

Learning experience of nursing students in a clinical partnership model: An exploratory qualitative analysis



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ABSTRACT

Background: Clinical teaching models are crucial for nursing students' learning experiences as students learn and socialise in a complex clinical context. An innovative clinical partnership model, employing hospital-based clinical teachers to provide supervision and university teachers to liaise with students, has been developed to facilitate clinical teaching and enhance learning experiences.

Objectives: The study aims to explore nursing students' learning experiences under this clinical partnership model.

Design: An exploratory qualitative study using focus group interviews.

Participants: Twenty-eight pre-registration nursing students at undergraduate and postgraduate level participated in this study.

Methods: Students formed four groups with each consisting of six to eight students. Semi-structured interviews were conducted to explore students' experiences and perceptions of clinical learning in the clinical partnership model. The data analysis was guided by an inductive approach using content analysis.

Results: The narrative data relates to the clinical learning environment and experience. Nursing students found the clinical partnership model provided a conducive learning context facilitating their adaption to the new environment and integration with the healthcare team. Though students spent time developing mutual understanding with their clinical teachers, they were satisfied with the ample opportunities to practise and learn from their teachers. They appreciated the fact that teachers enriched their learning through bridging the theory-practice gap and acting as role models.

Conclusion: The clinical partnership model enriches students' learning experiences. It provides a student-centred learning approach and supportive clinical environment which engages nursing students in learning.

1. Introduction

Clinical practice is one of the major components of a nurse's education, through which nursing students socialise in a professional role and adopt the distinct behaviour, attitudes and values of the nursing profession (Thomas et al., 2015). As a motivating context for nursing practice, the clinical environment combines the learning of new knowledge and the practising of skills in real clinical situations, which helps students to maintain eagerness to learn (Bourgeois et al., 2011). Clinical learning experiences considerably impact students' learning and future practice. Negative experience adversely affect students' confidence and persistence in the profession (Algoos and Peters, 2012; Anthony and Yastik, 2011). An optimal clinical teaching model enables students to gain positive and meaningful clinical experiences (Van der

Riet et al., 2018). Therefore, clinical teaching models are crucial for students' learning experiences as students learn and socialise in a complex clinical context.

2. Background

Nursing is a practice-based discipline, and the supervision of clinical practice for pre-registration nursing students is a key consideration in their education (Henderson and Tyler, 2011). Different kinds of clinical practicum models, such as preceptorship, collaborative learning unit, facilitation and cluster models (Budgen et al., 2003; McKenna and Wellard, 2004; Simmons, 2010), have been used to facilitate students' clinical learning experiences, employing either university- or hospital-based clinical teachers. These models are perceived by faculty and

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facility staff to have their limitations. For example, in the facilitation model, a university-based clinical teacher is recruited to facilitate the clinical practice of a group of 8–10 students in a clinical setting (McKenna and Wellard, 2004). Although students generally show appreciation for these teachers, as they enable students to apply nursing theory in the “real” world, the drawback is that the teachers in this model are not familiar with the policy and procedures of clinical settings. This unfamiliarity affects students’ learning opportunity. In another cluster model in Australia, a hospital-based clinical teacher was allocated to supervising a group of eight students in a hospital unit (Bourgeois et al., 2011). With the advantages that the hospital-based teacher was more ready to facilitate students’ skill development, confidence and teamwork in the clinical environment, the limitation could be that students felt disconnected from their university and unable to voice any negative clinical experiences.

A good clinical environment, with theory and practice complementing each other, has been considered dependent on both clinical teachers and university staff (Löfmark et al., 2012). Clinical staff and the university teacher both have a responsibility to achieve the learning outcomes, and to link theory and research with nursing practice, planning and decision-making for all clinical practice, promoting independence, responsibility and critical thinking (Löfmark et al., 2012). The cooperation between faculty and facility teachers must be of high quality to enhance students’ learning outcomes. As stated in our published quantitative study (Chan et al., 2018), although similar models were developed in other countries, insufficiencies in these models have been identified. Considering the limitations in those prior models, along with the nursing workforce shortage, we developed an innovative clinical partnership model for nursing students’ clinical practice in Hong Kong, aiming to draw on the strengths of existing similar models and provide complementary methods to facilitate clinical teaching and maximise clinical learning experiences for nursing students.

In this clinical partnership model, a group of 6–8 nursing students was supervised by a hospital-based clinical teacher (who was supernumerary) in an acute medical or surgical unit. All hospital-based clinical teachers had a nursing degree or above, with more than five years’ post-registration clinical experience. The university provided all clinical teachers with an orientation program and a clinical teaching workshop to familiarize them with the university policy and the nursing curriculum before starting their roles as clinical teachers. These clinical teachers were supernumerary solely responsible for student supervision and facilitation of clinical learning. They were assigned by the hospital according to their specialised experience in specific clinical practice units.

We also placed a university teacher as a liaison to connect with the hospital and university every week. University teachers have a distinct strength in comparison with hospital teachers in helping students, as they are much more familiar with the students’ stage of learning, and teaching and explanations can be adjusted to their level of education (Calpin-Davies, 2001). The roles of university teacher in this study included communicating and liaising with clinical staff and university to provide student support (Sweet and Broadbent, 2017). We had examined how students compared the clinical partnership model with the conventional facilitation model and the results were published in Chan et al. (2018). Given that the learning experiences can show the impact on students and their learning needs, gaining an insight into their learning experiences under a novel clinical teaching model is essential. Therefore, this qualitative study aims to explore students’ clinical learning experiences using the clinical partnership model.

3. Methods

3.1. Study Design

Nursing students’ learning experiences under the clinical partnership model was examined by means of an exploratory qualitative

approach using focus group interviews. The purpose of using such interviews was to obtain a broad understanding of clinical learning experiences through exploring different viewpoints. The group process enabled participants to make spontaneous comparisons of perceptions and reflect on their own experiences (Parahoo, 2014). These interchanges of ideas facilitate the acquisition of a better insight regarding clinical teaching and learning.

3.2. Sampling

Participants were recruited from two full-time pre-registration programmes at a university. Students who i) either studied in Year 3 of Bachelor of Nursing (BN) or Year 2 of Master of Nursing Science Pre-registration (MNSP) programmes, and ii) had completed their clinical placement under the clinical partnership model for at least four weeks were eligible to participate in the interviews. The undergraduate programme is a five-year programme in which students start clinical practice in Year 2, while the postgraduate programme is a three-year programme where students have clinical placement in their first year of study. Invitation emails were sent to 42 eligible students in November 2016, and 28 students (23 females and 5 males) participated in the interviews. Fourteen students did not participate in this study because the interviews clashed with their schedules. Four focus groups were formed with two from the BN Programme and another two from the MNSP Programme. Each group consisted of six to eight students. In order to facilitate sharing of experiences and maximise understanding from different perspectives, each group was purposefully formed with variations in sex, clinical teachers, wards, and hospitals. Prior to the implementation of the clinical partnership model, the participating students had a clinical placement under the supervision of university teachers for two to four weeks. The composition of each focus group is shown in Table 1. The differences in student allocation were according to individual programme curriculum design.

3.3. Ethical Considerations

Ethical approval was obtained from the ethics committee of the study university. The moderator explained the purposes of the study and obtained consent from participants prior to interviews. Each participant was known by a number to maintain anonymity. Participation in the interviews was voluntary. Students had the right to withdraw from the study without adverse effects on their academic standing.

Table 1
Composition of the focus groups (N = 28).

Characteristics	Group 1	Group 2	Group 3	Group 4
Programme of study	BN	BN	MNSP	MNSP
No. of participants	6	7	7	8
Mean age (years)	19.8	20.1	25.2	24.6
Sex				
Female	5	6	5	7
Male	1	1	2	1
Hospital				
Hospital A	6	7	3	4
Hospital B	0	0	2	1
Hospital C	0	0	2	3
No. of wards	2	2	7	6
No. of clinical teachers	3	3	7	6
Duration of clinical teaching model (week)				
Facilitation model	4	4	2	2
Clinical partnership model	4	4	6	6

BN = Bachelor of Nursing.

MNSP = Master of Nursing Science Pre-registration.

3.4. Data Collection

The focus group interviews were conducted at a learning centre of the university between November 2016 and January 2017. One of the co-investigators was a moderator guiding the interviews and engaging participants in discussion. The interviews were semi-structured and focused on exploring students' perceptions and experiences of learning in the clinical partnership model. The interview guide is supplement in Appendix 1. Examples of questions included “Please describe your experience of clinical learning in the clinical partnership model,” and “What do you feel about the clinical learning environment?” Follow-up prompts were used to obtain in-depth information from students. Data saturation was achieved across the groups when redundancy of descriptions was noted (Walker, 2012). A research assistant was responsible for observing group dynamic and documenting gestures, meaningful quotes, and main ideas on field notes. Group interactions were noted to be relaxing and supportive. The students actively participated in discussion and openly shared their views. These interviews lasted from 60 to 100 min and were audio-recorded.

3.5. Data Analysis

The interviews were transcribed verbatim. FWKT, who is experienced in qualitative inquiry, checked the accuracy of transcripts against audio-records and supplemented the transcripts with observation and group interaction data from the field notes. Excerpts of completed transcript are provided in Appendix 2. The data analysis was guided by an inductive approach via content analysis (Graneheim and Lundman, 2004; Thomas, 2006). The narrative data were independently and manually analysed by FWKT to maintain closeness to the context and retain complexity of the learning experiences. Each transcript was read through several times to become familiar with the content and obtain an overall understanding. The transcripts were closely read again to identify meaning units, which were narratives describing clinical experiences extracted in manageable size for meaningful exploration. A slash was marked on the transcript when participants shifted their meanings to other areas. These units were systematically extracted and labelled with codes. The context of clinical teaching and learning was considered during the coding process. The codes were compared based on their similarities and differences. Similar codes were sorted into categories and sub-categories, which then recontextualized the narrative data, describing the students' experiences of clinical learning. The iterative process of data analysis and examples of meaning unit, code, subcategory, and category are shown in Table 2.

Four categories were initially identified, namely clinical setting,

Table 2
Data analysis: students' learning experiences in the clinical partnership model.

Meaning unit	Code	Subcategory	Category
At the beginning of the placement, our clinical teacher had a conversation with us and asked what we would like to learn, so that she got to know our learning objectives in that clinical block. (BN1P3S3)	Clinical teacher initiated communication	Developing mutual understanding	Clinical learning experience
	Explored learning needs and objectives		
On the first day, we were asked to list what we had been taught and learnt, and what we were confident doing. They then assessed our capability and reassured us that they would be by our sides when we did a certain task for the very first time. She spent the first week to observe us and then modified her approach in the second week. (BN1P19S5)	Assessed students' competency		
	Observation		
	Tailored teaching approach		
We had a break-in period with our clinical teacher. We gradually gained her confidence in us./I believe a break-in period is necessary at the very beginning even though it takes some time. (MNSP1P5S3)	Underwent a break-in period		
	Established trust with clinical teacher		
	Getting to know each other		
	Adjustment		
	Communication barrier		
Clinical teachers and students need to get to know each other./We found it was difficult to convey our needs when the relationship had not yet developed with the teacher./Once trust was established between us, our communication became easy and smooth. (MNSP2P3S5)	Easy communication with mutual understanding		

/ meaning units.

communication with healthcare team, clinical learning experience, and comparison between clinical teaching models. The two former categories were collapsed to a category “clinical learning environment” because they converge to describe how the clinical partnership model enables a conducive learning environment. As students had been exposed to both clinical partnership and facilitation models, they inevitably compared these two models during the interviews and formed the last category. In view of this category is beyond the scope of inquiry of the present study, it is not retained in the findings. Instead of discarding this category, learning experiences relating to the clinical partnership model were merged to the two categories, clinical learning environment and clinical learning experience. The transcripts, categories and sub-categories were reviewed by the research team members.

Reflexivity was maintained throughout the research process. Reflection on previous experiences in nursing studies and understanding towards clinical learning was made. Keeping in mind of these preunderstandings, new understanding from the data was reflexively reflected. The emerging insights were constantly compared with the preunderstanding to refrain the latter from influencing the findings. An example of such comparison is illustrated in Table 3.

4. Findings

Two major categories emerged from the narrative data relating to clinical learning environment and experience. Students' accounts revealed that the clinical partnership model created a conducive clinical learning environment which augmented the learning experiences (Fig. 1).

4.1. Clinical Learning Environment

This category describes how the clinical partnership model enables a supportive clinical learning environment from the perspectives of students. Nursing students perceived that the familiarity of clinical teachers with the setting facilitated their adaptation to the clinical environment and communication with the healthcare team.

4.1.1. Facilitating Adaptation

All students found that the background of their clinical teachers facilitated their adaptation to the clinical environment. Most of the teachers had been working at the units for a long time, so they were very familiar with their own setting, operation and practice. They briefed students about ward routines, charting and the computer system. They also reminded students features of the ward, which

Table 3
Comparison between preunderstanding and students' clinical learning experiences.

Preunderstanding	Quote	Subcategory
Tension about interacting with ward nurses and learning in a clinical environment	When I was in doubt, those ward nurses were really helpful and they were eager to teach me step by step... for example, I remember a nurse showed me how to use a milk pump. (BN1P13S4) I feel myself like a registered nurse that I worked well with the ward staff and gave a hand to them. (BN1P17S2) That likes... being involved in a “party”. We (ward nurses and the student) were working together rather than (being) treated us as outsiders or observers. (MNSP2P1S2) The ward was fully occupied and needed adding extra beds. We (students) helped those basic care and bedside care, practiced like being one of them (ward nurses). I feel good to see myself being able to help. (MNSP2P12S3)	Integrating students with the healthcare team

needed special attention. This knowledge acquainted students with and facilitated adaptation to the new clinical environment, relieving their tension and minimising the risk of committing mistakes. Two nursing students described the situation thus:

“Having clinical teachers can really help ease us into the new environment as they are familiar with the ward, its culture. They reminded us what we needed to pay attention to, helping us to avoid making any unnecessary mistakes.”

(BN2P17S2)

“For me, having clinical teachers as guides during our first few placements has been somewhat beneficial as they are familiar with the ward and can gradually help me integrate with the ward culture. They definitely calmed my nerves at the very beginning.”

(MNSP2P9S1)

4.1.2. Connecting Students With the Healthcare Team

Apart from the clinical environment, the clinical teachers knew the ward staff very well. The nursing students were delighted that their

teachers bridged the communication gap between them and the healthcare team. They were satisfied with this connection because the ward staff were happy to provide learning opportunities and even coached them when the teachers were busy. Two students described how the connection facilitated their learning:

“With the clinical teachers being on the ward staff themselves, if there were things the staff there thought we could do better, such as being more proactive, the messages were passed on to us through honest and open conversations with our teachers. We were then more aware of those aspects for the following few weeks to avoid making a bad impression on the staff.”

(BN1P15S3)

“The clinical teacher acted as a bridge between us and other ward staff. Although we were on ward duty for the very first time, we didn't want to be like a ‘headless chicken’, freaking out, not knowing what to do.”

(MNSP1P9S6)

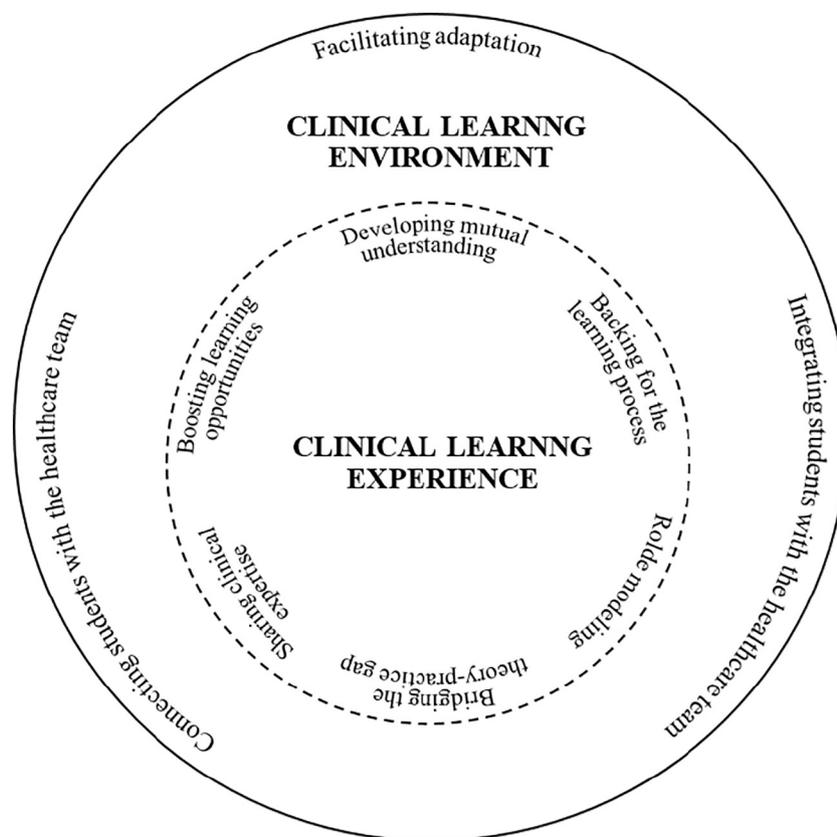


Fig. 1. Nursing students' learning experiences in the clinical partnership model.

4.1.3. Integrating Students With the Healthcare Team

As the clinical teachers bridged the communication gap between students and healthcare team, the ward staff became supportive of students' clinical learning. They involved students in many nursing procedures. The students felt they were trusted by the ward staff and accepted as healthcare team members rather than being regarded as outsiders. Two nursing students were excited when they talked about such experience:

“Our clinical teacher has a name—Let's say she was called A, we were referred to as mini-As by the ward staff. It is really a great feeling knowing that they regarded us as a team.”

(BN1P12S4)

“Having a clinical teacher definitely makes us feel a better, and more involved in the team as we are all working together, unlike in those days that we were only allowed to observe but were not allowed to give it a go.”

(MN2P2P1S2)

4.2. Clinical Learning Experience

Nursing students perceived that they were learning formally through clinical supervision and informally through clinical observation. This category delineates the manner in which the clinical partnership model engages students in clinical practice and enriches their learning experiences.

4.2.1. Developing Mutual Understanding

Many students shared that they spent one to two weeks at the beginning of the placement developing mutual understanding with their clinical teachers, who had to verify the learning needs of every student. Some teachers required each student to perform basic nursing skills to assess the level of competence before practising complicated skills. These students considered such learning activities overlapped with previous placements when they were supervised by School teachers. Students mostly attributed the teacher's lack of understanding to being unfamiliar with the curriculum and programme. Two students described the situations thus:

“Clinical teachers and students need to get to know each other. We found it was difficult to convey our needs when the relationship had not yet developed with the teacher. Once trust was established between us, our communication became easy and smooth.”

(MN2P2P3S5)

“On the first day, we were asked to list what we had been taught and learnt, and what we were confident doing. They then assessed our capability and reassured us that they would be by our sides when we did a certain task for the very first time.”

(BN1P19S5)

The students also took time to verify expectations of their clinical teachers. Particularly, they were concerned with the clinical examination being graded by the teachers. One student observed:

“At the beginning, due to mistaken belief and unfamiliarity towards our programme, the teacher did not seem to have much confidence in us.”

(MN2P1P17S3)

Such problems were resolved by university teachers liaising with clinical teachers. The last sub-category will provide more descriptions.

4.2.2. Boosting Learning Opportunities

Although the students spent time developing mutual understanding with their clinical teachers, they found the teachers provided more learning opportunities and enabled more clinical exposure for them than was the case with School teachers. The students considered that clinical teachers were in a better position to liaise with the ward staff

for learning opportunities. For instance, every student could practise intravenous injections every day under the supervision of clinical teachers while only one or two students of the group could have such opportunities when they were supervised by School teachers. Two students commented:

“Communication within the team has no doubt been easier and we were provided with more opportunities. Let's say a patient needs a Foley's catheter or Ryle's tube, they gave the clinical teacher a heads-up so they offered this opportunity to students who were eager to give it a go. Because of this, we had more chances to learn.”

(MN2P2P1S2)

“As clinical teachers have the authority and power to assign tasks, we were exposed to more opportunities. If we were on our own, first of all, it would have taken us a long time to build up the relationship with the ward staff; after that, we still might not be able to gain their trust as there was plenty of news about nursing students making mistakes. Having our clinical teachers there is really important as they really create more opportunities for us.”

(MN2P1P9S2)

4.2.3. Sharing Clinical Expertise

The clinical teachers were experienced nurses, specializing in certain clinical areas. Many students noted how such clinical experience enriched their learning. During the clinical placement, many teachers demonstrated practical and effective management methods in different clinical situations. Some students said:

“In the first week, my clinical teacher really shadowed everything we did, they paid close attention to how we helped patients mouth-wash, how we fed them, changed their diapers. They gave us lots of valuable advice based on their own experience and it was really valuable, we were able to learn a lot from them.”

(MN2P2P11S3)

“I feel that I have been able to learn a lot more from this experience, compared with teachers at the School, as clinical teachers have a wealth of ward experience and are generous in sharing it with us. I leave work every day feeling very enriched.”

(BN2P8S4)

The teachers specifically explained a number of clinical scenarios related to their specialities. The coaching process enabled the students to learn not only clinical knowledge and skills but also expertise from their clinical teachers.

4.2.4. Bridging the Theory-Practice Gap

The students appreciated that their clinical teachers demonstrated how theoretical knowledge was skillfully applied to clinical practice. The teachers showed how they modified the usual practice taught in classes and explained to the students the rationales behind those modifications. These clinical teachers bridged the theory-practice gap for students in a way that students learnt how to apply principles flexibly to various clinical situations. Two students described what they learnt from their clinical teachers:

“The clinical teacher took her time to teach everything and every step, focusing not only on the knowledge but also on the skills. There might be times when what was done was different from what was taught and the teacher carefully explained to us the rationales behind this.”

(BN2P12S2)

“At the School, we learn the theories and the textbook way of doing things but how we actually apply it in the real world can be very different. My clinical teacher taught us how to be flexible when handling these situations. No two days are the same when it comes to patients and you need to adjust your treatment based on the ever-changing situation. This made quite an impression on me as I realised how important it is to have

an open mind and to understand that there is always more than one way to tie a knot.”

(MNSP2P6S5)

4.2.5. Role Modelling

Apart from direct clinical supervision, many students perceived that their clinical teachers implicitly inspired them with the professional roles of nurses. They were impressed by the teachers' positive attitudes to challenges and devotion to nursing. The students discerned how the teachers confidently handled multiple tasks. They also observed how their teachers effectively communicated with patients, relatives and healthcare teams. These teachers acted as role models, competently managing challenging clinical situations and meeting various demands in a professional manner. For instance, two students expressed their admiration for their clinical teachers:

“My clinical teacher showed me how to be a competent nurse in an acute setting.”

(MNSP2P6S4)

“The clinical teacher was really sensitive towards us. Sometimes, when noticing that we were not performing too well, she pulled us aside to see if there was anything she could do to help. I felt that the teacher really cared a lot about us and was really impressed. Given her experience in the field, I believe that she was passionate about what she did and eager to pass the torch on to us students, who are yearning to learn. Her dedication and enthusiasm is something I took home with me.”

(MNSP2P8S3)

4.2.6. Backing for the Learning Process

A feature of the clinical partnership model is having a university teacher to liaise with clinical teachers and students. Students commonly perceived that this approach backed up their learning needs. The university teachers maintained close communication between the clinical teachers and students to resolve any hurdles in the learning process. For example, one student was very satisfied with the support given by the university teacher:

“I'm really grateful for the support given by the (university) teachers. When there's a problem between students and hospital staff, it's better to be handled by our teachers. They like mediators. With their presence, we don't have to confront the staff directly.”

(MNSP1P20S3)

Most students appreciated that the university teachers facilitated their learning through monitoring their learning pace, providing feedback and sharing their learning experiences. Students who interacted well with the clinical teachers and healthcare team considered the support offered by the university teachers to be less insignificant.

5. Discussion

Clinical learning is an integral element of nursing studies. An effective clinical teaching model is crucial to the professional development of students. The learning experiences of nursing students reveal that the clinical partnership model has the complementary effect of collaboration between nursing faculty and clinical units. The clinical teachers acted as a catalyst facilitating student's adaptation and clinical learning. The unique background of the clinical teachers helps to provide a conducive clinical learning environment, which fosters students engaging in that learning. The supportive clinical environment saves students' time and energy in becoming familiar with and involved in the healthcare team, so that students can direct their efforts to clinical learning and maximise their learning opportunities. The clinical teachers in this model were specifically assigned to coach nursing students without other clinical duties. The model addresses the inherent drawback of the preceptor model, where preceptors were substantially

occupied by their clinical responsibilities and workload, making limited time to be allocated to clinical teaching (Henderson et al., 2006). The current model also resolves a limitation in the faculty-facilitation model, whereby the availability of the teachers for individual teaching is hindered (Croxon and Maginnis, 2009; Jessee, 2016).

Clinical environment is a complex social entity, which has a substantial impact on students' learning outcomes, confidence, and job satisfaction (Flott and Linden, 2015). Nursing students in the present study appreciated that their clinical teachers were familiar with the clinical settings and staff, helping them to adapt to a new clinical environment. Such familiarity is important to assist students in fitting into a new learning environment (Croxon and Maginnis, 2009). Exposure to an unfamiliar environment contributes to a stressful learning experience (Chan et al., 2009). The unique background of these clinical teachers greatly assists students in settling themselves in a new environment. Supportive attitudes, willingness to teach and acceptance of clinical staff positively enhance students' engagement in the clinical environment and satisfaction with their placement (Croxon and Maginnis, 2009; Doyle et al., 2017). However, students and clinical staff often find they do not have adequate time to get to know each other and develop supportive interpersonal relationships in a short clinical placement, depriving students of learning opportunities (Dimitriadou et al., 2015). The clinical partnership model evidently addresses this issue by connecting nursing students with clinical staff, and such connection is significant in integrating students into the healthcare team. The students were satisfied with their presence and that their learning needs were acknowledged by the ward staff. A sense of belongingness to the unit promotes students' clinical learning (Flott and Linden, 2015; Levett-Jones and Lathlean, 2008; Papastavrou et al., 2010). Being regarded as an integral member of the team relieves tensions and increases confidence for students (Jessee, 2016; Papastavrou et al., 2010).

The learning experiences of students reveals that the clinical partnership model offers a student-centred learning approach. When the clinical settings prioritize their own service needs to the detriment of students' learning opportunities, students would experience confusion to their role (Croxon and Maginnis, 2009) and dissatisfaction with their learning experiences (Chuan and Barnett, 2012; Hamshire et al., 2012). Students under group supervision usually complain they have fewer learning opportunities in the group (Jessee, 2016). In the clinical partnership model, though students learnt in groups and took time to develop a mutual understanding with their clinical teachers, they appreciated the increased learning opportunities that allowed them to have ample hands-on experience. With the help of university teachers, the students got along well during the placement.

In addition to formal learning through clinical supervision, the clinical partnership model facilitates informal learning for students. The students observed how their clinical teachers managed various situations with specialized knowledge and skills and effectively communicated with patients and the healthcare team. The clinical teachers implicitly acted as role models for the students, enabling them to recognise the professional roles of nurses and shape their professional attitudes through a socialisation process. The role modelling effect is influential in shaping nursing students' attitudes and preparing them for professionalization (Démeh and Rosengren, 2015; Felstead and Springet, 2016; Gibbs and Kulig, 2017). In an ever-changing clinical environment, students need to possess cognitive skills to apply theoretical knowledge flexibly into clinical practice. Unfortunately, it is well documented in the literature that students are often obstructed by the theory-practice gap, which gives rise to anxiety and confusion (Scully, 2011; Sharif and Masoumi, 2005). The findings of this study show that clinical teachers' familiarity with their setting and specialty helps them to demonstrate how conceptual knowledge is applied into clinical practice. The clinical background of these teachers effectively bridged the theory-practice gap for students. The integration of knowledge and clinical practice promotes positive learning experiences and confidence

for students.

6. Limitations

The learning experiences revealed in this study was based on one clinical placement. In addition, the model was implemented in three hospitals only, and the feasibility of implementing the model and learning experiences in other types of setting cannot be assessed. The limitations may affect the transferability of the findings and should be considered when applying them to other contexts.

7. Conclusion

An effective clinical teaching model is fundamental to developing nursing students' competence in clinical practice. Their learning experiences show that the clinical partnership model provides a student-centred learning approach and supportive clinical learning environment, fully engaging students. Nursing students grow from the formal and informal learning experiences. The model also resolves some barriers to effective clinical teaching. This study examined students' learning experiences, but clinical teachers' perceptions of the clinical partnership model are also worth exploring. Future studies can compare students' clinical competence under various clinical teaching models.

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Contribution Statement

All authors made significant contribution to the manuscript and they meet the authorship criteria in terms of conception and design, analysis of data, drafting the manuscript, critically revising the draft, and final approval of the manuscript.

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