Background

Clinical placements are the keystone of any baccalaureate nursing program to enhance student integration of knowledge into practice. However, the curricular structure of the clinical placement has been minimally considered as it relates to the perceived impact on student learning (Danner, 2014). A clinical model that allows for students to be in the clinical setting for multiple consecutive shifts for approximately 36 hours per week can be described as a block clinical model. In this model, students are not registered in other concurrent theory courses or labs. A clinical model that allows for students to attend clinical for 8 to 12 hours per week while concurrently taking other courses can be described as a non-block clinical model (Rohatinsky, Chachula, Compton, Sedgwick, Press, & Lane, 2017).

Purpose

This descriptive exploratory study used a combined 91-item Likert survey tool with open ended questions to investigate the effects of two different clinical models on student learning from both student and instructor perspectives. This presentation will describe the thematic analysis results from the open ended question: Given a choice between [participating in /teaching in] block clinical or non-block clinical, which would you choose? Why?

Methods

Perspectives from clinical instructors and baccalaureate nursing students in five universities located across four western Canadian provinces were sought. The targeted universities offered both block and non-block clinical models. Instructors were eligible to participate in the study if they had taught in at least one clinical rotation in any year of the nursing program. Nursing students were eligible to participate in the study if they had completed at least one clinical rotation in any year of their program.

After ethical and organizational approvals were obtained from the participating institutions, students and instructors were invited to participate via email containing a link to a secure survey site. Responses were received from 141 students and 52 instructors. The researchers used Braun and Clarke’s (2006) thematic analysis method to code and analyze the data from the open-ended question.

Results

When participants were asked about their preference for a block versus non-block clinical model, four major themes arose: learning and applying nursing knowledge; time for growth, evaluation, and reflection; integrating and immersing into the clinical environment; and assimilating and transitioning into the real world of nursing.
Learning and Applying Nursing Knowledge

**Instructor perspectives.** The non-block clinical model was seen as an opportunity to develop, facilitate, and scaffold student learning by building upon the knowledge and skills learned in the classroom and applying them in the clinical environment.

**Student perspectives.** The development of knowledge, skills, and abilities was believed to occur in both block and non-block clinical models. Students believed that praxis occurred in both clinical models and that the application of theory in practice was important to support evidence-informed nursing care.

Time for Growth, Reflection, and Evaluation

**Instructor perspectives.** Instructors believed non-block clinical allowed students greater time to reflect and grow in their experiences and thus facilitate student learning. This model also allowed students the ability to show growth and improvement and allowed instructors to more easily evaluate and support students if required.

**Student perspectives.** Both block and non-block clinical environments encouraged time for growth and professional development as a student nurse. Although, students indicated that block clinical allowed for more time to prepare for and focus on the clinical day, with fewer distractions and more social time.

Integrating and Immersing into the Clinical Environment

**Instructor perspectives.** Block clinical allowed students the opportunity to refine their technical skills and develop proficiency in clinical reasoning, problem solving, critical thinking, and organization. Some instructors mentioned drawbacks of block clinical including challenges in making up for lost clinical time if students were absent. Opportunities with block clinical included mentoring of students by staff members.

**Student perspectives.** Students commented on developing greater confidence and increased independence as an outcome of the block clinical model. The block model was also preferred over the non-block model with regards to developing professional relationships with staff and patients.

Assimilating and Transitioning into the Real World of Nursing

**Instructor perspectives.** Instructors believed block clinical simulated the realities of nursing and shiftwork expectations. Instructors believed that the implementation and application of the nursing process was better enacted by students within the block model as it facilitated continuity of patient care and the building of patient rapport. This type of clinical model allowed students to concentrate solely on their clinical experiences. However, block clinical often resulted in exhaustion of students by the end of the block of shifts.

**Student perspectives.** Students reported that block clinical provided a greater experience that reflected the ‘real world’ of nursing and facilitated transition into practice. Students also found that block clinical provided greater continuity of care and allowed them to follow their patients’ through the nursing process.

Conclusion and Implications for Nursing Curricula

According to participants, the acquisition and application of nursing knowledge occurred in both block and non-block clinical models. Strengths and challenges were identified for each model. However, participants believed the non-block model better supported learning within the early years of nursing education to create a foundation of practice that links theoretical content with nursing skills; whereas the block model better supported immersion, consolidation of practice, and transition into nursing practice. This study aligns with previous literature in which participants reported non-block clinical was better suited for novice
students developing their nursing knowledge who required time to adjust to the clinical environment, while the block model was better suited for students in upper years of the nursing program for integration into practice (Rohatinsky et al., 2017). Ultimately, both types of clinical models are beneficial to integrate into nursing curricula to facilitate student learning.

Title:
Nursing Student and Instructor Preference for Clinical Models: Evidence to Support Curriculum Development

Keywords:
Clinical Models, Instructors and Nursing students

References:


Abstract Summary:
Clinical placements are the keystone of nursing programs to enhance praxis. This study investigated student and instructor perceptions of block and non-block clinical models on student learning. Students and instructors preferred a combination of clinical models within their nursing program to facilitate diversity and breadth of student learning.

Content Outline:
Background

- Clinical placements are critical to enhance praxis within nursing education programs.
- However, the curricular structure of the clinical placement has been minimally considered
- How does the structure of clinical placements influence baccalaureate students learning?

Purpose

- This purpose of this study was to investigate student and instructor perceptions of block and non-block clinical models on student learning
- This presentation describes the thematic analysis results from the open ended question: *Given a choice between [participating in /teaching in] block clinical or non-block clinical, which would you choose? Why?*

Methods
• Descriptive exploratory study used a combined 91-item Likert survey tool with open ended questions
• Perspectives from clinical instructors and baccalaureate nursing students in five universities located across four western Canadian provinces were sought
• Thematic analysis was the method used to code and analyze the data

Results

• Responses were received from 141 students and 52 instructors across four provinces in Canada
• Four major themes:

Learning and Applying Nursing Knowledge

Instructor perspectives. The non-block model was an opportunity to develop, facilitate, and scaffold student learning.

Student perspectives. Development of knowledge, skills, and abilities was believed to occur in both block and non-block clinical models

Time for Growth, Reflection, and Evaluation

Instructor perspectives. The non-block clinical allowed students greater time to reflect and grow in their experiences and thus facilitate student learning.

Student perspectives. Both block and non-block clinical environments encouraged time for growth and professional development as a student nurse.

Integrating and Immersing into the Clinical Environment

Instructor perspectives. Block clinical allowed students the opportunity to refine their technical skills and develop proficiency in clinical reasoning, problem solving, critical thinking, and organization.

Student perspectives. The block model was preferred with regards to developing professional relationships and immersion into the clinical environment.

Assimilating and Transitioning into the Real World of Nursing

Instructor perspectives. The block clinical simulated the realities of nursing and shiftwork expectations. The block model also facilitated student implementation and application of the nursing process.

Student perspectives. The block clinical provided a greater experience that reflected the ‘real world’ of nursing and facilitated transition into practice. Block
clinical provided greater continuity of care and allowed students to follow their patients’ through the nursing process.

**Conclusion and Implications for Nursing Curricula**

- Acquisition and application of nursing knowledge occurred in both block and non-block models.
- Non-block model better supported learning within the early years of nursing education to create a foundation of practice.
- The block model better supported immersion, consolidation of practice, and transition into nursing practice as seen in senior years.
- Both types of clinical models are beneficial to integrate into nursing curricula to facilitate student learning.

First Primary Presenting Author

**Primary Presenting Author**

Noelle K. Rohatinsky, PhD, RN, CMSN(C)
University of Saskatchewan
College of Nursing
Assistant Professor
Saskatoon SK
Canada

**Professional Experience:** 2012-present -- Assistant Professor, College of Nursing, University of Saskatchewan, Saskatoon, SK, Canada 2002-present -- Staff Nurse, Surgery 5000, Royal University Hospital, Saskatoon, SK, Canada 2006-2012 -- Clinical Nursing Instructor, College of Nursing, University of Saskatchewan, Saskatoon, SK, Canada Noelle serves as the College of Nursing, Indigenous Mentorship Program Coordinator where she oversees mentor and mentee recruitment, program promotion, matching, workshop planning and program evaluation. Novice researcher within the first 5 years of her career. Presented at local, national, and international conferences on the topic of mentorship and easing transition into practice.

**Author Summary:** Noelle Rohatinsky is an Assistant Professor at the College of Nursing, University of Saskatchewan, in Saskatoon, Canada. Noelle’s program of research focuses on transition of healthcare providers and students to their work environments and assisting clients with their transition in being diagnosed with chronic illnesses and self-managing their conditions.

Second Author

Kathryn Chachula, MN, RN
Brandon University
Faculty of Health Studies, Department of Nursing
Assistant Professor
Brandon MB
Canada

**Professional Experience:** Kathryn’s research centres upon teaching and learning in nursing education, the transition experience of Licensed Practical Nurses into undergraduate nursing education, and the experience of newly graduated nurses entering the workforce using Dr. Max van Manen’s Phenomenology qualitative methodology and Dr. Barney Glaser’s Grounded Theory. Kathryn is a Research Affiliate with the Manitoba Centre for Nursing and Health Research. She also serves as a Teaching Affiliate with Brandon University’s Centre for Teaching, Learning, and Technology.

**Author Summary:** Kathryn’s research centres upon teaching and learning in nursing education, the transition experience of Licensed Practical Nurses into undergraduate nursing education, and the experience of newly graduated nurses entering the workforce using Dr. Max van Manen’s Phenomenology qualitative methodology and Dr. Barney Glaser’s Grounded Theory. Kathryn is a
Research Affiliate with the Manitoba Centre for Nursing and Health Research. She also serves as a Teaching Affiliate with Brandon University’s Centre for Teaching, Learning, and Technology.

Third Author
Madeline M. Press, PhD, RN
Saskatchewan Polytechnic
School of Nursing
Faculty Researcher
Saskatoon SK
Canada

**Professional Experience:** Have worked as an RN for 20 years in a variety of medical and surgical settings. Have worked as a nurse faculty member and researcher for 8 years. Published author.

**Author Summary:** Dr. Madeline Press is a nurse, a faculty member, and a researcher at Saskatchewan Polytechnic. She is currently engaged in patient-oriented research related to end-of-life care. Her areas of research are nursing education, interprofessional care, and end-of-life care. Dr. Press has recently received the Saskatchewan Registered Nurses’ Association award for excellence in nursing research.

Fourth Author
Brenda J. Lane, MN, RN, CMSN(C)
Vancouver Island University
Faculty of Health and Human Services
Professor
Nanaimo BC Canada

**Professional Experience:** Brenda is a Professor at Vancouver Island University teaching Health Sciences and medical-surgical clinical practice. Her research endeavors have included problem-based learning, men’s comfort levels, and most recently, clinical practice models.

**Author Summary:** Brenda is a Professor at Vancouver Island University teaching Health Sciences and medical-surgical clinical practice. Her research endeavors have included problem-based learning, men’s comfort levels, and most recently, clinical practice models.