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Nursing students' viewpoints toward two methods of clinical conference and clinical nursing round

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Abstract:

BACKGROUND: Clinical education provides a chance to combine theoretical knowledge and clinical skills. Students are the key elements in the evaluation of clinical education efficacy. The present study was aimed to define nursing students' viewpoints concerning conformity to the characteristics of clinical conference and clinical round.

METHODS: This descriptive analytical study was conducted on the bachelor's students of the 4th–6th semester of nursing. Sampling was conducted using census sampling method during the 2nd semester of 2014–2015 school year. Data collection tool was a three-section researcher-made questionnaire containing demographic, nursing round, and clinical conference characteristics. Descriptive and inferential statistical tests (independent *t*-test, ANOVA, and Spearman and Pearson correlation coefficients) were used for data analysis.

RESULTS: Participants were 134 bachelor's students of the 4th–6th semester of nursing. According to half of the participants, conformity to the characteristics of clinical conference (45.5%, 53%) and clinical round (44%, 51.5%) were poor and medium, respectively. Paired *t*-test showed a significant difference between students' viewpoints toward the planning of clinical conference and clinical nursing round ($P = 0.006$, $t = 2.77$).

CONCLUSIONS: According to the results of the present study on students' viewpoints, clinical education faces a serious challenge with regard to clinical education methods. Considering the necessity and importance of clinical education, more investigation should be conducted to detect its relevant factors and plan for its improvement.

Keywords:

Clinical conference, clinical education, clinical nursing round, students

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Introduction

Recent changes in nursing performances have increased the requirement for nurses with high knowledge, managerial leadership skills, and power for committing to professional roles.^[1] Therefore, the duty of planners and executors of nursing education for training more sufficient and empowered nurses is heavier than ever. Nursing education should provide appropriate context for the growth of critical thinking in students so that the students would be able to recognize

nursing problems and present appropriate solutions for them. Hence, the students would be able to gain many opportunities for advancing and completing nursing skills within the appropriate educational context.^[2] Creating opportunities require more serious investment in improvement of the clinical education quality. About 50% of nursing education courses are about clinical training.^[3] Effective clinical training by increasing nursing students' learning, creating an opportunity for merging theoretical knowledge with clinical skills, development of clinical judgment skill, and gaining professional identity should

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prepare future nurses for having proper professional performance. Clinical environment is a dynamic environment which is filled with complicated variables for nursing students that could affect their learning.^[4] Furthermore, clinical training is a dynamic process and a set of instructions and activities to facilitate learning in clinical environments which clinical instructors and students are involved in it equally.^[5] The professor, students, and patients are the main three pillars of clinical training.^[6] Used methods in clinical training should be in accordance with the goals, educational principles, individual differences in learning, interpersonal interactions, the capacity of the learner, available resources, and teacher's ability for effective and creative use of this method.^[7] In other words, the training should be in a way to provide appropriate educational conditions and opportunities for entanglement and integration of theoretical and practical knowledge.^[8] However, the employers mostly believe that nursing students do not have the required competencies for entering the labor market as a graduated nurse.^[1] Various studies that have been conducted in Iran also have presented many challenges as the insufficiencies of clinical training including inappropriate physical environment, inappropriate mental atmosphere of the training environment, the duration of the training, and the number of the students.^[9,10] However, there are few studies conducted about the challenges of the methods of clinical training. Clinical round is one of the mostly used educational methods which would empower clinical reasoning and decision-making in students. Clinical conference, which means sharing experimental data in a group or asking students to represent a subject,^[11] is one of the frequently used educational methods in clinical training of nursing students. Clinical rounds have been used as an appropriate solution for improving nursing training and performance in many situations.^[12] The effectiveness of each of these two methods depends on the conformity of its execution stages with defined features of these methods. The present study was conducted to determine the level of conformity to the features of two methods of clinical conference and clinical rounds from nursing students' point of view.

Methods

This study was a descriptive-analytical study which was conducted to determine the level of conformity to the features of two methods of clinical conference and clinical rounds from the viewpoint of nursing students of Isfahan University of Medical Sciences in 2015. Students of the 4th–6th semester of nursing bachelor's degree were the study population for this research. Sampling was conducted through census method. The inclusion criteria were willingness to participate in the study, having passed at least two internship credits, and experiencing

clinical round/clinical conference at least at one of the two internship credits. The 1st semester students due to not having internship credits, the 2nd semester students due to the nature of preliminary internship which is based on training practical skills, and the 7th and 8th semester students due to experiencing infield internship were not included in the study.

Data-gathering tool for this research was a researcher-made questionnaire which contained three parts of demographic characteristics (age, grade point average [GPA], semester, gender, marital status, and place of residence), clinical conference characteristics, and clinical round characteristics. The questionnaire for evaluating students' viewpoint of conformity to the characteristics of clinical conference included twenty items including three parts about evaluating students' viewpoints of planning for clinical conference, performing clinical conference, and satisfaction with clinical conference, respectively. The part of clinical round contained 25 items, respectively, about evaluating students' viewpoints of planning for clinical round, performing clinical round, and satisfaction with clinical round. Both parts of clinical conference and clinical round were scored with five-point Likert scale (always, mostly, sometimes, rarely, never).

The range of scoring for clinical conference and clinical round parts was from 0 to 100 that was divided into three equal groups of poor (0–33.3), medium (33.4–66.6), and good (66.7–100).

Content validity of the questionnaire was approved by sending it to ten nursing professors of the nursing and midwifery faculty of Isfahan University of Medical Sciences and modifying the items based on their recommendations. Reliability of the questionnaire was approved through pilot study. Fifteen nursing students completed the questionnaire and its validity was approved with a Cronbach's α of 0.78.

For gathering data, after taking necessary permissions from research council of the nursing and midwifery faculty and coordinating with the head of the education office of the faculty, the researcher coordinated with the professors who had classes with the 4th–6th semester nursing students and asked them to give a 15-min break to the students for filling the questionnaire (in the pilot study, the estimated time for filling the questionnaire was 10 min). After entering each class, the researcher explained the aims of the study for the students, and then, after taking verbal consent from the students and explaining the anonymity of the questionnaires and requesting them to answer the questionnaires independently, the questionnaires were distributed among the students. After gathering the data, it was analyzed using SPSS version 18 (IBM

Company, Inc., Chicago, IL, USA), descriptive statistics (mean, standard deviation, and frequency distribution) and inferential statistics (independent *t*-test, ANOVA, Spearman correlation coefficient, and Pearson correlation coefficient).

Results

One hundred and thirty-four students participated in the study and the response rate was 82%. The age of the students was 21.9 ± 2.4 years and their mean of GPA was 15.95 ± 1.48 Table 1.

Results of independent *t*-test showed a significant difference between the score of students' viewpoint of conformity to the features of clinical conference (34.89 ± 14.16) and clinical round (37.48 ± 15.97) ($P = 0.006, r = 2.78$).

The viewpoints of 61 (45.5%), 71 (53%), and 2 (1.5%) of the students of conformity to the features of clinical conference were, respectively, poor, medium, and good. About conformity to the features of clinical round, 59 (44%), 69 (51.5%), and 6 (4.5%) students, respectively, had a poor, medium, and good viewpoint Table 2.

The mean score of clinical conference in the field of planning was 34.65 ± 15.12 , execution was 34.39 ± 17.21 , and satisfaction with the method was 33.61 ± 15.3 . For clinical round, the mean score of planning was 44.19 ± 22.22 , execution was 37.72 ± 17.38 , and satisfaction with the method was 33.19 ± 19.28 Table 3.

Paired *t*-test showed a significant difference between the scores of students' viewpoint of clinical conference planning and clinical round planning ($P < 0.001, r = 4.8$) and between the scores of execution of clinical conference and clinical round ($P = 0.006, r = 2.77$).

Pearson correlation coefficient showed a significant relation between the scores of planning the method and execution of the method ($P < 0.001, r = 0.556$), the scores of planning the method and satisfaction with the method ($P < 0.001, r = 0.651$), and the scores of execution of the method and satisfaction with the method ($P < 0.001, r = 0.633$) for clinical conference.

Pearson correlation coefficient showed a significant relation between the scores of planning the method and execution of the method ($P < 0.001, r = 0.622$), the scores of planning the method and satisfaction with the method ($P < 0.001, r = 0.297$), and the scores of execution of the method and satisfaction with the method ($P < 0.001, r = 0.295$) for clinical round.

Pearson correlation coefficient showed no significant relation between students' age and GPA with their

Table 1: Participants' characteristics

Variables	n (%)
Sex	
Female	77 (57.5)
Male	57 (42.5)
Marital status	
Single	106 (79.1)
Married	28 (20.9)
Residence condition	
Dormitory	47 (35.1)
Isfahan	48 (35.8)
Isfahan suburbs	39 (29.1)
Semester	
4 th	47 (35.1)
5 th	51 (38.1)
6 th	36 (26.9)

Table 2: Distribution of the students' viewpoint of the clinical features of rounds and conferences

Students' viewpoint	Clinical conference, n (%)	Clinical round, n (%)
Weak	61 (45.5)	59 (44)
Medium	71 (53)	69 (51.5)
Good	2 (1.5)	6 (4.5)
Total	134 (100)	134 (100)

Table 3: Distribution of the students' viewpoint of the components of clinical rounds and clinical conference

The educational method	Students viewpoint		
	Weak, n (%)	Medium, n (%)	Good, n (%)
Clinical conference			
Planning	58 (43.3)	72 (53.7)	3 (2.2)
Execution	57 (42.5)	68 (50.7)	7 (5.2)
Satisfaction	67 (50)	58 (43.3)	7 (5.2)
Clinical round			
Planning	47 (35.1)	64 (47.8)	23 (17.2)
Execution	56 (41.8)	70 (52.2)	8 (6)
Satisfaction	68 (50.7)	54 (40.3)	7 (5.2)

viewpoint of conformity to the features of clinical conference and clinical round ($P \geq 0.05$).

Independent *t*-test showed no significant difference between the scores of female and male students' viewpoint and also the scores of single and married students' viewpoint of conformity to the features of clinical conference and clinical round ($P = 0.05$). However, this test showed a significant relation between students' gender and their viewpoint of conformity to the features of clinical round ($P = 0.04$).

Spearman correlation coefficient showed a significant relation between students' semester and their viewpoint of conformity to the features of clinical conference ($P = 0.034, r = 0.18$), but the relation between semester and clinical round was not significant ($P = 0.61, r = 0.04$).

Furthermore, one-way variance analysis revealed a significant relation between students' place of residence and their viewpoint of conformity to the features of clinical conference ($p = 0.58$) and clinical round ($P = 0.37$).

Discussion

This study was conducted to evaluate the conformity to the features of clinical conference and clinical round from nursing students' viewpoint. Results showed weakness in conducting clinical conference and clinical round from students' viewpoint. In this regard, results of a study by Tod *et al.* which was aimed to find the facilitating factors of clinical evidence-based education showed that although clinical round has been recognized as an effective method for increasing students' empowerment, it is not conducted based on the standards.^[13] Various reasons could justify this finding. Executing this educational method requires appropriate educational environment including a conference room in the ward or near the ward. Study of Mohebbi *et al.* (2012) revealed that one of the problems of clinical education was lack of a conference room in the wards (Mohebbi 2012). Abedini *et al.* (2009) also mentioned various factors such as the large number of students and lack of an appropriate educational environment as the problems of clinical education (Abedini 2009). Lack of experience of some of the clinical instructors could be another effective factor for lack of proper execution of clinical conference and round methods. Results of a study by Masoodi and Alhani (2007) showed that about 70% of the instructors with a working experience of <5 years believed that they did not have the required clinical skills and experiences for educating the students. Karimi *et al.* (2009) also believed that the most important obstacle for correct execution of clinical educational methods including clinical conference and round was lack of theoretical and practical knowledge of nursing professors in the field of clinical education. These researchers believed that occurrence unexpected events during the execution of clinical educational methods, especially clinical round, was another limiting factor of the mentioned clinical education methods.

Comparing the satisfaction with two methods of clinical conference and clinical round, students were more satisfied with clinical round than clinical conference. According to the results of Delaram, most of the students evaluated the aims and educational programs related to weekly conferences at an inappropriate level.^[14-18]

Although results of the present study did not confirm any significant relation between students' semester and their viewpoint of conformity to the features of clinical round, the relation between students' semester and their viewpoint of conformity to the features of clinical

conference was significant. In other words, students of higher semesters had more positive evolution of clinical conference. The reason could be due to the fact that students at clinical wards would more experience clinical conference than clinical round, and instructors mostly use the method of conference for clinical education of the students. Therefore, the possibility of mistake and error in clinical conference would be reduced compared to clinical round.

Conclusions

Clinical education is the heart of nursing education, and the most applicable clinical trainings depend on educational methods that could help students in gaining required clinical competencies. Based on the results of the present study about students' viewpoints, clinical training is facing serious challenges in the field of educational methods of clinical conference and clinical round. Since using these methods could be very helpful in clinical training of the students, it is necessary to conduct evaluations for determining the obstacles and providing operational guidelines for more appropriate execution of these methods.

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Conflicts of interest

There are no conflicts of interest.

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