors or practice educators (Royal College of Nursing, 2002). The choice of their title depends on the country or institutional policy on nursing education. In Nigeria, we use the term *preceptors.* Primarily, they assist students with the achievement of the goals of students' clinical experience (Phuma-Ngaiyaye, et al., 2017). Their responsibilities include:

- Promoting an enabling clinical learning environment for the students (Phuma-Ngaiyaye, et al., 2017) to develop required competence and confidence
- Conducting one-to-one teaching of students and being a role model to them in character and standard nursing practice (Brathwaite & Lemonde, 2011)
- Participating in both formative and summative evaluation of students in the clinical area (Atakro & Gross, 2016)
- Contributing to the setting, evaluation and review of goals of clinical experiences (Atakro & Gross, 2016; Brathwaite & Lemonde, 2011)
- Guiding students through the process of moving from student status to full-fledged professional, and incorporation into the labour force (Carpenter et al., 2015)

It is therefore important that preceptors are:

- volunteers (Martin, Brewer, & Barr, 2011)
- of satisfactory character becoming of a role model
- adequately knowledgeable and skilled (Muleya, et al., 2015); clinical experts (Atakro & Gross, 2016; Registered Nurses' Association of Ontario (RNAO), 2016)
- eager to teach and work with students (Atakro & Gross, 2016)
- welcoming and approachable (Phuma-Ngaiyaye, et al., 2017)

To prepare and support preceptors to effectively execute their roles joyfully with minimal stress, the following are recommended:

- A memorandum of understanding (MOU) governing the activities of all the interest groups (Carpenter, et al., 2015) involved in students' clinical experience.
- A comprehensive training package to prepare preceptors for *the good, the bad and the ugly*of precepting nursing students (Carpenter, et al., 2015). The training module should include:
    - responsibilities of all the stakeholders, particularly the students and preceptors
    - how to role model effectively and prepare students for integration into the nursing profession (Martin, et al., 2011)
    - basic clinical teaching approaches including evaluation and providing feedback
    - ethico-legal issues in preceptorship (Carpenter, et al., 2015)
- Networking with fellow preceptors to share their experiences and review their approaches (Carpenter, et al., 2015) for greater effectiveness

It is pertinent to emphasize that precepting is an additional responsibility for the preceptor who still has her usual client workload to accomplish. The rewards of preceptorship are not usually pecuniary; but psycho-social and career enhancement, such as:

- privilege of being a role model to students (Carpenter, et al., 2015)
- improved knowledge and competence (Carpenter, et al., 2015)
- recognition for career mobility (Carpenter, et al., 2015)
- addition of appointment or status to curriculum vitae
- participation in educational activities such as conferences (Brathwaite & Lemonde, 2011)
- job satisfaction (Carpenter, et al., 2015)

Clinical instructors

Clinical instructors are registered professional nurses and midwives employed by the training institutions (Registered Nurses' Association of Ontario (RNAO), 2016). In the traditional model where clinical instructors were solely responsible for students' clinical instruction, one-on-one teaching and supervision were not practicable. With the advent of various preceptorship models, clinical instructors serve as the link between the training institution and the clinical experience facilities on matters of students' clinical experiences (Brathwaite & Lemonde, 2011). They have a significant influence on students' transition into a professional. It is important that clinical instructors know this (Tiwaken, et al., 2015) and work towards being a positive, and not a negative influence on the students professional growth. They should not constitute a source of fear to the students and should be fair in all their dealings with the students; including evaluation of students' performance (Tiwaken, et al., 2015). Responsibilities of clinical instructors include the following:

- Develop a realistic personal clinical engagement programme to remain active in the clinical settings, and be able to guide the students effectively (Tiwaken, et al., 2015), and reconcile clinical realities with the ideals taught in the skills laboratory
- Update their knowledge and skills as responsible professionals (International Council of Nurses, 2012) for best practices and effective teaching (Tiwaken, et al., 2015)

- Act as role models and counselors to assist students' to develop professional attitudes and behaviour (Tiwaken, et al., 2015)
- Work with nurse educators on practical components of the core nursing courses, to identify the essential competences to be acquired by the students and the most appropriate area for students to achieve the set goals
- Coordinate placement of students in clinical experience areas (Brathwaite & Lemonde, 2011)
- Collaborate with nurse managers in the placement facilities to identify and recommend suitable preceptors to participate in the preceptorship programme (Brathwaite & Lemonde, 2011)
- Organize orientation activities for preceptors and students (Brathwaite & Lemonde, 2011)
- Collaborate with preceptors on clinical teaching of students
- Encourage smooth relationship between students and their preceptors
- Enhance preceptor-student review sessions during and at the end of clinical experience placement (Brathwaite & Lemonde, 2011)
- Collaborate with relevant stakeholders for the training and re-training of preceptors
- Recommend deserving preceptors for recognition and appropriate rewards

The Faculty (Nurse Educators)

The Faculty or Nurse Educators are employees of the educational institutions. They are responsible for teaching student nurses and midwives using various teaching strategies to enhance classroom teaching-learning processes, and facilitate integration of classroom learning into clinical application (Registered Nurses' Association of Ontario (RNAO), 2016). Nurse educators are also charged with the responsibility of liaising with the clinical instructors and preceptors (Brathwaite & Lemonde, 2011) on essential students' clinical experiences related to the courses they are handling. Nurse educators need to believe in, and actively support the preceptorship model of clinical experience for it to be effective (Carpenter, et al., 2015). It was documented that students who were taught by nurse educators who participated actively in students clinical experience, in a clinical teaching partnership programme, performed better in areas of theory-practice integration, realistic perception of the work environment, and use of nursing research (Atakro & Gross, 2016). Furthermore, the students displayed a higher degree of autonomy, self-concept, self-esteem and professional culture (Atakro & Gross, 2016).Likewise, preceptors have consistently indicated their desire to have the educators physically present in the clinical areas to speedily resolve placement challenges and enhance students' professional integration (Martin, et al., 2011). Apart from workshops, seminars, and in-service training programmes educators engage in, they should consistently participate in clinical setting activities to update their knowledge and skills on cutting-edge issues in clinical practice (International Council of Nurses, 2012; Mabuda, et al., 2008), for their personal professional development, and for effective teaching. Right from the school, nurse educators should exemplify professional attitudes and behaviour (Mabuda, et al., 2008). In participating in monitoring and evaluating students' learning experiences in the classroom, skills laboratory and clinical settings (Brathwaite & Lemonde, 2011), educators must demonstrate high level of integrity and objectivity. Nurse educators should collaborate with nurse managers in the budgeting process to ensure providing minimum requirements for clinical experience areas (Mabuda, et al., 2008).

Staff nurses in placement facilities

Staff nurses here refer to registered nurses in employment of the placement facilities where the student nurses and midwives are having their professional experiences(Registered Nurses' Association of Ontario (RNAO), 2016). It is the responsibility of professional nurses to collaborate on issues that promote quality of nursing practice and nurture enabling workplace environment (International Council of Nurses, 2012; Mabuda, et al., 2008). It is important for nurses in the placement facilities to appreciate the fact that the students are guests in their domain; hence, they have influence on the quality of learning experiences the students can access. The onus is on them to be supportive of students' learning activities (Brunstad, et al., 2016). They should be willing to serve as role models to assist the students in developing appropriate professional attitudes and behaviour (Tiwaken, et al., 2015). The staff nurses could be well experienced senior nurse leaders or junior professionals who are well acquainted with the students' experiences (Registered Nurses' Association of Ontario (RNAO), 2016). Staff nurses must engage in continuous professional development activities to keep abreast of current knowledge and skills to support best practices (Muleya, et al., 2015). It is expected of staff nurses to willingly support student nurses in their efforts to becoming outstanding professionals. Apart from supporting the students, staff nurses should also collaborate the clinical instructors and preceptors (Brathwaite & Lemonde, 2011) in ensuring that the objectives of the scheduled clinical experiences are achieved.

Nurse managers should ensure that there are adequate human and material resources to facilitate clinical teaching and learning (Mabuda, et al., 2008). They should therefore, be actively involved in the fiscal and personnel budgeting processes in the facilities, and promote the preceptorship programme in their institutions. Furthermore, managers can assist the training institutions in identifying interested committed and capable nurses who can serve on the clinical committees of the training institutions and/or as preceptors to promote teaching-learning activities of student nurses in the clinical areas (Mabuda, et al., 2008).

Teaching and supervision of student nurses are part of the professional responsibilities of registered nurses and should be seen as such (Mabuda, et al., 2008). It should not be seen as a means for pecuniary gains, to the extent of interfering with the level of commitment of nurses to the course of mentoring and supporting upcoming professional nurses. As staff nurses are involved in students' clinical experiences, they are expected to also participate in students evaluation and provide feedback to the learners (Brathwaite & Lemonde, 2011).

Training institutions and clinical experience facilities

In choosing professional experience facilities, the training institutions should consider the minimum requirements prescribed by the regulatory agencies for nursing and midwifery education and practice, to ensure that students have enabling environment for professional development. Both the training institutions and the practice facilities should identify a practicable preceptorship model and develop a written memorandum of understanding to guide their collaboration on students' professional experiences. All the collaborators must support the preceptorship scheme to be effective (Carpenter, et al., 2015). Support for the success of the scheme can be in form of:

- adequate provision of equipment and staffing
- employing and retaining adequate number of qualified and experienced educators, clinical instructors and nursing personnel (Uchechukwu, 2014)
- providing and sustaining friendly service culture
- supporting the preceptors to effectively combine preceptorship with their patient care assignments
- motivating preceptors, clinical instructors and nurse educators through continuing professional development activities (Atakro & Gross, 2016)
- recognizing preceptors' commitment and hard work, and providing assistance with their workloads (Atakro & Gross, 2016; Carpenter, et al., 2015)
- open commendation of preceptors in the institutions' publications or at workers get-together (Carpenter, et al., 2015)

III. EFFECTIVE PLANNING OF HOSPITAL AND COMMUNITY BASED CLINICAL EXPERIENCE

Failure to plan is often said to mean planning to fail. In the business of nursing and midwifery that has to do with lives and the health goals of populations, professional nurses and midwives cannot afford to fail - it would be too costly. As a rule therefore, no clinical experience should be a routine and no clinical experience should be unplanned. Clinical experiences must be carefully planned to ensure the students gain maximally from the learning experiences (Muleya, et al., 2015). Planning for effective clinical experiences in this paper is based on considered documented evidence in literature on the challenges and enhancers of students' clinical experiences.

The Nursing and Midwifery Council of Nigeria is vested with the sole responsibility of regulating nursing and midwifery education and practice in Nigeria; while, the National Universities Commission is responsible for university based learning in the country. Both have designed programmes for nursing and midwifery education in Nigeria. First and foremost therefore, it is expected that all classroom and clinical learning experiences of students of such programmes, will derive from the minimum academic standards set by these regulatory agencies. The standards are designed to enhance enabling environments that support students' development of the knowledge, attitude and skills, essential for quality practice in future.The training institutions should promote a student-centered and student-friendly environment that encourages positive student behaviour and meets individual learning needs (Phillips, et al., 2017). Classroom and clinical experiences (hospital or community based) should be directly related to each other (Niederhauser, et al., 2012).

The scope of practice of both nursing and midwifery has widened beyond the traditional acute care or hospital setting, and the regulatory agencies have revised the training programmes over the years to reflect the developments. Clinical experiences should be planned to, as much as possible, cover primary, secondary and tertiary levels of care in a variety of enabling environments, akin to where the nurse and midwife would likely practice in future. This will enable them develop the required competencies, and assist them in deciding on their desired future field of practice(Faculty of Health Social care and Education, 2015).Hospitals and communities for students' clinical experience, should satisfy the minimum requirements prescribed for such by the Nursing & midwifery Council of Nigeria (Nursing & Midwifery Council of Nigeria, 2016a, 2016b, 2016c).

Students, who have not been adequately prepared through classroom instructions, skills laboratory, and pre-placement basic clinical experiences, should not be sent out on hospital or community based clinical experience without the educator (faculty) and/or the clinical instructor actively accompanying them.Different models of clinical experiences have emerged over time. No matter the model adopted by a training institution, students must always be supervised in their clinical experience locations, by duly assigned professionals.

Guided by institutional policies, community structure and culture, policies of the Nursing & Midwifery Council of Nigeria on nursing education and practice, and the prescribed minimum requirements for training institutions and placement facilities, management of the training institutions in collaboration with placement facilities should develop guidelines on clinical training of students, to facilitate achievement of the goals of the educational activity. The implementation guidelines should cover topics like: the philosophy and objectives of clinical experiences and the preceptorship model, teaching-learning strategies, roles of the stakeholders, methods of evaluation, code of conduct for students, discipline and counselling, among others (Atakro &

Gross, 2016). Such guidelines should be available to all the stakeholders and form part of the training materials for clinical instructors and preceptors, and should be incorporated into the pre-placement orientation programme for students.

Being important educational resources (Muleya, et al., 2015), placement facilities should provide support for students to be able to acquire the desired knowledge, attitude and skills for best practices. Therefore, appropriate organs (clinical coordination or procedure manual committee, the nursing audit group, etc.) should be in place to develop the clinical protocol for standard nursing and midwifery practice in the placement facilities, and continue to review same, based on evidence. Compliance should also be encouraged to ensure an enabling environment for students' learning activities in the institution.

Students' experiences in both hospital and community must be documented, reflected upon, discussed and evaluated in line with agreed format. Therefore, monitoring and evaluation methods and tools should be known and accessible to all.

Implementation of students' hospital based clinical experiences

Students are placed on clinical units that best provide opportunity for them to acquire the desired knowledge, attitudes, and skills; for example, clinics, wards, theatres, casualty or trauma units, etc. The clinical-instructor-only model, where the instructor teaches a group of six to eight students for four to eight hours on a clinical unit at a time (James Cook University, 2017; Niederhauser, et al., 2012), though not encouraged(Niederhauser, et al., 2012), may be tolerated at the lower levels. However, at higher levels of training and for graduate students, one-on-one clinical education is required; hence, the preferred preceptorship model (Atakro & Gross, 2016). Preceptorship is generally a more acceptable model for supervising students during clinical experiences; because, as much as possible, students' clinical experiences are individualized, task oriented, and innovative, with students actively involved in the planning and implementation (Phillips, et al., 2017). This is not usually achievable in the "apprenticeship" models. During internship, clinical experiences are more intense, and students' level of accountability is higher to enhance easy transition to professional practice(Diefenbeck, Plowfield, & Herrman, 2006). A collaborative model of preceptorship involves a team of the nurse educator, the preceptor, and the student (Atakro & Gross, 2016). In Nigeria, educators often do not participate in clinical teaching and supervision; rather, the clinical instructors complete the team. Regulatory agencies in other countries set the standards for preceptorship (Atakro & Gross, 2016). Whatever the case may be, it must be more than a clinical-instructor-only affair. Students on clinical experience placement require consistent one-on-one interaction with the preceptor for them to achieve the learning goals(Muleya, et al., 2015).

Although students sometimes find the presence of clinical instructors, preceptors, and supervisors anxiety provoking, with some of them making mistakes (Tiwaken, et al., 2015), it is important that the preceptors and clinical instructors are always there to guide the students. Studies indicate that students still find the presence of a supervisor encouraging and helpful; because, the supervisors guide and ensure the students are executing the appropriate nursing actions, and improving their skills (Tiwaken, et al., 2015). Students must be assisted through with their fears (fear of supervisor, unfamiliar environment, making mistakes, "difficult" patients etc.), and other unpleasant experiences so that they can benefit from the particular placement and provide satisfactory patient care (Tiwaken, et al., 2015). Whenever the preceptors are not on same shift with their assigned students, other members of staff should willingly provide necessary guidance (Muleya, et al., 2015).

Recommended effective clinical teaching strategies include questioning, modeling of clinical practice, providing feedback (Carpenter, et al., 2015)and written assignments (Brunstad, et al., 2016). Period of placement in a particular clinical area should be sufficient for the necessary exposure that will enable the student achieve the desired outcomes (Mabuda, et al., 2008). It is important to avoid overcrowding even when students have to go for specialist experiences. Clinical rotation should not be punitive. The cooperation among stakeholders must be sustained (Mabuda, et al., 2008).

Implementation of students' community based clinical experiences

Only about 30 % of nursing services are provided within the hospitals (Luthy, Beckstrand, & Callister, 2013), The focus of health care service delivery in Nigeria, in line with the global strategy, is universal health coverage (World Health Organization, 2015); hence, nursing care is moving more into primary health care and other healthcare service areas (Luthy, et al., 2013). Many more nurses today than in the past, serve in various organizations, working with individuals, families, and different groups within the community, and away from the hospital. This trend calls for innovative community based experiences for student nurses and midwives (World Health Organization, 2010).

The ultimate goal of community based clinical experience should be to have professional nurses who understand and are able to respond appropriately to the needs of the consumers beyond the hospital setting (Ndateba, Mtshali, & Mthembu, 2015). The principles underpinning community based clinical experience is applicable to all nursing specialties and it is fundamental to providing comprehensive client care (World Health Organization, 2010). Students should therefore be actively involved in learning activities that expose them to a holistic perspective of the consumer within the context of the primary health care framework of health care delivery.

As provided for in the various curricula for nursing and midwifery education, students' community based clinical

experiences should afford them the opportunity to have a real world experience of community structures and organization, available community resources and health services, inter-professional and inter-agency collaboration for health, project planning, implementation and evaluation, as well as nursing actions in various settings such as, where the people live, work, school and play. Students should be supported to appreciate the interplay between psycho-socio-cultural factors and health problems they learnt about in the classroom. It has been documented that community placement later in the training of nurses is more effective than earlier in the programme when the students lack the clinical experience to do more than assist with medical screening (Luthy, et al., 2013); where all they would probably be involved with is checking vital signs. It is therefore usually recommended that long duration community based experiences are not scheduled for lower levels of basic nursing education.

Communities for students' placement should not only be remote or rural; rather, communities that adequately satisfy the course requirements in urban, semi-urban and rural settings (2) should be considered for specific experiences. The long duration community experience placements spanning through weeks, could be in a contextually typical community (for example in Nigeria, in a culturally, religiously and socio-economically diversified or integrated community),that satisfies the minimum requirements prescribed by the Nursing and Midwifery Council of Nigeria. Disadvantaged communities reportedly provided students with abundant experiences in community nursing (Ndateba, et al., 2015). Students prefer their long community placement in one community, rather than having scattered short stay in various communities (Luthy, et al., 2013). Students could be grouped and placed in different communities; and come together later to share their experiences (World Health Organization, 2010).

The educators and clinical instructors handling community health nursing should be vast in community health processes to be able to not only teach the students, but to also be role models in essential competences related to community entry, assessment, diagnosis, relationships and collaboration. In addition, the core clinical competencies expected to be developed during community placement include: health assessment, disease management, case finding, case management, observation and treatment according to delegated responsibility, etc.(World Health Organization, 2010:19). For community clinical experience placement, students are usually placed in primary health care centres from where, with inter-professional collaboration, they develop both core clinical and community nursing competences by taking care of people in the clinic, in workplaces, at schools,(World Health Organization, 2010) at home, and in special groups facilities.

The leadership of the Local Government Area, the training institution, the State Primary Health Care Development Agency, stakeholders in the community, government and non-governmental agencies in the community should all be involved in the design and implementation of students' clinical experience in the community. Short duration community clinical experiences in urban or semi-urban communities should precede the long duration placement in the rural community. The communities should be close to the training institution and the experience non-residential. For the long duration clinical experience, proper pre-placement orientation on the community – people, language, culture, security issues etc. is very important. It is proper to have resident facilitators to work with the students. Sufficient time should be provided for planned outcomes.

IV. MONITORING AND EVALUATION OF CLINICAL EXPERIENCES

Adequate supervision and support are critical during clinical experience placements (Muleya, et al., 2015). The process should commence during the orientation programme when students and facilitators discuss the knowledge, attitude and skills expected to be acquired and/or developed, as well as review the modalities for supervision, monitoring and evaluation. The students and the facilitatorsmonitor and evaluate the experiences on a continuous basis (Carpenter, et al., 2015). Students are encouraged to maintain journals of their clinical experiences for reference and reflection. *Clinical instruction and practical experience in patient care record book* and other clinical experience / patient or family care documentation materials are maintained by the students, educators, clinical instructors and preceptors.

Reports on students' performances are also prepared by the preceptors and other clinical experience facilitators. The reports should contain aspects of the clinical experience outcomes achieved by the students and those not achieved (Faculty of Health Social care and Education, 2015). Specific examples and critical incident reports improve objectivity. Areas for further improvement should be indicated for the attention of the students and their supervisors during future placements.Where students' actions are unacceptable and put patients at risk, the appropriate channel of notifying the training institution should be followed. It is recommended that those students who exhibit *unsafe practices* should be immediately withdrawn from the placement area; describing *unsafe practices* as:

- inadequate knowledge base to sustain safe practice
- inadequate performance of any skill, including communication
- unprofessional behaviour that places patients at risk of physical harm, unreasonable emotional distress or neglect
- unlawful or unethical behaviour.
- incorrect medication administration(Brunstad, et al., 2016:142)

V. CONCLUSION

This paper has not exhaustively discussed effective planning and implementation of students' clinical experiences in the

hospitals or communities. However, it is hoped that it will, stimulate the reader to delve further into the topic and improve students' experiences for quality nursing service delivery in every setting.

REFERENCES

[1]. Atakro, C. A., & Gross, J. (2016). Preceptorship versus Clinical Teaching Partnership: Literature Review and Recommendations for Implementation in Ghana. *Advances in Nursing*(1919246), 1-5. doi: http://dx.doi.org/10.1155/2016/1919246

[2]. Brathwaite, A. C., & Lemonde, M. (2011). TeamPreceptorshipModel:ASolutionfor Students'ClinicalExperience. *International Scholarly Research Network 2011*(530357), 1-7. doi: doi:10.5402/2011/530357

[3]. Brunstad, A., Giske, T., & Hjälmhult, E. (2016). How midwifery students experience learning conditions in labor wards. *Journal of Nursing Education and Practice, 6*(4), 136-144.

[4]. Carpenter, L., Kincaid, K., Vandermeulen, E., Penticuff, J., Lockhart, L., Walter, N., . . . Rowan, T. (2015). Precepting Nursing Students: The Essential Elements - OnlineLearning Module Retrieved from https://nursing.utexas.edu/docs/faculty/preceptorsTraining.pdf

[5]. Diefenbeck, C. A., Plowfield, L. A., & Herrman, J. W. (2006). Clinical Immersion A Residency Model for Nursing Education. *Nursing Education Perspectives 27*(2), 72-79.

[6]. Faculty of Health Social care and Education. (2015). Supervising pre-registration students in practice *in handbook for nursing and midwifery student mentors (section 4) - Mentorship Resources* Retrieved from www.healthcare.ac.uk/mentor-resources on 24th October, 2017

[7]. International Council of Nurses. (2012). *The ICN Code of Ethics for Nurses revised 2012*. Geneva: ICN.

[8]. James Cook University. (2017). Nursing, Midwifery and Nutrition Professional Experience Placement Handbook 2017 Everything you need to know about PEP Retrieved from https://www.jcu.edu.au/__data/assets/pdf_file/0020/422318/PEP_Handbook.pdf

[9]. Luthy, K. E., Beckstrand, R. L., & Callister, L. C. (2013). Improving the community nursing experiences of nursing students. *Journal of Nursing Education and Practice, 3*(4), 12-20.

[10]. Mabuda, B. T., Potgieter, E., & Alberts, U. U. (2008). Student nurses' experiences during clinical practice in the Limpopo Province. *Curationis 31*(1), 19-27.

[11]. Martin, D. L., Brewer, M. K., & Barr, N. (2011). GraduallyGuidingNursingStudentsthroughTheirCapstone Course:RegisteredNursePreceptors ShareTheirExperiences. *Nursing Research and Practice 2011*(645125), 1-6. doi: doi:10.1155/2011/645125

[12]. Muleya, C. M., Marshall, J., & Ashwin, C. (2015). Nursing and Midwifery Students' Perception and Experiences of Mentorship: A Systematic Review. *Open Journal of Nursing, 5*(571-586).

[13]. Ndateba, I., Mtshali, F., & Mthembu, S. Z. (2015). Promotion of a primary healthcare philosophy in a community-based nursing education programme from the students' perspective. *AJHPE, 7*(2), 190-193.

[14]. Niederhauser, N., Schoessler, M., Gubrud-Howe, P. M., Magnussen, L., & Codier, E. (2012). Creating Innovative Models of Clinical Nursing Education. *Journal of Nursing Education, 51*(X), 1-6.

[15]. Nursing & Midwifery Council of Nigeria. (2016a). *Minimum Requirements for Department of Nursing Science*. Abuja: Nursing & Midwifery Council of Nigeria(Supported by UNFPA).

[16]. Nursing & Midwifery Council of Nigeria. (2016b). *Minimum Requirements for General Nursing and Midwifery Education in Nigeria*. Abuja: Nursing & Midwifery Council of Nigeria (Supported by UNFPA).

[17]. Nursing & Midwifery Council of Nigeria. (2016c). *Minimum Requirements for Post Basic Nursing Education in Nigeria*. Abuja: Nursing & Midwifery Council of Nigeria (Supported by UNFPA).

[18]. Phillips, K. F., Mathew, L., Aktan, N., & Catano, B. (2017). Clinical education and student satisfaction: An integrative literature review. *International Journal of Nursing Sciences, 4*(2017), 205-213.

[19]. Phuma-Ngaiyaye, E., Bvumbwe, T., & Chipeta, M. C. (2017). Using preceptors to improve nursing students' clinical learning outcomes: A Malawian students' perspective. *International Journal of Nursing Sciences, 4*(2017), 164-168.

[20]. Registered Nurses' Association of Ontario (RNAO). (2016). *Practice Education in Nursing - System and Healthy Work Environment Best Practice Guidelines*. Toronto ON: Registered Nurses' Association of Ontario.

[21]. Royal College of Nursing. (2002). *Helping students get the best from their practice placements - A Royal College of Nursing toolkit*. London: Royal College of Nursing.

[22]. Tiwaken, S. U., Caranto, L. C., & David, J. J. T. (2015). The Real World: Lived Experiences of Student Nurses during Clinical Practice. *International Journal of Nursing Science, 5*(2), 66-75.

[23]. Uchechukwu, A. G. (2014). *Factors Affecting Clinical Training of Nursing Students in Selected Nursing Educational Institutions in Enugu and Ebonyi States of Nigeria* Master of Science, University of Nigeria, Enugu.

[24]. World Health Organization. (2010). *A framework for community health nursing education*. India: WHO Regional Office for South-East Asia.

[25]. World Health Organization. (2015). *Strategies toward ending preventable maternal mortality (EPMM)*. Geneva: World Health Organization.