

## ***Students' Experiences of Implementing Clinical Skills in the Real World of Practice***

### **ABSTRACT**

#### **Aims and Objectives:**

This paper reports on a study that aimed to examine the factors that impact on students' implementation of clinical skills in the practice setting. This was part of a larger exploration into the role of the Clinical Skills Laboratory in preparing student nurses for clinical practice.

#### **Background:**

It is already known that students can experience reality shock on clinical placement and that staff support is crucial for their adaptation to the environment. This process is similar to socialisation theory whereby the newcomer adapts to the workplace.

#### **Design:**

A multiple case study design (n=5) was used.

#### **Methods:**

Data were collected using semi-structured interviews (n=43) and non-participant observation of students implementing skills in clinical practice.

#### **Findings:**

Findings revealed the factors that could facilitate students' implementation of clinical skills were: provision of learning opportunities, staff support and supervision, and students' confidence. Factors that hindered students were: reality shock, "the gap" in how skills were taught in the Higher Education Institutions and the clinical setting, and missed learning opportunities. Support from peers in the clinical area and having previous experience of working as a Health Care Assistant, or similar, were factors that could either positively or negatively impact on students.

#### **Conclusions:**

This paper concludes that students need to be adequately prepared for the real life ward environment. Understanding, through socialisation theory, how students adapt to the workplace can facilitate this process. Facilitating students' learning includes supporting them, developing their confidence and ensuring that they have prior exposure to undertaking clinical skills.

#### **Relevance to Practice:**

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Staff working with students in clinical practice can help facilitate students' learning and implementing of clinical skills through an understanding of how students adapt and "fit in" to their working environment.

### **KEYWORDS**

Nurse Education, Clinical Skills, Student Socialisation, Clinical Learning Environment, Nursing Students, Clinical Placement.

### **INTRODUCTION**

In contemporary nurse education worldwide, clinical skills are often learned initially in the Clinical Skills Laboratory (CSL). Nursing students then get the opportunity to practice and develop these skills in the clinical setting. However, implementing clinical skills in the reality of practice can be challenging for students. In order to examine how the CSL can adequately prepare students, those challenges must be clearly identified and discussed. This paper reports on original research exploring students' experiences of clinical practice, and in doing so, illuminates some of the barriers and facilitators that influences their ability to implement clinical skills in the real world of practice.

### **BACKGROUND**

The literature **identifies** that certain factors can impact on nursing students' experiences in the real world of practice. In particular, student anxiety in practice, student socialisation, and staff support all impact on students' clinical experiences.

Previous research reveals that students' first experiences in the reality of clinical practice can be a source of anxiety and stress. Sources of stress include: reality shock (Tatano Beck 1993, Gray & Smith 1999, Pearcey & Draper 2008); feeling abandoned by the Higher Education Institution (HEI) (Tatano Beck 1993); the fear of harming a patient or making mistakes

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(Kevin 2006); feeling incompetent (Tatano Beck 1993, Kevin 2006); and apprehension regarding the clinical assessment process (Begley & White 2003).

The literature also emphasises that students' socialisation into practice is an important factor that facilitates student clinical learning. For this purpose, socialisation theory is used in this paper to support the discussion of students' adaptation to clinical practice in the same way that "newcomers" adapt to a new working environment. Research has found that students value a sense of belonging and feeling part of the ward culture (Cope *et al.* 2000, Gray and Smith 2000, Chan 2001, Papp *et al.* 2003, Secrest *et al.* 2003, Chesser-Smyth 2005). This is similar to the concept of newcomer adaptation outlined in socialisation theory, whereby the newcomer becomes an "insider" (Louis 1980).

The literature recognises that students' feelings of "newcomer adaptation" are enhanced by their confidence and assertiveness; their previous experiences in a healthcare setting; and the support that they gain from their peers whilst in the clinical learning environment (CLE) (Gray & Smith 1999, Currie 1999, Howkins & Ewens 1999, Gray & Smith 2000, Secrest *et al.* 2003, Chesser-Smyth 2005, Brennan & McSherry 2007). In particular, students believe that having knowledge and skills assisted the process of positive socialisation (Gray & Smith 1999, Secrest *et al.* 2003). This is similar to the concept of Realism of Pre-entry Knowledge (RPK), described by Louis (1980), which is the preparation that newcomers receive prior to entering an organisation (Klein *et al.* 2006). RPK is thought to facilitate socialisation by helping newcomers to understand what is expected of them and how to cope with job demands (Louis 1980, Chao *et al.* 1994). For student nurses, having previous experience working in a healthcare setting, for example as a Health Care Assistant (HCA) or as a nurse's

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aide, has been linked with increased confidence and improved socialisation into the clinical setting (Gray & Smith 2000, Brennan & McSherry 2007).

Peer support also impacts on the process of socialisation. Ashforth and Saks (1996) found that a peer group exerted far more impact on the newcomer than the psychologically distant organisation. In socialisation theory, this is referred to as the "all in the same boat consciousness" (Van Maanen & Schein 1979). This acceptance by one's peers is crucial in the socialisation process and facilitates adaptation (Price 2008).

The support of staff is central to facilitating student learning in practice (Kevin 2006).

Socialisation theory emphasises the importance of support to enable adaptation and positive socialisation. Students often feel that they learn most from a supportive staff nurse that they work with (Condell *at al.* 2001). This requires staff nurses to have the necessary knowledge and skills to support and teach students in the clinical environment (Gleeson 2008, Zilembo & Monterosso 2008). Furthermore the staff nurse needs to be enthusiastic and approachable (Gray & Smith 2000, Webb & Shakespeare 2008).

To summarise, socialisation theory and workplace adaptation can provide a lens to understanding how nursing students adapt to the clinical setting and thus learn and implement clinical skills. The literature outlines that students adapt and are facilitated in learning and implementing clinical skills by supportive staff and their own level of confidence. However, adaptation and learning can be hindered by the anxiety caused by the reality of practice.

## **METHODS**

### **Aim**

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The aim of the study was to describe students' experiences of the real world of practice with regards to the learning and implementation of clinical skills.

### **Design**

A multiple case study design was employed. Case study research is concerned with studying a contemporary phenomenon in its natural context (Yin 2003, Luck *et al.* 2006, Salminen *et al.* 2006). In Ireland, there are 13 Higher Education Institutions (HEIs) that offer the Bachelor of Nursing Degree Programme. Of these, five case study sites were chosen for inclusion in the study based on specific criteria for selection and comprised a HEI and one affiliated hospital (Casey & Houghton 2010). The criteria for selection included whether Objective Structured Clinical Examinations (OSCE) were used as an assessment method; whether the audio-visual equipment was being utilised as a teaching and assessment aide; whether scenario-based learning was implemented; and the type of institution, University or Institute of Technology. This ensured typicality of cases but also representation of more diverse cases.

### **Data Collection**

Purposive sampling was used to identify the study sample from across the five study sites (see Table 1). The sample consisted of undergraduate nursing students and clinical staff who had had contact with the undergraduate student nurses while on clinical placement. Newly qualified staff nurses were also invited for interview as it was felt that they had the perspective of recently having completed the Bachelor of Nursing Degree Programme. Sampling was continued until data saturation had been achieved.

Semi-structured interviews and non-participant observations were used to collect the data. Forty three semi-structured interviews were conducted using an interview guide. The interview guide explored participants' experiences and perceptions of the factors that

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facilitated or hindered students' implementation of skills in clinical practice. Interviews took place in a quiet area in the clinical setting and lasted approximately one hour. Data saturation was achieved and no new data emerged during the final interviews.

Non-participant observations of students in the clinical area were also carried out by the researcher in the affiliated hospital at each case study site. The purpose of the observations was to identify the factors that impacted on students' implementation of clinical skills. Time sampling, which meant observing at specific times of day, and mobile positioning, which meant observing in different sections of the clinical setting, were chosen as they offered the most valuable opportunities to observe different students at different stages of education, engaged with a variety of clinical skills implementation. These methods were also tested and identified as appropriate in the pilot. Each observation period was two hours in duration conducted over a 12 hour shift. An observational guide was used to conduct the collection of the data and to allow for comparisons across case study sites. The Hawthorne effect was minimised by clearly outlining the purpose of the observations in advance and keeping enough distance from the participants so as not to make them feel uncomfortable. Many participants remarked that they soon forgot that they were being observed. All data were collected between December 2007 and May 2008.

### **Ethical Considerations**

Ethical approval was granted from the Research Ethics Committee of both the HEI and the affiliated hospital at each of the five case study sites. Privacy and confidentiality was ensured and informed consent was obtained from all participants who were interviewed and observed. Consent was also obtained from the patients being cared for by the students who were being

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observed in practice (Houghton *et al.* 2010). Posters were placed in visible areas of the settings being observed to alert the general public as to the presence of the researcher.

### **Data Analysis**

The interview and observational data were analysed together. This was conducted based on Morse's (1994) analysis framework, which outlines four key stages: comprehension, synthesis, theorising and recontextualisation. These stages were achieved by utilising the strategies developed by Miles and Huberman (1994). These stages included: broad coding; pattern coding; memoing; distilling and ordering; testing executive summaries; and developing propositions. All the data were managed using QSR NVivo8 software package and the coding process was facilitated through the development of tree nodes to identify patterns between codes. "Memoing" then allowed for executive summary statements to be drafted allowing for a deep understanding and synthesis of the data. The executive summary statements were tested against the data and were then formalised and systemised into a coherent set of explanations, which formed the basis of the reported findings.

### **Rigour**

The approaches to rigour outlined by Lincoln and Guba (1985) were adopted to ensure the trustworthiness of the research. These are: credibility, dependability, confirmability and transferability. Firstly, to ensure the credibility of the study, prolonged engagement and persistent observation were conducted. In addition, member checking and peer debriefing were carried out. Dependability and confirmability were achieved through provision of an audit trail and reflexivity. QSR NVivo8, a computer assisted data analysis software, was used to manage and store the data and this enabled the provision of an audit trail. Query tools, used within NVivo, allow the researcher to ask questions of the data to ensure confirmability

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of the findings (Bassett 2009). Reflexivity, through diary keeping, assisted in maintaining the transparency of decisions made throughout the research process (Dowling 2006, McGloin 2008). Finally, thick descriptions were provided so that readers of the research could ascertain the transferability of the findings to their own setting.

### **FINDINGS**

The sample included junior and senior students who had experience of learning in the CSL and implementing their clinical skills in the practice setting. In addition, clinical staff involved in supervising and providing support to students in practice were included. From data analysis, one major theme, 'The Reality of Practice' was identified. This main theme examined the clinical setting and the specific factors that impact on students' learning and implementation of skills during their clinical placements. It consisted of three subthemes: 'The real world'; supervision and support; and 'fitting in'. The subthemes will each be described with reference to findings from interviews from all participant groups and from the non-participant observations.

#### **'The real world'**

This first sub-theme explored the environment in the clinical setting and the factors that influence students' implementation of skills in practice. Although many students reported a preference for learning the skills in clinical practice rather than in the CSL, some students reported that implementing clinical skills could be more challenging in the reality of practice because it was a "real life" situation and a real patient, rather than a "doll" in the CSL.

"The mannequin is just a doll sitting there, there's nothing wrong with it like...you have bed bath someone with a stroke and I mean half their side is affected and you have to try to move them around" (Senior Student)



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“It’s like playing in a doll’s house [in the CSL]... whereas now, you are actually practicing for real life at this stage” (Senior Student)

The clinical staff also reported that there was the potential for “reality shock” for students in dealing with “real life” patients, as opposed to practising or learning skills in the CSL.

“They [students] might do something, and do it really well the once [in the CSL] and think then that they’ll sail through it then in practice. Although then when they get into the real world...students are going to be interacting with such a variety of individuals, sometimes they’re at a loss” (Clinical Staff Member)

“It’s different doing it [the skill] in a room in a building...rather than doing it on a ward that’s smelly and has people vomiting and shouting...nothing is as straightforward as doing it in the labs” (Clinical Staff Member)

Another challenge for students arose when they were taught to do a skill differently in clinical practice to that taught in the CSL or they were taught differently in each clinical placement, resulting in a lack of consistency in the way skills are implemented. This created a “gap” in what students were learning in the CSL and their experiences in the reality of practice. Students often opted to replicate the way that skills were implemented in practice. This was documented during the non-participant observations and confirmed by a number of participants during interview.

“It’s difficult in a way as well that you’re going to meet inconsistencies in the way different people do different skills. It’s hard; it means it takes longer to develop confidence in doing a skill if you’re meeting different ways of doing it from week to week or from placement to placement” (Senior Student)

Valuable learning opportunities were seen to be provided for students in the clinical environment. However, the observational data suggested that, at times, potential opportunities for teaching and learning clinical skills were missed. These missed learning opportunities

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could occur when the ward was very busy and students were involved in non-nursing tasks, such as moving furniture and patients to different rooms, or when the students were not being adequately supervised.

“Okay, if the ward is really busy, sometimes we may not get time to train. Like we will explain to the students things but sometimes just to teach them new things, we may not get time, if it is a really, really hectic day”  
(Clinical Staff Member)

During the observations, the majority of missed learning opportunities observed related to the medications rounds, as many medications rounds were done without any student present.

### **Supervision and support**

In the second sub-theme, supervision and support were identified as pivotal to the student experience on clinical placement. During the observations, different approaches to supervision were noted and to differentiate between them, they were termed, “direct supervision” and “peripheral support”. Direct supervision was used more commonly for junior students and involved staff offering learning opportunities to the students and supervising their performance of skills. In the case of “peripheral” support, senior students could work independently with the staff nurse there when needed. At interview, many of the students and newly qualified staff nurses reported that supervision was one of the main factors that helped students to learn or implement skills in practice and in particular, having one person who nurtured learning and supported students was considered key.

“If the staff are going to help you and teach you, and bring you along with them, it just helps, it helps no end...sometimes you just find this one nice nurse who can just bring you with, especially in first and second year, when you need that person – it makes such a difference. You will learn loads” (Senior Student)

“That’s the only person [preceptor] that you can really lean on and go back to if you have any problems” (newly qualified staff nurse)

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Staff also emphasised the importance of supervision and also believed that having a named preceptor who was consistently with the same student was of real benefit to the students.

“I think the most important thing would be to have a designated preceptor ...you'd see the students who are more often just with the same person, rather than being swapped around, generally seem to do better, because I suppose they build up a relationship with the staff nurse, and they trust them” (Clinical Staff Member)

“Having continuity of staff, especially for...the first years, if they can work with the same person for a few days, or for as long as possible, so that they kind of have a relationship and trust somebody. The attitudes of staff are just so important” (Clinical Staff Member)

Students providing support to each other in the clinical area was also acknowledged by some students as being helpful to their learning. Students felt supported by their peers as they were in the “same boat”.

“Even the third year girls, and...The fourth year...they're more advanced obviously, but they're kind of in the same boat, and they'll show you stuff and help you as well” (Junior Student)

However, some clinical staff believed that too many students on placement together could make allocation to preceptors difficult, thus reducing students' learning opportunities. In addition, students could spend more time chatting and keeping each other company.

“Sometimes we can have more students than staff on placement, and sometimes one staff nurse might be a preceptor to three students, and sometimes if you've different ...they're not really seen as individuals, they're seen as all students, and that can be hard on them” (Clinical Staff Member)

“If there are lots of students on the ward they have more companies [sic] and they are more; I think they are losing their time if lots of them are there; chatting and having companies [sic]” (Clinical Staff Member)

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### **'Fitting in'**

The final sub-theme examined students' ability to "fit in" to their clinical environment and how that impacted on their learning and implementation of clinical skills. Confidence facilitated student learning in the clinical setting and clinical staff looked more favourably on, and were more likely to teach, those students that they considered motivated, all of which had a positive impact on the students' ability to "fit in" to the clinical setting. The observational data revealed that confident students also tended to communicate more effectively with patients and staff in the clinical setting. Students who had had previous experience of working as a nurse's aide in a hospital or nursing home reported more confidence in the performance of skills.

"Yeah, it [previous experience] has. With feeding and that sort of thing – I did a lot of that. And just kind of talking and communicating with the patients – it has helped a good bit there" (Senior Student)

"I mean... certainly...and I think there might be some things that I might know a little bit more about, having had a bit of experience, and I like being able to help them [patients] if they've got a problem" (Junior Student)

However, some staff felt that these students had a tendency to revert to their role as a nurse's aide rather than learn and develop their nursing specific skills.

"I think [previous experience] can actually almost hinder the students. I think students who have been in a care assistant role...they've developed the confidence, so they can approach the patients... but for them, they tend to slip into that care assistant role, and not develop their skills as a student nurse ... they don't seem to push themselves beyond that in terms of the learning rationale, critical thinking" (Clinical Staff Member)

In summary, there were a number of factors that impacted on students' learning and implementation of skills in practice. Factors that could facilitate students were: provision of learning opportunities, staff support and supervision, and students' confidence and

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communication skills. Factors that hindered students were: reality shock, "the gap" between the HEI and the clinical setting, and missed learning opportunities. Peer support and previous experience were factors that could either positively or negatively impact on students.

## DISCUSSION

This research was limited in that it did not assess specific aspects of students' skills proficiency in practice. However this was not the focus of this study but rather to identify the factors that facilitated or hindered students' implementation of skills in the real world of practice. The process of students' learning and implementation of skills in the reality of practice is facilitated or hindered by a number of factors identified from the research findings. These factors are discussed, in the context of the literature reviewed

This study found that the reality of practice could be cause anxiety for students and hinder their implementation of skills in practice. This anxiety might lead to stress, which can have a negative impact on socialisation and adaptation (Fisher 1983) and the learning process (Hendry *et al.* 1999, Quinn 2000). For this reason, continuous practice in the CSL is needed prior to clinical placement to ensure that students are familiar with the clinical skills that they will encounter in practice. Furthermore, it is important that the environment in the CSL is authentic in order to help minimise the reality shock that the real world of practice can evoke.

Another hindrance for students in implementing skills in practice pertains to the break in the continuity of skills teaching (the gap) experienced by students making the transition from the CSL to the real world of practice. The findings in this study also highlighted that students encountered inconsistencies when they were taught to do a skill differently in clinical practice to the skill procedure taught in the CSL. Students tended to replicate the practice that they were taught in the clinical setting, regardless of whether it was evidence-based or not.

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Similarly, the literature revealed that even if students learned evidence-based practice in the CSL, they may feel obliged to fit into the norms of the clinical setting by continuing poor and ritualised practice (Silverman & Wood 2004, Mackintosh 2006, Morgan 2006). Nursing education needs to address socialisation issues, such as students' desire to perform socially acceptable skills in favour of evidence-based skills (Kelly & Ahern 2008). This requires a more unified approach using principles-based education, whereby variations in clinical skills procedures across both settings could be acceptable so long as certain principles are adhered to.

In this study, the provision of learning opportunities was identified as important for facilitating student learning and implementation of skills. The literature confirms the importance of providing learning opportunities for students in clinical practice (Chan 2001, Löfmark & Wikblad 2001). Despite this, this study found that there were often a number of missed learning opportunities whereby students were not asked to observe or participate in potential learning opportunities. This was sometimes attributed to the busyness of the clinical setting whereby staff did not have time to support and teach the students. Löfmark and Wikblad (2001) also found that lack of time on the ward and staff being under stress with their workload resulted in missed learning opportunities, which hindered the students' learning experiences in practice. This study made recommendations for a "clinical tutor" role, an individual directly responsible for student learning who can also maintain a synergistic relationship between the CSL and the clinical area. This would help to maximise learning opportunities for students also.

Findings from this study also revealed that allocation to a preceptor was perceived as vital for facilitating student learning and implementation of skills in practice. Similarly, in

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socialisation theory, role models are necessary for providing support (Van Maanen & Schein 1979, Jones 1986, Cable & Parsons 2001). Participants in this study were very clear that a good relationship with the staff nurse or preceptor was central to learning. Likewise, previous research studies in other countries found that supportive staff positively influenced the socialisation process, thus contributing to better learning (Condell *et al.* 2001, Morrison 2002, Levett-Jones *et al.* 2009).

This study revealed that students found the presence of other students beneficial for learning as it provided an alternative type of support: peer support. Some students liked working with other students because they could teach and support each other. Students also liked working with their peers as they felt less threatened and more receptive to learning from them as they were “all in the same boat”. Previous research suggests that students gain support and learn from their peers in the clinical setting (Glass & Walter 2000, Chan 2001, Etheridge 2007, Roberts 2008). This reflects the “all in the same boat consciousness” identified by Van Maanen and Schein (1979).

However, staff in this study believed that too many students on placement at the same time had a negative impact on student learning and implementation of skills in practice. Similarly, Roberts (2008) found that students can develop a “parallel community”, which could possibly isolate them from potential supportive relationships in the clinical setting. In the study by Roberts (2008), students saw themselves as a distinct group and potentially isolated themselves from staff, and potential learning opportunities, in the clinical setting.

Therefore, while peer support seems to be beneficial, it can be concluded that a balance between having other students to provide peer support but not too many as to hinder exposure

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to learning opportunities must be achieved. For the student, it is important that they are prepared for clinical practice in a way that they do not overly rely on the safety net of peer support, but rather have the confidence to seek learning opportunities and supportive learning relationships with staff. This highlights that students need to develop confidence in order to prepare them for the real world of practice. Furthermore, development the clinical tutor role, as mentioned, may prevent the development of a parallel community by consistently keeping students engaged with learning opportunities.

In this study, students' level of confidence could facilitate their learning in practice and their ability to adapt to their clinical environment. The literature confirms that student confidence assists in positive student socialisation and subsequent learning in the clinical environment (Currie 1999, Howkins & Ewen 1999, Chesser-Smyth 2005, Dornan *et al.* 2007). Louis (1980) described how, through effective socialisation, newcomers adapt and are given broad responsibilities and autonomy, are included in informal networks, and sought out advice and counsel by others. Confidence is a factor that facilitates students' communication skills in practice, but also can facilitate an effective supervisory relationship between students and staff (Currie 1999). For this reason, it is important that attempts are made to develop students' confidence from the very beginning of their nursing programme and throughout their education.

Previous experience and prior knowledge of a workplace, or RPK, are also important factors influencing learning. Findings from this study revealed that students with prior experience working as a nurse's aide, seemed to have higher levels of confidence on clinical placement. Likewise the literature suggests that previous experience working in a healthcare setting has links with confidence and socialisation into the clinical setting and therefore has a positive



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impact on student learning and implementation of clinical skills (Gray & Smith 2000, Brennan & McSherry 2007). However, in this study, clinical staff highlighted that previous experience could also be a disadvantage for some students. Brennan & McSherry (2007) also discovered that previous experience can have a negative impact. For example, they could have learned poor practices or they might regress to their care assistant role rather than learning the skills related to that of a nurse. Repeated practice and familiarisation of clinical skills conducted in the CSL may be a useful strategy in overcoming this potential problem.

## **CONCLUSION**

The findings from this study provide a comprehensive insight, into how nursing students learn, implement and adapt their clinical skills in the real world of practice. Socialisation theory guided this exploration and provided the context for how students adapt to the clinical setting. It was found that students need to be adequately prepared for working in the real life ward environment. This preparation includes supporting students, developing their confidence and communication skills, as well as ensuring that they have prior exposure to undertaking clinical skills. Nursing education, potentially through the use of an authentic CSL, needs to minimise the reality shock experienced by students by helping them to become familiar with the environment and the equipment used. All of these findings have implications for adequate preparation of students prior to their clinical experience. The CSL needs to be used as an environment where students can have equal and consistent opportunities to learn and implement skills is valuable for student learning. It is evident from this study that the CSL has a central role in this preparation, helping to ensure that students are ready for their experiences in the real world of practice.

## **RELEVANCE TO CLINICAL PRACTICE**

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Clinical staff working with nursing students in clinical practice need to be aware of the factors that facilitate or hinder their learning and implementation of clinical skills. Staff also need to understand how students adapt and “fit in” to their working environment. From this understanding, they can help provide a positive clinical learning environment for students through the provision of learning opportunities and providing appropriate support and supervision. This may also prevent the development of parallel communities of students on clinical placement. It is important that staff in the HEIs maintain effective communication with clinical staff to ensure a principles-based approach to education is implemented whereby certain principles in clinical skills procedures can be adhered to across both the CSL and clinical setting.

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## Students' Experiences in Real World of Practice

<b>Participant Type</b>	<b>Total: 43</b>
Students	<b>20</b>
Junior Student (1 <sup>st</sup> year student)	<b>10</b>
Senior Student (3 <sup>rd</sup> and 4 <sup>th</sup> year student)	<b>10</b>
Clinical Staff	<b>23</b>
Clinical Nurse Manager	<b>5</b>
Clinical Placement Co-ordinator	<b>5</b>
Staff Nurse in a Preceptorship Role	<b>5</b>
Newly Qualified Nurse	<b>8</b>

Table 1: Number and type of interview participants