Identification of criteria used in the selection of medical-surgical clinical experience for freshmen students by instructors and head nurses in a selected diploma program

Gordon, Ruth Hill

Boston University

http://hdl.handle.net/2144/4175

Boston University
Identification of Criteria Used in the Selection of Medical-Surgical Clinical Experiences for Freshman Students by Instructors and Head Nurses in a Selected Diploma Program

by

Ruth Hill Gordon

(B.S., N. Tuskegee Institute, School of Nursing, May 1953)

A field study submitted in partial fulfillment of the requirements for the Degree of Master of Science in the School of Nursing Boston University August, 1960

First Reader

Janice E. Hayes

Second Reader

D. Dorrian Apple
ACKNOWLEDGMENTS

This study was supported by a training grant, U.S.P.H.S. MT-53-G-3 from the Division of Nursing Resources, Bureau of Medical Services, U.S Public Health Service.

The writer also wishes to thank the many people, especially John, the teachers, the participants, and the colleagues who provided the cooperation and aid for the completion of this study.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td></td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Scope and Limitations of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>3</td>
</tr>
<tr>
<td>Preview of Methodology</td>
<td>4</td>
</tr>
<tr>
<td>Sequence of Presentation</td>
<td>4</td>
</tr>
<tr>
<td>II</td>
<td></td>
</tr>
<tr>
<td>THEORETICAL FRAMEWORK OF THE STUDY</td>
<td></td>
</tr>
<tr>
<td>Review of Literature</td>
<td>6</td>
</tr>
<tr>
<td>III</td>
<td></td>
</tr>
<tr>
<td>METHODOLOGY</td>
<td>16</td>
</tr>
<tr>
<td>IV</td>
<td></td>
</tr>
<tr>
<td>FINDINGS</td>
<td></td>
</tr>
<tr>
<td>Presentation and Discussion of Data</td>
<td>22</td>
</tr>
<tr>
<td>V</td>
<td></td>
</tr>
<tr>
<td>SUMMARY, CONCLUSIONS AND RECOMMENDATIONS</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td>31</td>
</tr>
<tr>
<td>Conclusions</td>
<td>31</td>
</tr>
<tr>
<td>Recommendations</td>
<td>32</td>
</tr>
<tr>
<td>APPENDIX A</td>
<td>33</td>
</tr>
<tr>
<td>APPENDIX B</td>
<td>35</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>37</td>
</tr>
<tr>
<td>Table</td>
<td>Title</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>I</td>
<td>Comparison of the Length of Employment in Nursing of Eight Head Nurses in a Diploma Program</td>
</tr>
<tr>
<td>II</td>
<td>Comparison of the Length of Employment in Their Position of Eight Instructors and Eight Head Nurses in a Diploma Program</td>
</tr>
<tr>
<td>III</td>
<td>Criteria Utilized by Five Clinical Instructors and Eight Head Nurses in the Selection of Medical-Surgical Clinical Experiences</td>
</tr>
<tr>
<td>IV</td>
<td>Comparison of Criteria for Selection of Clinical Experiences Which Were Mentioned by Four or More Clinical Instructors or Four or More Head Nurses with Educational Principles</td>
</tr>
<tr>
<td>V</td>
<td>Advice Clinical Instructors and Head Nurses Would Share With New Persons in These Positions</td>
</tr>
</tbody>
</table>
## LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Average Rank Order of Criteria Chosen by Eight Clinical Instructors and Eight Head Nurses</td>
<td>23</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

Clinical experience is the heart of the teaching learning process in medical-surgical nursing and provides the most valuable resource from which the student can learn. Much of the learning which takes place in the clinical areas depends upon careful selection of the medical-surgical nursing experiences.

Selection of clinical experiences is generally recognized by the instructor as one of her most important responsibilities. Forty-one percent of her time is spent in directing students in the care of patients.¹ The importance of medical-surgical clinical experience is supported by the priority given by Brown in her outline of the functions of clinical instructors. She lists as the first function the following:

"To focus attention of the students upon the medical and nursing problems of the patients to whom they are assigned, and to help students develop ability to adjust general plans of care to the needs of individual patient."²

It is generally agreed that if the clinical experience is to be meaningful it should complement classroom activity.

²Ibid.
Classroom learning and ward experience are simply different aspects of one process and at no time should be thought of as separate educational activities. 3

Although clinical experience is recognized as an important part of the learning experience in medical-surgical nursing, little is known about how to select these experiences. There have been no studies of this topic, though much has been written about the selection of learning experiences in general.

The Problem

The problem of this study consists of the following questions:

1. What are the criteria used by clinical instructors and head nurses in the selection of medical-surgical experiences?

2. How well do the stated criteria comply with principles set forth by educators regarding the selection of learning experiences?

In addition, the hypothesis to be tested is that learner's needs are least considered in the preparation of clinical experiences.

The complex responsibilities of modern professional nursing have made the education of nurses a challenging problem. The writer believes that medical-surgical clinical experience, as is true of any learning experience, should be selected utilizing sound educational principles. To ascertain the bases for the selection of clinical experiences in medical-surgical

nursing, the investigator identified the criteria utilized by eight clinical instructors and eight head nurses in making clinical assignments.

The data obtained from this study could serve as bases for the formulation of suggested flexible criteria for the selection of clinical experiences in any of the clinical areas of nursing.

Scope and Limitations of Study

Eight clinical instructors and eight head nurses in a diploma program furnished data for this study.

The chief limitation is that no data were collected which would indicate the extent to which the criteria for selection of learning experiences, where stated by clinical instructors and head nurses, are put into practice.

Definition of Terms

Some of the terms used in this study are peculiar to nursing education. They are defined as follows:

Clinical is an adjective describing a situation or experience involving patient-care or facilities for such care. Any professional contact with a patient or services related to patient care are considered clinical experience for students in nursing.

Learning experiences have been defined as "the interaction between the learner and the external conditions in the
environment to which he can react.\textsuperscript{4} Learning depends on the student's ability to react to stimuli and to interpret their meaning as significant to her purposes.

**Preview of Methodology**

Information regarding the criteria used in the selection of medical-surgical clinical experiences was obtained by interviewing eight clinical instructors and eight head nurses. Two clinical instructors and two head nurses from four medical and surgical units were selected for interview.

The clinical instructors were interviewed first; later, the head nurses. Each clinical instructor and head nurse was asked six similar questions; the answers were compared. From these answers criteria were identified and were compared with principles set forth by educators regarding the selection of learning experiences.

**Sequence of Presentation**

In the first chapter, information has been presented concerning the problem and its justification. Following this, the scope and limitations were briefly described. A few terms pertinent to the study were defined, and a brief description of the method used in obtaining data was given.

Chapter II contains a review of principles which are

used in the selection of learning experiences.

The method used in the collection of these data is described in Chapter III. A presentation, discussion and interpretation of the findings are reported in Chapter IV. Chapter V completes the study with a summary, conclusions and recommendations.
CHAPTER II
THEORETICAL FRAMEWORK OF STUDY

The education of nurses has traditionally been closely associated with practice in the actual care of patients. The early history of nursing was characterized by a system of apprenticeship in which students learned as they cared for patients.\(^1\) An awareness of the need for more organized learning developed as a result of the addition of classroom instruction, which had as its purpose study of the theory of nursing. The evolution of nursing education into an organized curriculum did not result in an abandonment of clinical practice. In 1948, approximately seventy-five per cent of the student's time was spent in practice. This contrasted with an average of ten per cent practice time for students of other professions and about thirty per cent for students of medicine.\(^2\) Clinical experiences are an important part of nursing education.

Increasingly, clinical instruction is being recognized as the very core of the educational programs in schools of nursing. In its opportunities for learning in an actual life situation, nursing education has an advantage over most other branches of education ... The clinical

---


services furnish areas of direct experience wherein student nurses can learn by doing, to adjust by adjusting, to appreciate by undergoing, and "to be" by becoming.

In 1926, Harmer summarized some of the educational benefits of clinical activities. She remarked that, if properly used, clinical experiences offered first-hand, individualized learnings full of illustrative material. This was true if activities were informal, cooperative, socialized, and meaningful to the student both as professional experience and as an opportunity to gain the satisfaction of helping the patient. Through clinical practice, theory could be brought to life in activities adjusted to the student's level of understanding and purpose.

Smith indicated the functions of clinical instruction in nursing education when she stated that classroom teaching emphasized knowledge and organized concepts while clinical experiences developed the ability to apply them and to appreciate their significance. She considered the skills and attitudes learned from practice as important as factual knowledge gained in the classroom.

---


Various aspects of clinical instruction have been discussed during the development of nursing education. Wilde suggested changes to improve the quality of clinical teaching. Jones asked students to give their opinions concerning an area of experience. In 1954, in a report of clinical practice in tuberculosis nursing, a student presented her impression of the affiliation including a summary of her learning in the experience. However, in proportion to the importance of clinical experiences in nursing education, little has been published concerning the selection of medical-surgical clinical experiences.

A survey of literature revealed much discussion in general education of the selection of learning experiences. However, in only two instances was the primary concern that of selection of learning experiences in nursing. One of these references was made in Sand's report of the University of Washington School of Nursing Project. In the report Tyler's principles regarding the selection of learning experiences were described as a basis for the formulation of certain questions for the faculty and Project staff. These principles are outlined on the following page.

7 Margaret Jones, "How Effective is My Teaching?" The American Journal of Nursing, LI (February, 1951), 135.
8 Henrietta Dolz, et al., "Planning the Student's Tuberculosis Nursing Experience," Nursing Outlook, II (March, 1954), 145.
### Principles Regarding the Selection of Learning Experiences

<table>
<thead>
<tr>
<th></th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> A student must have experiences that provide her the opportunity to practice the kinds of behavior implied by the objective.</td>
<td>a. What opportunities does the experience provide for the learner to practice the kinds of behavior implied by the objective?</td>
</tr>
<tr>
<td><strong>2.</strong> The learning experience must be such that the student obtains satisfaction from carrying on the kind of behavior implied by the objective.</td>
<td>b. What opportunities do the learning experience give the learner to deal with the kind of content implied by the objective?</td>
</tr>
<tr>
<td><strong>3.</strong> The reactions desired are within the range of possibility for the students involved.</td>
<td>c. What evidence is there that the student is obtaining satisfaction from the experience?</td>
</tr>
<tr>
<td><strong>4.</strong> There are many particular experiences that can be used to attain the same educational objectives.</td>
<td>d. Is the reaction desired in the experience within the range of possibility for the students involved?</td>
</tr>
<tr>
<td><strong>5.</strong> The same learning experience will usually bring about several outcomes.</td>
<td>e. Is the experience appropriate to the student's present attainment, her predisposition and the like?</td>
</tr>
<tr>
<td></td>
<td>f. How is the experience related to the student's own purpose?</td>
</tr>
<tr>
<td></td>
<td>g. What kinds of experiences have been developed, capitalizing on the various interests of both student and faculty.</td>
</tr>
<tr>
<td></td>
<td>h. How does the experience provide an opportunity for the student to attain more than the objective?</td>
</tr>
<tr>
<td></td>
<td>i. Are undesirable outcomes avoided?</td>
</tr>
</tbody>
</table>

---
In the second reference, Brown listed several principles to be used in the selection of learning experiences. These, with illustrations supplied by the writer of their application in clinical teaching, are:

Principle I. The basic principle is that the student must have the opportunity to practice the kind of behavior and deal with the kinds of content implied by the objectives.

The clinical experiences must be selected for the student so that she can become involved in the behavior she is expected to develop.

Principle II. A psychological principle is that motivation is essential if effective learning is to occur.

Inasmuch as motivation is essential to effective learning, and the educational ideal is to achieve steadily increasing competency in patient care, the clinical instructor and the head nurse must give careful thought to motivation in selecting clinical experiences. Initial motivation is not enough in itself; there must be provisions for learner self-motivation and for periodic remotivation. The avenues of approach in bringing about motivation may indicate a major point of focus to clinical instructor and head nurse.

Consideration may be given to several lines of approach to motivate the student. Which of the pre-planned approaches will prove most useful at the time of the selection of the clin...
ical experiences will depend upon a number of circumstances such as the amount and nature of occurrences during the previous clinical experiences. Also, effective motivation depends on a better understanding of the individual student nurse including a recognition of the student's intelligence and her development level.

Motivation is important in selecting clinical experiences because the student is a goal-setting and goal-seeking organism. She secures maximum satisfaction and the most functional and lasting learnings through pursuit of her own purposes. With this premise in mind, the clinical instructor is obliged to find ways and means of presenting effective learning incentives and of utilizing learner motives to arouse specific and educative learner purposes. 11 Genuine learning occurs through purposive learner-experiencing; consequently, successful clinical teaching is seen to depend largely upon the ability of the clinical instructor and head nurse to arouse effective learner-purposing through good clinical experience. Further, it is well for the clinical instructor and head nurse to remember that they can provide learning incentives in selecting clinical experiences, but the motive to learn can come only from the students.

Incentives usually arise from the environment, but the effects of these depend upon pre-existing tendencies within the

student. Consequently, the motivation resulting from a given incentive will vary from student to student. The effect of incentives may be positive or negative, depending upon conditions of the learner's needs and the degree of satisfaction of those needs. If a clinical assignment is to be effective, it must arouse a motive which can be appealed to at the time of the experience.

The effects of incentives and the functioning of motives can be inferred from an observation of behavior. The evidence of an effective motive in operation during clinical experiences is demonstrated as the student shows new interest, as the efficiency of her learning improves, and as she characterizes her learning efforts by persistence.

Prescott summarizes the effect of motivation:

Motivation influences directly the intensity of effort which a learner will put forth to learn. It determines the single-mindedness, the unity of attention which will be given to a task. It mediates the amount of fatigue which he is willing to endure in the process of learning. Motivation has an important relationship to satisfaction felt upon successful learning, and to the disappointment experienced in failure.

Principle III. To assure that effective learning occurs from an experience, the experience must be meaningful to the student, and she must see its relationship to previous experience and future needs.

It is important for the students to know that the appropriateness of clinical experiences is determined by its promise.

of realization of the objectives of the experiences.

Clinical experience may prove to be more meaningful when it is a cooperative endeavor involving the student nurse, the clinical instructor and the head nurse. Whenever possible, clinical experiences may be in terms of learner recognized needs, with regard for other principles applicable to the given situation.

Principle IV: In general an individual learns what he does. He learns by doing.

Principle V: Provision for adequate distribution of practice is another psychological principle.

Student nurses vary in their motor achievement. Some students will need more practice in the care of a given kind of patient than others. Opportunity to care for a patient involving more difficult and complex skills should be liberally distributed.

Whenever new motor tasks are being introduced, the length of the practice period should be short. Many motor skills involve complexity in the physical movements, and also, depend upon complex mental or social processes. This increases the learning difficulty and need for spaced practice.14

When it is necessary for the student to remember how to care for patients with certain kinds of illnesses, she must be assigned at prescribed intervals, depending upon the complexity of the task, to care for those patients. This is done to prevent extinction of skills involved in the care of the patient.

Review of current literature in the fields of education and general psychology disclosed that there were few principles applicable to the selection of clinical experiences that were not discussed by Tyler and Brown. Among these few principles, Burton's \(^{14}\) statements concerning two general principles of learning merit attention. In regard to the first principle he writes:

The learning process proceeds most effectively when the experience, materials and desired results are carefully adjusted to the maturity and background of experience of the learner.\(^{15}\)

When selecting clinical experiences the clinical instructor and head nurse must remember that many student nurses in the beginning medical-surgical experience are still adolescents. They have not reached full intellectual, social and emotional maturity and need guidance in order to attain full maturity. Burton states his second principle as follows:

The learning process and the achievement of results is materially related to individual differences among the learners. The capacity of the learner is a critical factor in deciding what is to be learned and by whom.\(^{16}\)

Wertheimer insists that experience is always in structure, that one perceives stimuli in organized wholes, not in disconnected parts.\(^{17}\)

\(^{14}\) William Burton, "Basic Principles in Good Teaching-Learning Situations," Phi Delta Kappan, XXXIV (March, 1950), 242

\(^{15}\) Ibid.

\(^{16}\) Ibid.

These educational and psychological principles related to learning and their implications pertaining to the selection of learning experiences are tools that could be used in the selection of medical-surgical clinical experiences.

In addition to the stated principles, it is essential for the clinical instructor to plan, or at least to assist, in the assignment of students to patients, in order to correlate laboratory practice with concurrent classroom theory. Clinical experience should be sequential and related to individual needs of the learner. General principles of nursing care will enable the beginning student to care for patients with supervision before she has mastered the entire body of theory. Finally, the selection of learning experiences should be based on their value in terms of desired outcomes. ¹⁸

CHAPTER III

METHODOLOGY

In this study an attempt was made to identify the criteria used by eight clinical instructors and eight head nurses in the selection of medical-surgical clinical experiences and to determine how well the identified criteria comply with principles set forth by educators regarding the selection of learning experiences.

This study was conducted in a diploma program. The School of Nursing studied, is part of a research and teaching hospital with over a thousand beds. This hospital, one of the oldest hospitals in America, is owned by a voluntary corporation.

The purposes of this hospital are the care of the sick, the prevention of illness and the promotion of health, the research into the cause and treatment of disease, and the teaching of the varied groups concerned with all of these purposes. This hospital and the affiliating institutions where the student nurses have their clinical experiences are accredited by the Joint Commission on Accreditation of Hospitals and the State Hospital Association.

In 1940, this School of Nursing was surveyed and fully accredited by the National League of Nursing Education (now National League for Nursing). It is also approved by the Ap-
proving Authority of Schools of Nursing of the State of Massa-
chusetts.

This institution cares for adults and children acutely ill with general medical and surgical diseases. A small unit is provided for patients with communicable diseases.

The School of Nursing is eight years old. The enrollment in 1960 was three hundred and twenty-five students. There are forty faculty members with eighteen of these employed in medical-surgical nursing. Medical-surgical nursing and fundamentals of nursing were taught concurrently utilizing the same faculty.

The student-teacher ratio is usually one to five. The student nurses usually rotate in groups of five. When a student drops out no attempt is made to maintain the quota of five. Therefore, in some instances in the wards in which the study was made the ratio was less than five students per instructor. In the medical-surgical areas there were affiliating students from one collegiate and one diploma program. The former employed its own clinical instructor; the latter utilized the service of the instructor of the affiliating agency.

In this institution two instructors and two head nurses were interviewed from each of four medical and surgical units.

The students involved in this study were 125 freshmen. Only half of these students are rotated to medical-surgical
nursing at one time.

These students began their freshman year with the study of the sciences - physical, biological, and social. At the end of the first eight weeks the students were considered to have acquired a basic core of chemistry, anatomy, and physiology upon which continuing study was built. In the social sciences there were observations, study and discussions relating to the community which the hospital serves. The study of human growth and development which was intended to have helped the student understand herself, patients, and family, was begun in psychology. The study of fundamentals of nursing followed, with nutrition, pharmacology, pathology and public health as it applied to nursing. These continued to be a part of the student nurse's courses.

Learning to care for patients in the hospital began early in the fall in the clinics and the pediatric playrooms. Experience with patients was increased as the student nurses acquired readiness for such responsibility, moving from the ambulatory to the mildly ill, to patients with more acute medical-surgical diseases. The latter experience began in the spring. Students were assigned to wards where a clinical instructor helped in coordinating the previous learning and teaching.

The clinical experiences for the freshman students were selected by the instructor and head nurse or the instruc-
The academic preparation of the clinical instructors and head nurses interviewed was varied. All clinical instructors had a diploma in nursing and a bachelor's degree. One instructor had two bachelor degrees plus thirty-one (31) hours toward a master's degree. One instructor had six (6) credits toward a master's degree. All head nurses had a diploma in nursing. One head nurse had a bachelor's degree. One head nurse had earned twenty-one (21) hours toward a bachelor's degree.

The years of experience of instructors and head nurses are shown in the following charts:

**TABLE I**

**COMPARISON OF THE LENGTH OF EMPLOYMENT IN NURSING OF EIGHT INSTRUCTORS AND EIGHT HEAD NURSES IN A DIPLOMA PROGRAM**

<table>
<thead>
<tr>
<th>Group Studied</th>
<th>Longest Period</th>
<th>Shortest Period</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructors</td>
<td>16 years</td>
<td>2 years</td>
<td>7.07 years</td>
</tr>
<tr>
<td>Head Nurses</td>
<td>5 years</td>
<td>1 year 7.5 months</td>
<td>2.96 years</td>
</tr>
</tbody>
</table>
TABLE II
COMPARISON OF THE LENGTH OF EMPLOYMENT IN THEIR
POSITION OF EIGHT INSTRUCTORS AND EIGHT
HEAD NURSES IN A DIPLOMA PROGRAM

<table>
<thead>
<tr>
<th>Group Studied</th>
<th>Number of Years Employed in Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Longest Period</td>
</tr>
<tr>
<td>Instructors</td>
<td>7 years</td>
</tr>
<tr>
<td>Head Nurses</td>
<td>10 months</td>
</tr>
</tbody>
</table>

To obtain pertinent information for this study a tentative interview guide was constructed. Open-ended questions were used in the data gathering device because it seemed likely that clinical instructors and head nurses would give the desired information in free answers to broad, general items.

This guide was pretested on four clinical instructors. The guide was modified to be used for interviewing the clinical instructors and head nurses. The two adapted 1, 2-page guides were considered adequate to secure data.

The interview guides were used for the purpose of securing information in the following areas:

1. the criteria used in the selection of medical-surgical clinical experiences
2. a description of a recent assignment
3. the greatest problem encountered in the selection of medical-surgical clinical experiences.

1 See Appendix A
2 See Appendix B
(4) advice the respondents would give to a new clinical instructor and head nurse, and
(5) individuals involved in the selection of clinical experiences

Individual interviews of the clinical instructors and head nurses were conducted at the hospital. The clinical instructors were interviewed first; all instructors were interviewed in a single day. The head nurses were interviewed on separate occasions as time permitted.

The usual length of an interview was twenty minutes. The total length of time spent interviewing was ten hours. Through the cooperation of the eight instructors, the eight head nurses and the clinical coordinator, little difficulty was encountered in the collection of these data.
CHAPTER IV

FINDINGS

Analyses of data revealed that only five of the eight clinical instructors interviewed actually prepared student assignments, while the eight head nurses, at one time or another, were all involved. When asked, "What criteria do you use in the selection of clinical experiences?" these clinical instructors and eight head nurses gave the replies indicated in the table below.

TABLE III

CRITERIA UTILIZED BY FIVE CLINICAL INSTRUCTORS AND EIGHT HEAD NURSES IN THE SELECTION OF MEDICAL-SURGICAL CLINICAL EXPERIENCES

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Clinical Instructor</th>
<th>Head Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Percentage</td>
</tr>
<tr>
<td>Ability of student</td>
<td>5</td>
<td>62.5</td>
</tr>
<tr>
<td>Level of competency</td>
<td>4</td>
<td>50.</td>
</tr>
<tr>
<td>Correlation of clinical experience with classroom theory</td>
<td>5</td>
<td>62.5</td>
</tr>
<tr>
<td>Objective of clinical experience</td>
<td>4</td>
<td>50.</td>
</tr>
<tr>
<td>Past experience of student</td>
<td>4</td>
<td>50.</td>
</tr>
<tr>
<td>Continuity of nursing care</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td>Service obligation</td>
<td>3</td>
<td>37.5</td>
</tr>
</tbody>
</table>
TABLE III
(Continued)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Clinical Instructor</th>
<th>Head Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Percentage</td>
</tr>
<tr>
<td>Learner's needs</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td>Graduation from simple to complex</td>
<td>2</td>
<td>25.0</td>
</tr>
<tr>
<td>Amount of supervision required.</td>
<td>2</td>
<td>25.0</td>
</tr>
<tr>
<td>Familiarity with ward</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td>Essential procedures</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td>Availability of patients</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td>Geographical location of patients</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td>Individual differences</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Follow-up patients</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Of the three remaining clinical instructors, two indicated that the preparation of student assignments was done in cooperation with the head or charge nurse. One clinical instructor was responsible for classroom activities only.

Three instructors did not prepare student assignments. They were asked, "What criteria do you relay to the head nurse?" Their answers varied. One of the three instructors relayed correlation as her criterion. A second instructor relayed the number of students assigned to the service, the level of competency of students, past experience of the students, the ob-
jective of the experience, progression of experience from simple to complex, and correlation of clinical experience with classroom theory. The third instructor relayed the objective of the experience, the level of competency, the availability of patients, the needs of the service and the geographical location of patients.

The head nurses were asked to describe their most recent assignments as a means of determining criteria. In doing this certain criteria became evident. One head nurse used correlation of clinical experiences with classroom theory and opportunity for the execution of necessary procedures. Another utilized individual differences, opportunity for new experiences, and continuity of nursing care. A third used objective of the experience, continuity of nursing care and service. A fourth's criterion was to improve the ability to organize nursing care. A fifth utilized opportunity to execute new procedures, service, and continuity of nursing care. A sixth used provision for a new experience, service, and nursing care problems. One head nurse supervised assignments but did not participate in the actual preparation; while another prepared assignments so infrequently that she could not clearly recall her most recent.

All excepting one of the clinical instructors when asked wanted to put into effect additional criteria, if possible. One of them suggested assigning students to areas having superior team leaders. Another favored having students accompany
patients throughout the entire surgical experience or other procedures. Another instructor indicated that certain patients might be assigned to a student rather than a private duty nurse. A fourth instructor favored honoring a student's request for certain experiences. A fifth considered her situation ideal. Of the seven instructors concerned with clinical teaching two gave irrelevant responses.

In response to the question, "What criteria do you use in the selection of clinical experiences?" it was noted that four or more clinical instructors and head nurses mentioned correlation of clinical experiences with classroom theory and level of competency. Further, four or more clinical instructors designated the objective of the clinical experience and past experience of students. Four or more head nurses suggested continuity of nursing care as a criterion. The table on the following page shows a comparison of identified criteria with applicable educational principles as presented in Chapter II.
TABLE IV
Comparison of criteria for selection of clinical experiences which were mentioned by four or more clinical instructors or four or more head nurses with educational principles

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Mentioned by Majority of:</th>
<th>Related educational principles*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Author</td>
</tr>
<tr>
<td>Correlation of clinical experience with classroom theory</td>
<td>Head Nurses Clinical instructors</td>
<td>Tyler &amp; Brown 1 Brown 4</td>
</tr>
<tr>
<td>Level of competency</td>
<td>Head Nurses Clinical instructors</td>
<td>Tyler 3</td>
</tr>
<tr>
<td>Past experience</td>
<td>Clinical instructors</td>
<td>Burton 1</td>
</tr>
<tr>
<td>Objective of clinical experience</td>
<td>Clinical instructors</td>
<td>Tyler 1 Burton 1</td>
</tr>
<tr>
<td>Continuity of nursing care</td>
<td>Head Nurses</td>
<td>Wertheimer</td>
</tr>
</tbody>
</table>

* see Chapter II

The principles of selection of learning experiences described in Chapter II which were not specifically relevant to the criteria identified by the participants were:

Tyler 2
Tyler 4
Tyler 5
Brown 2
Brown 5

Two of these principles deal with the importance of motivation and satisfaction, two deal with objectives of the experience and the last deals with the provision of necessary practice. On

\[\text{Chapter II pages 9-14} \]
the basis of the information obtained about criteria, it cannot be stated that these principles are not being used. The students may be motivated and receive satisfaction from clinical experiences even though this was not made evident from identified criteria.

It can be concluded that identified criteria are in accord with general educational principles regarding the selection of learning experiences.

Instructors and head nurses were asked to rank five items in terms of their importance to them in the selection of clinical experiences and also in terms of what they considered to be good teaching practice. The items were learner's needs, correlation of clinical experiences with classroom theory, level of competency, student interest and individual differences. The graph on the following page shows the average rank order of these items.
Fig. 1 Average Rank Order of Criteria Chosen by Eight Clinical Instructors and Eight Head Nurses.

Note: The higher the average rank order the less the importance of the criterion.
The hypothesis that learner's needs would be least considered was evaluated on the basis of the average rank orders of importance assigned by clinical instructors and head nurses to the five criteria for the selection of clinical experiences and also in terms of what they considered to be good teaching practice. Learner's needs received the highest average rank from head nurses and the second highest rank order from clinical instructors.

The interviewees were asked to state the greatest problem encountered in the selection of clinical experiences. Four instructors indicated the problem of low census. One each of the instructors designated correlation of clinical experiences with classroom theory, pressures of the ward, deprivation of potential experiences for students by private duty nurses, and the inability of student nurses to follow up procedures. The greatest problem for head nurses, as indicated by four respondents, was the difficulty in meeting service and student needs. One each of the head nurses designated geographical location of the patient, lack of inter-personal relationship, the unfamiliarity of the student with the ward, and the tendency to give complex assignments to staff nurses.

A further question asked clinical instructors and head nurses dealt with advice to be given to new personnel in their positions. Their responses are shown in table on the following page:
<table>
<thead>
<tr>
<th>Points of Advice</th>
<th>Clinical Instructor</th>
<th>Head nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a knowledge of student's level of development</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Establish good inter-personal relationship with ward personnel</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Develop an awareness of the difference in student needs</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Know the ability of students</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Have a realistic level of expectancy in performance</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Correlate clinical experience with classroom theory</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Be familiar with clinical setting</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Work with students at the bedside</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Show patience with students</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Criticize students in private</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Have a good knowledge of patient care and procedures</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Know patients on service as persons</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Select challenging ex-student experiences</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Remember service obligations</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The problem of this study consists of the following questions:

(1) What are the criteria used by clinical instructors and head nurses in the selection of medical-surgical clinical experiences?

(2) How well do the stated criteria comply with principles set forth by educators regarding the selection of learning experiences?

Data were obtained by interviewing eight clinical instructors and eight head nurses from four medical and surgical units in a large general hospital. The student nurses for whom clinical experiences were being selected were freshmen. The interviews were guided by six open-ended questions.

Conclusions

The chief findings of the study are as follows:

(1) Criteria used by the majority of clinical instructors and/or head nurses in the selection of medical-surgical clinical experiences for freshman students are:
level of competency, correlation of clinical experiences with classroom theory, past experiences of the student, objective of clinical experience and continuity of nursing care.

(2) These identified criteria are in accord with general education principles regarding the selection of learning experiences.
(3) The hypothesis that the learner's needs are least considered in the selection of medical-surgical clinical experiences was rejected on the basis of the average rank order of importance given these criteria by clinical instructors and head nurses.

Recommendations

It is recommended:

(1) That another study be conducted on a larger scale, (a) as to the number of clinical instructors and (b) more diploma programs

(2) That observation be made of the clinical instructor and head nurse to see if these criteria govern their activity

(3) That a follow-up study be made of the collegiate program regarding criteria used in the selection of medical-surgical experiences

(4) That flexible criteria be formulated for use in the selection of clinical experiences based on research as to knowledge, attitudes and skills essential to provide adequate care for patients with certain illnesses

(5) That a formula or an equation be set up based on research as to the frequency of practice necessary to prevent extinction of nursing knowledge relevant to the care of certain illnesses
INTERVIEW
(Clinical Instructor)

Interview number

1. What criteria do you relay to the head nurse?

2. Are there any other criteria that you would like to put into effect, if it were possible to do so?

3. What is the greatest problem encountered in the selection of student's clinical experiences?

4. If you were going to give some advice to a new instructor about the selection of clinical experiences for students, what information would you give her?

5. Who is usually involved in the selection of clinical experiences for students?

6. Arrange the following according to what you believe is good teaching and their importance in the selection of students' clinical experiences: student interest, correlation, level of competency, learner's needs and individual differences.

   a.
   b.
   c.
   d.
   e.
7. What is your job description?

8. Education
   _______ Diploma
   _______ Bachelor (kind)
   _______ Master's or higher degree

9. Positions previously held
   _______ Staff nurse
   _______ Head nurse
   _______ Supervisor
   _______ Nursing service director
   _______ Educational director
   _______ Other (designate)

10. Number of years employed in nursing _________

11. Length of time in present position _________

12. Marital status S M W Divorced Separated

13. Children - number _______ ages_________
INTERVIEW
(HEAD NURSE)

Interview number

1. What criteria do you use in the selection of clinical experiences for students?

2. Describe the most recent assignment. Why did you select the clinical experiences as you did?

3. What is the greatest problem encountered in the selection of clinical experiences?

4. If you were going to give advice to a new head nurse about the selection of clinical experiences for students, what information would you give her?

5. Who is usually involved in the selection of students’ clinical experiences?

6. Arrange the following according to what you believe is good teaching and their importance in the selection of student experiences: student’s interest, correlation, level of competency, learner’s needs and individual differences.

   a.
   b.
   c.
   d.
   e.

7. What is your job description?
8. Education

______ Diploma
______ Bachelor (kind)
______ Master's or higher degree

9. Positions previously held

______ Staff nurse
______ Head nurse
______ Supervisor
______ Nursing service director
______ Educational director
______ Other (designate)

10. Number of years employed in nursing ________

11. Length of time in present position ________

12. Marital status S M W Divorced Separated

13. Children - number _______ ages __________
BIBLIOGRAPHY

Books


BIBLIOGRAPHY

Books
(Contd)


Articles and Periodicals


Brown, Amy F., "Selection of Learning Experiences," Hospital Progress, XXXIV (October, 1955), 78-82.


Jones, Margaret, "How Effective is My Teaching?" The American Journal of Nursing, Ll (February, 1951), 135.

Smith, Martha Ruth, "When is Ward Practice Real Instruction?" The American Journal of Nursing, XXXIV (August, 1934),