



# Nursing Student Clinical Placements – A Support or a Barrier to Sound Practice?



**F**or a third consecutive year, Ontario is last in the country in the number of RNs per population available to provide safe, high-quality patient care. For the wealthiest and most populous province in Canada, Ontario has a miserable standing with 703 RNs per 100,000 population, compared to the national average of 839 RNs per 100,000.

Undoubtedly, one of the answers is investing in nursing education and graduating more RNs. A vital component of nursing education is clinical placements for student nurses, where they are intended to get hands-on, on-the-job training to push past the theoretical part of nursing into the practical side.

But is it enough? Are students actually getting the practical experience they need from such placements? Are the placements adequate to meet their education needs?

When ONA reached out and established an affiliate status for nursing students from the Ontario Region of the Canadian Nursing Students' Association (CNSA) in 2008, now numbering around 18,000, one of our objectives was to surface issues like clinical placements and to work with nursing student leaders to find solutions to such problems.

In surveying and talking with many of our nursing student leaders in teleconferences, at ONA provincial meetings and at Board meetings, we have learned that although nursing clinical education is a vital part of preparing new nurses to practice as they enter the workforce, in some ways it is insufficient.

These inefficiencies have been raised by students and nurses' union representatives in various forums, including at the Ministry of Health and Long-Term Care (MOHLTC) Joint Provincial Nursing Committee (JPNC) Nursing Education for a Sustainable Health-Care System Working Group. ONA is part of this group and continues to provide insight and input.



**ONTARIO NURSES' ASSOCIATION (ONA) President Vicki McKenna, RN:** "Ontario hospital patients are

*almost invariably unstable and have unpredictable health outcomes, and need their care to be provided by registered nurses (RNs). We simply must staff our hospitals with more RNs now – we must fill the 10,000 vacant RN positions in hospitals and ensure that all new hires in hospitals have the education, competencies and skills that patients need and deserve...to ensure patient safety, quality health outcomes and health system cost-effectiveness. The research is clear – RN care saves the health system overall by reducing hospital readmissions and reducing the incidence of patient complications, including pressure ulcers, pneumonia, cardiac arrests, falls, sepsis, infections and medication errors."*

— May 2018

In its September 2015 report, this committee found that:

- The clinical education system is over-taxed across the province as a result of the rapid growth in nursing education programs, restructuring of the health-care system and constrained public funding.
- The immense amount of nursing clinical education work that health-care agencies are undertaking is not financially supported by the MOHLTC.
- Health-care agencies have limited capacity to expand clinical education capacity under current conditions.
- The contributions of nursing students to clinical agencies are not well understood.
- There is a lack of consistency among schools and agencies in implementing clinical education best practices.
- There are inconsistencies in the quality and diversity of student clinical experiences, including the quality of the clinical environment.
- There is no overarching clinical education coordinating body to create efficiencies, ensure consistency across the province and build capacity in the system as a whole.

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CNSA Ontario chapter schools have been working with ONA to encourage the Ontario government to take action to solve these problems.

This feature section showcases the views and experiences of some current and former students, as well as preceptors/clinical instructors, including their thoughts on the value and challenges of placements.

## DANIELA MONACHINO, RN

### Nursing Graduate CNSA Ontario Regional Director

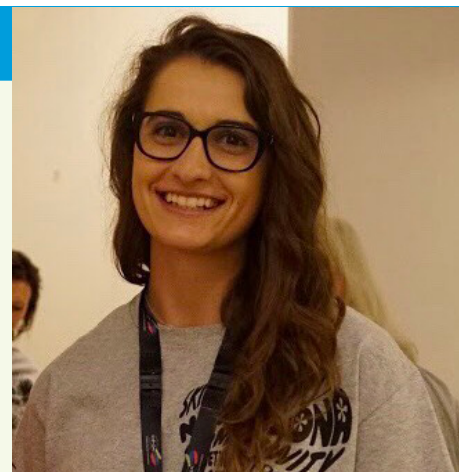
According to Daniela Monachino, who recently passed her NCLEX exam and is now a proud RN, clinical placements are intended to have students apply the theory and knowledge of nursing learned in the classroom to a real-world, practical setting.

"They allow for students to translate knowledge to practice, apply critical thinking skills and gain hands-on experience," says Monachino, a recent graduate of the University of Toronto's School of Nursing.

Clinical placements also allow students to explore different practice settings and fields of nursing to gain a breadth of knowledge that they can carry with them from placement to placement and as they transition from student to new graduate nurse. Ultimately, they are intended to help students become competent providers for entry to practice.

Says Monachino, who represents about 18,000 Ontario nursing students at 24 CNSA chapter college and university nursing programs, whether or not clinical placements fulfill what they are intended to do can depend on the quality of the placement experience.

"For the most part, the collective experience of multiple placements over the years does fulfill what they are intended to do for nursing students and is an integral part of the preparation to becoming a



nurse. However, not all placements will allow students to achieve the intended outcome and some can interfere with quality and valuable learning for students."

Monachino outlined the following benefits of student placements:

- Learn to work as part of an interprofessional team and the roles of different team members.
- Apply theory and classroom learning to real patient scenarios, which allows for the development of both practical and critical thinking skills.
- Practice nursing in a supervised setting with an instructor and nursing colleagues for guidance, which allows for learning but also maintains patient safety.
- Gain knowledge that is not taught in the classroom.
- Learn to work within the limitations of real world practice settings and still uphold standards of nursing care and safe patient care.

- Gain confidence in working with clients and focusing on time management skills.
- Engage in a systematic approach to building on skills and increasing ability to provide care for patients more independently to prepare for entry to practice.
- Experience different areas of nursing to help guide career goals.
- Create opportunities to network.

The downside of placements can include:

- Lack of acceptance of students on nursing units, in part due to the fact that the contributions of nursing students to clinical agencies are not well understood.
- Resistance from nurses with whom students are paired to teach the student.
- Lack of support/guidance/teaching/supervision from clinical instructors.
- Large clinical groups make it difficult to access clinical instructors.
- Availability and quality of placements. In some cases students are expected to travel an unreasonable distance.
- Poor quality of placements that do not allow for adequate learning opportunities and the chance to practice skills.
- Lack of consistency among schools and agencies regarding the nursing student scope of practice and in implementing clinical education best practices.
- Negative clinical experiences lead to high stress and feelings of incompetence.

tence in learners as well as inadequate preparation for entry to practice. Monachino identified the following ways to improve the system to facilitate better learning for students in a positive atmosphere:

- Develop a process in which all students self-evaluate their performance in their placement, combined with final evaluations co-signed by students and clinical instructors.
  - Develop a clinical instructor and preceptor training program.
  - Evaluate criteria for placement settings to ensure they have the capacity to take on nursing students and provide an environment of learning based on the CNO's Entry to Practice Guidelines.
  - The contributions of nursing students and the value of practicum experiences needs to be reinforced/taught to clinical agencies and nursing staff.
  - Develop a provincial standard regarding a nursing student scope of practice in practicum settings so that nursing students, regardless of where they are receiving their education or doing their practice, are not given unnecessary restrictions that students in other areas do not have (within reason and with certain exceptions).
  - Ensure strong support from faculty for their students during placements and safe spaces for issues regarding clinical placements to be talked about and addressed.
  - Ensure strong communication between the school/clinical instructor/agency triad with regard to what is expected of the students and instructor, and reinforce a policy of no tolerance for bullying.
  - Put in place remediation programs for students who are struggling in the clinical setting to help facilitate learning and improve competency to passing the clinical rotation.
  - Create greater consistency to avoid unrealistic expectations of students but ensure accountability and competency.
- In her role as CNSA Ontario Regional Di-

*"I would tell nursing students to go into each placement with an open mind and willingness to learn, even if it wasn't their choice for a placement."*

rector, Monachino says students have shared their negative experiences with her.

For example, students in community placements were placed in settings that did not allow them to fulfill their role as nursing students, including, at a radio station, while others were assigned baking as a designated task.

One positive experience for Monachino was being on a floor where the clinical instructor shared her expectations with the clinical group at the beginning of the rotation, and had students share their expectations and goals for the placement.

"The floor was aware there would be students on certain days and were welcoming and recognized our presence and role there on those days," says Monachino. "It was evident the clinical instructor cared about our learning as students and

she held us to a high standard but in a way that was reasonable and supportive. It made going into clinical each day enjoyable and a positive learning space."


Monachino has some advice for new nursing students regarding clinical placements.

"I would tell them to set goals they hope to achieve and find resources in the practice setting that will help them achieve those goals. I would encourage them not to adopt the mindset of 'I'm just a student.' I would tell them to remember their work and knowledge is valuable to their learning and to the care of the patient. I would also tell them to seek guidance when they don't know something instead of just doing it for fear of being perceived as incompetent. Translating theory into practice and hands-on work can be tough, and it takes time and experience."

## A COMMITMENT FROM THE CHIEF PROVINCIAL NURSING OFFICER

Earlier this spring, CNSA Ontario Regional Director Daniela Monachino, along with Caitlyn Leung, the CNSA delegate from York University, accompanied ONA President Vicki McKenna to a meeting with Chief Provincial Nursing Officer Dr. Michelle Acorn, where they identified several barriers nursing students face, including quality and choice of placements, a lack of respect and the need for better support from clinical instructors, a lack of remuneration for work in clinical settings, and the potential for adverse impact on the safety of patients.

"We began working towards some change," Monachino says, noting that Dr. Acorn committed to discuss the issue of consistent evaluation of nursing students across institutions/instructors, review consistent standards for placements, and contact university and college associations to review further strategies. "I'm excited to continue these discussions throughout my term. ONA has been a strong supporter of CNSA and continues to strengthen our advocacy efforts."



**More than 10,000 RN positions are currently vacant in Ontario hospitals, leaving patients without access to the expert care of RNs and vulnerable to increased risks of morbidity (complications) and mortality (death).**



## ABIGAIL GREGORIO

**4th Year Nursing Student,  
Ryerson University  
Summer Student with ONA's  
LEAP Team**

Abigail Gregorio chose nursing because she developed a passion for both community service, starting and participating in many charities growing up, and science. She believes nursing combines both of those things into a tangible career. And then there is her mom, a nurse and ONA member! Nancy Candido-Gregorio, RN, works at the Princess Margaret Hospital breast clinic in Toronto.

"Hearing about my mom's work as a nurse and the difference she makes in her patients' lives further encouraged my pursuit. So far, I find it rewarding and that the small things mean the most to me, i.e. when I can offer emotional comfort, when I can listen to patients' life stories," says Gregorio.

"I've come to realize that nursing is much more than I expected; nurses are present in all sectors, not just in hospitals, and there are so many areas of nursing I didn't know existed. Nursing is more than just giving needles and medications. I've learned that nurses are advocates, problem solvers, educators and much more."

Gregorio says clinical placements are important in that they help nursing students develop professional practice competencies in real-life settings.

"You learn to develop therapeutic rela-



tionships with patients and families, see different kinds of nursing roles and develop core nursing knowledge and skills," says Gregorio.

The biggest benefit nursing students gain through clinical placement is experience. They practice nursing skills in labs and knowledge through tests, but clinical placements allow them to apply those skills and be flexible in their learning.

"These placements help students figure out what type/area of nursing they do and don't see themselves in, or it can help them decide if nursing is the right career for them at all."

The problems nursing students face are both subjective and situational, she says.

"Sometimes students have clinical instructors that are not pleasant and are very strict rather than flexible, which can make for a discouraging environment

to practice new skills. Some students are placed in settings in which there are no nurses or preceptors to guide them through their day-to-day nursing role, such as in day-care settings or schools," she says.

"In some cases, a student can be placed in one type of practice area repeatedly for an extended period of time instead of experiencing different placements; although this is not necessarily a bad thing, it would put the student at a disadvantage in experience compared to a student who may have been placed in multiple areas."

There are also the rare cases in which students feel unwelcomed by their placement setting staff, either through belittlement, feeling like they are a burden or just general unfriendliness.

Gregorio has suggestions to improve the success of placements.

"It should be mandatory for all nursing students to have some sort of experience on a set variety of practice areas to gain experience in each area to help guide their future career path and expand their learning. And there should be options for students who want to explore non-hospital nursing."

Overall, Gregorio says her experiences working in hospital settings have been great and she has been able to work with friendly and welcoming nurses.

"I have had the opportunity to really practice my core nursing skills and learn new things along the way. During my placement at Michael Garron Hospital on the respiratory and infectious disease unit, I found that every single nurse and staff member was very friendly, helpful and accommodating, and it made for a really great learning environment," she says.

Her advice for new nursing students is to be open to all the opportunities and make the most out of each placement.

"At the end of the day you are in charge of your own learning so it's important to take every opportunity you have to develop your knowledge and skills," she says.

**In 2016, public sector health-care nurses worked  
15.2 million hours of paid overtime and  
4.9 million hours of unpaid overtime.  
Together paid and unpaid overtime  
cost \$968 million annually.  
These monies could be used  
to hire more than  
11,000 full-time nurses.**



## SONIA BOUCHARD

**4th Year Nursing Student,  
University of Ottawa  
University of Ottawa Official  
Delegate, CNSA**

For the most part, clinical placements fulfil their purpose, allowing students to apply the skills and knowledge learned in the classroom and in simulation labs into real-life settings, says Sonia Bouchard.

They not only allow students to practice and improve their technical skills, but also their communication skills, critical thinking abilities and interprofessional collaboration – all important traits in order to succeed as a nurse.

However, there can be quite a bit of discrepancy between students' clinical experience because so much of it depends on the instructor and unit/floor they are placed on.

"Sometimes there is a lack of qualified instructors, which limits opportunities and may increase group sizes. There is inconsistency among nursing programs across the province and what students are allowed to do during their clinical rotations. There is an unwillingness on the part of some unit nurses to collaborate with students," says Bouchard.

A way to deal with these issues includes limiting clinical placement groups to no more than six students. Nursing students require a great deal of supervision from their preceptors and if every student has two or three patients, the preceptor is partially responsible for 12-18 patients.

"Additionally, nursing students are required to work long hours at the hospital and keep up with their class work, which makes it difficult to maintain a part-time job. Unfortunately, nursing students also have bills to pay and since they receive zero compensation for all their clinical hours, many will physically and emotionally exhaust themselves to work at a job to avoid going into debt."

It would also be beneficial to establish province-wide written expectations



and restrictions indicating what students should be accomplishing during clinical placements to avoid inconsistencies and large gaps in learning between nursing programs.

Bouchard says she has been quite fortunate when it comes to clinical placements, however as the CNSA Official Delegate representing the students at the University of Ottawa, she has heard many clinical placement "horror stories," ranging from poor instructors, to long distance summer placements with no bus pass, to miscommunications between schools and hospital units, to not having enough patients to

assign, to oversized clinical groups and so on.

"For me, what truly makes a clinical experience positive is the instructor. The instructor is the one who shares her/his expertise with the students, encourages them to push and develop their knowledge and skills and guides them every step of the way to shape them to become qualified RNs. The best instructors I've had were full-time educators who were fully devoted to helping nursing students succeed," says Bouchard.

Bouchard adds she would advise new nursing students to take what they can from every clinical placement.

"Nursing students will be faced with many challenges and they may not like their instructor or the people in their group or the unit they are on, but each experience provides valuable lessons and learning opportunities," she says.

Bouchard also says not to rely on what other people say about instructors or units because everyone's experience is different and unique and "no two clinical rotations or groups are the same."

"Keep an open mind, ask for help when you need it and don't be afraid to try new things because you will feel so accomplished when you succeed, whether it be the first or tenth time."



## KATHERINE LIEN

### 4th Year Nursing Student, Queen's University Summer Student with ONA's Professional Practice Team

Katherine Lien believes that being on the front lines as a nurse is the key to understanding the problems in Canada's health-care system.

"I get to meet and collaborate with a variety of people from different backgrounds. As nurses, we are both teachers and learners – we provide education to our patients but we also get to learn how they manage their health and the impact it has on their lives," says Lien.

"Although I strongly support simulation learning, being able to interact with patients in real-life settings will ultimately prepare students. We gain experience through exposure and collaborating within our interprofessional health teams. Clinical placements provide enriching opportunities for nursing students to practice and hone their skills – not only hard skills but interpersonal skills as well."

Clinical placements can greatly impact a student's nursing practice, and a variety of settings is essential to their overall learning, she says.

"Unfortunately, a number of nursing students in Ontario are graduating without fully experiencing a variety of different clinical settings, and that is disheartening. I've been fortunate enough to be placed in a wide range of clinical settings, enabling me to practice confidently and competently," she says.



The challenges that come up can include staff being unduly terse with new graduates and students for a variety of reasons, such as heavy patient census, acuity and increased workload.

The addition of students on the floor without prior notice may exacerbate nurses feeling overwhelmed, adds Lien.

She has some recommendations for addressing such problems, including:

- Better standardization in nursing programs to enforce a minimum threshold of clinical exposure in certain fields (i.e. labour and delivery, long-term care, med-surg, etc.) and maintain consistency among programs.
- Develop a program for new graduates to practice their skills in partnership with a school's SIM lab.
- Provide standardized education and better incentives for preceptors and clinical instructors.
- Establish clear guidelines detailing students' scope of practice and

responsibilities for better inter-professional relationships, ensuring continuity in patient care.

- Revise the Nursing Graduate Guarantee initiative so that it better supports new graduates by extending the time line or providing extra support and resources.
- Develop criteria for clinical placement coordinators to refer to before placing students, ensuring the clinical setting is appropriate and feasible in fulfilling all learning outcomes in relation to the CNO Entry to Practice competencies.
- Develop a process where students can provide feedback on clinical placements.
- Be more mindful and considerate of staff working in the clinical setting.

Lien says she has had mostly positive experiences in her placements.

"What made my placements successful was working in environments with supportive staff members and having attentive clinical instructors. A lot of what I've learned was from working with my co-assigned nurses and with other health-care providers on the floor," she says.

"Challenges are meant to push students out of their comfort zone and help them become more resilient. It gives them the opportunity to self-reflect and problem solve."

Adds Lien, "There can be times when a student may feel like a burden, especially if a co-assigned nurse is unsupportive or belittling. There can also be times when a student and co-assigned nurse differ on nursing practices."

Her advice to her fellow students? Maintain open communication with your nurse. Address your concerns with them. If you have differing opinions, talk it through to better understand their rationale. When in doubt, you can always go to your clinical instructor. And never do something you are not comfortable with – patient safety is vital.

"Like advocating for our patients, we need to advocate for ourselves so that our needs are met."

**A study of 1,376 at-risk residents from 82 nursing homes found that 30-40 minutes of RN time/resident/day versus <10 minutes was associated with fewer pressure ulcers, hospitalizations and urinary tract infections, providing an annual net societal benefit of \$3,191/resident/year.**



## VIKKY LEUNG, RN

**Clinical Instructor,  
Centennial College  
Full-time RN in ER, Hospital for  
Sick Children, Toronto**

Vikky Leung graduated with a BScN five years ago and has been working as a full-time staff nurse since then. She is also a clinical instructor so she has experienced both sides of the nursing student placement issue.

From her perspective, there are many benefits gained from clinical placements, including helping socialize nursing students into the expectations, values and professional standards of a nurse.

"I remember when I was a nursing student, a lot of students were very focused on getting a specific type of placement to suit their ideal career paths. I also remember being too focused on wanting to learn certain skills and sometimes missed the point of more important things like communication and self-reflection as a learner," she says.

"Clinical placement is the starting point of finding out your nursing identity and seeing what kind of nurse you want to be. You may find your role model or an interaction that stays in your mind and heart, that later continues to guide your practice. Clinical placements are also where you learn how to communicate with your first patients, inter-disciplinary teams, and working with families."

The challenges include nursing students dealing with complex situations and/or behaviours from patients and even colleagues.

"I've heard about students being prevented from certain learning opportunities, and also of students practising unsafely. I also remember students being resistant to learning because they were not in a placement they felt was suitable to their career plans," she says.

Based on her experiences and those shared by students, Leung says it is important to listen to students and see what



they want and need. As well, providing them with variety in placements will help enhance their experience and skill development.

"Some of my peers were reluctant to be placed in a long-term care facility, but they need to understand that many nursing skills are transferable across practice settings. Variety and choice can provide a student with a better sense of autonomy, as well as assistance with their career planning and development" she says.

Leung says most of her clinical placements were positive and she had preceptors that were caring, kind and support-

ive of her learning needs. But there have been some negative experiences.

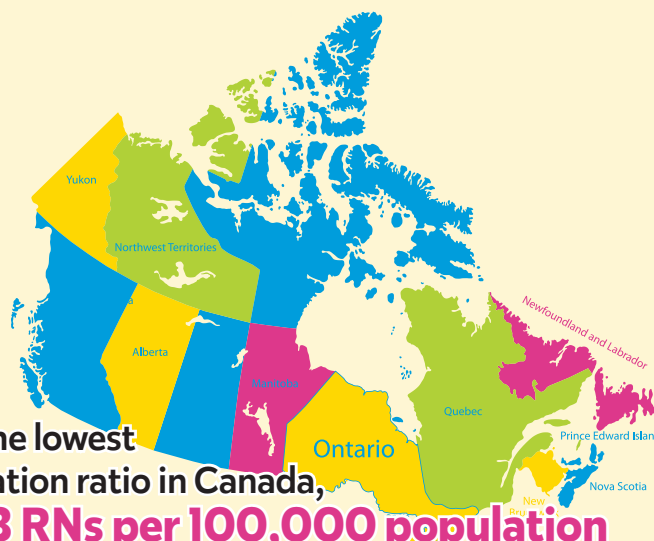
"During my consolidation semester, my preceptor looked after me and stood up for me when another colleague refused to listen to me as I tried to delegate and prioritize my tasks, just because I was a nursing student. I once had a clinical instructor who didn't know how to correctly demonstrate a piggy-back set up (she did the set up backwards and the mini bag was back primed), and she had these long artificial nails and did not always dress professionally. In a way, this individual's manner taught me how not to be a nurse."

Leung's advice to new nursing students is to treat their placements and experience like they would real patients and clients.

"Check your own assumptions, biases and values before jumping to conclusions. Make the most of your placement, because there is always something to learn and someone to learn from."

She also encourages nursing students to always ask for help. "Follow that culture of safety and never let your ego override patient safety," she says.

This is a guiding principle she carries into her own practice as an ER nurse and as a clinical instructor.



**Ontario has the lowest  
RN-to-population ratio in Canada,  
with just 703 RNs per 100,000 population  
compared with an average of 839 RNs per 100,000  
population in the rest of the country.**

# Preceptor's Point of View

By **Alysia R. Lupinsky, MN, BScN, RN**

Professional Practice Specialist, ONA Professional Practice Team

As a third generation nurse I have always been taught to give back to the profession. As a youngster, I learned a lot about nursing and what it means to be a true nursing leader from my mom and grandmother. My grandmother was Vice-President of Nursing at Queensway Hospital and my mother was Manager/Director of the Emergency Room at Queensway. She then became the Chief Nursing Officer of Trillium Health Partners.

I learned at a young age to respect the profession and advocate for the front line because of these amazing women.

The greatest reward of being a preceptor is being able to take all that you have learned and use that knowledge and skill to teach others. "Pay it forward!"

Being able to watch new nurses grow and develop in their career is such a wonderful feeling. I was fortunate enough to work in the ER as a unit clerk and learn from some amazing men and women throughout my schooling. I was like a sponge, soaking up all the knowledge. I definitely would not be the nurse I am today without these men and women who helped me along the way.

As a mentor, you want to ensure your mentee/student is getting the best experience possible. I remember one student in particular, Monika, who is now a charge nurse in the ICU. She was my pre-grad student about nine years ago, and I have



*Alysia Lupinsky (top left) with (top right) Lanna Raynard and Chalean McKinnon, all preceptors from Trillium Health.*

watched her grow from student to surgical RN to a charge nurse in the ICU. It is so rewarding to see them flourish and move forward in nursing.

Sometimes the placement isn't the right fit for the student.

I had a student in 2008 who was very eager to work in the ER, however due to the fast pace and unpredictable nature of the ER he was not able to practice safely. It is expected that in your consolidation placement, by the end of the term, you are able to look after a full patient assignment with little support, if any, from your preceptor.

Unfortunately, he was not able to do this and struggled, but his heart was in it. It wasn't that he lacked the knowledge, but just needed more time. The ER is not a place for "needing more time." I advised him the ER may not be the right environment for him just yet and that perhaps a couple years on a medical or surgical unit would be more fitting so that he could become comfortable with his assessments and tasks. Then, after working in a more controlled environment, he might choose to come back to the ER if he was still interested.



*Alysia Lupinsky with co-worker Nick Agilpy, who is also a preceptor.*

**The Canadian Nurses Association estimates that Canada needs to graduate at least **12,000** nursing students per year to keep up with population growth and attrition. With additional resources, it is anticipated that **70%** of RN programs could expand their enrolment by **25%**.**



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