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MODULE 2: Designing and Providing Clinical Learning Experiences

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STUDY GUIDE

INTRODUCTION

Hello, everyone!

In the previous module, you learned about the importance of the clinical environment in fulfilling the program's learning outcomes. In this module, we are going to discuss and learn about the planning/implementation of clinical experiences which is a component of the learning experience at the BSN level. For planning clinical experience, the course syllabi should be followed as a guideline for fulfilling the minimum requirements. Clinical experience is an integral part of the nursing curriculum. The time the students spend in the clinical area in hospitals, communities, or health centers is an important factor in learning skills in nursing.

The basic planning of clinical experience is a function of the faculty. Each clinical experience should be carefully planned keeping the outcomes in view so that it will provide the learning needed at a particular period in the course. Therefore, students need to be in the right clinical area at the right time. The clinical preceptor and students need to know why they are in a particular clinical area. It is important to remember that the students learn through demonstration and return demonstration of skills in the laboratory, their repeated practice daily during the period of their clinical learning experience. It is, therefore, all the more imperative that greater efforts be taken to plan this experience as well as plan for supervision and better learning.

LEARNING OUTCOMES

At the end of the module, participants will be able to:

1. Analyze the factors that should be considered in the design of instruction
2. Formulate outcomes for a selected clinical learning experience
3. Specify the learning activities and resources that will best achieve the learning outcomes

4. Select the appropriate method and tool to measure student's achievement of learning outcomes

Clinical teaching is a series of planned actions on the part of the preceptor to guide students in their learning. It involves a sharing and mutual experience on the part of both preceptor and student and is carried out in an environment of support and trust. Teaching is not telling, it is not just providing information, and it is not merely demonstrating skills. Instead, teaching is involving the student as an active participant in this learning. The teacher is a resource person with information to share to facilitate learning and acquisition of new knowledge and skills. This can be addressed through a good plan or design for clinical teaching.

Elements of a Clinical Learning Design

Analyzing the learning situation

In designing the learning experience, you must analyze the situation in which learners are expected to perform the outcomes. This includes the learners, institutional objectives, resources, and constraints.

As we have discussed the philosophical context in the previous module, we should recognize that there will be factors that may affect clinical teaching such as:

- Importance of clinical teaching
- Role of the student as a learner
- Need for learning time before evaluation
- Climate for learning
- Importance of quality over quantity of clinical activities

Teaching begins at the level of the learner. The teacher's goal, therefore, is to assess the student's present level of knowledge and skill and other characteristics that may influence achieving the outcomes of the clinical practicum. The first area of assessment involves collecting data on whether the student has the prerequisite knowledge and skills for the clinical situation at hand and for completing the learning activities. For instance, if the learning activities focus on interventions for health promotion, students first need some understanding of health and behaviors for promoting health. Changing a sterile dressing requires an understanding of the principles of asepsis. The teacher's role in the assessment of the learner is important so that students engage in learning activities that build on their present knowledge and skills. When students lack the prerequisites, then the instruction can remedy these and more efficiently move students forward in their learning.

These factors should serve as a guide to action for clinical preceptors in nursing.

- Clinical education should reflect the nature of professional practice. Clinical practice requires critical thinking and problem-solving abilities, specialized psychomotor and technological skills, and a professional value system.
- Clinical teaching is more important than classroom teaching. Because nursing is a professional practice discipline, what nurses and nursing students do in clinical practice

is more important than what they can demonstrate in a classroom. Clinical learning activities provide real-life experiences and opportunities for the transfer of knowledge to practical situations.

- The nursing student in the clinical setting is a learner, not a nurse. Learning is assumed to take place while caring. However, the central focus in clinical education should be on learning, not doing, as the student role. Thus, the role of the student in nursing education should be primarily that of the learner, not the nurse. For this reason, the term nursing student rather than student nurse is preferred, because in the former term, the noun student describes the role better.
- Sufficient learning time should be provided before performance is evaluated. Clinical preceptors seem to expect students to perform skills competently the first time they attempt them, and they often keep detailed records of students' failures and shortcomings, which are later consulted when determining grades.
- Clinical teaching is supported by a climate of mutual trust and respect. Clinical preceptors must respect students as learners and trust their motivation and commitment to the profession they seek to enter.

Learners. A basic part of understanding the learning process is to think critically about how your learners learn. When you understand your preferred learning styles, you can bring a greater sense of control and flexibility to the demands of each clinical learning as required. Learners differ in their cognitive styles and approaches to learning. Understanding these differences helps you in the choice of teaching strategies. It also provides a good reason for using a variety of teaching strategies. [Students](#) learn best and quickest with information in their preferred style.

Activity 1.

Your task is to download and read the different syllabi of your specialty BEFORE attending the session.

Read the syllabus of the course and answer the following questions:

1. What type of learner do you expect to meet in the clinical duty of this course? Describe them.
2. As a clinical preceptor, what concepts/skills do you want to teach these students considering the projected type of learner?

Post your answers in our discussion forum.

Institutional and Curricular Outcomes. This is thinking about how your clinical learning experience would contribute to the objectives of the course and the whole curriculum. In outcomes-based education, the curriculum is designed backward with the required performance to determine the integrated learning activities that comprise mastery of the outcome.

[Defining learning outcomes](#)

Learning outcomes are general statements that describe the essential learning (knowledge, skills, and attitudes) that learners will achieve by the end of the course. Source: Digital Learning Toolkit (2017)

Outcomes are broader than objectives. Thus, a learning outcome may have several learning objectives supporting it.

In the UPCN BSN Program, outcomes are identified based on where you are expected to perform. There are:

- Program Outcomes - student achieves outcomes at the end of the BSN Program (broad in scope)
- Course Outcomes - student achieves outcomes as he/she completes the BSN Program and contributes to the achievement of the Program Outcomes
- Learning Outcomes - student achieves outcomes at the end of each instructional event or unit of a course, this can be in the lecture, laboratory, and clinical/community components of the course

Nursing faculty are expected to clearly and specifically identify these outcomes as these will be the basis for the design of the courses.

Read [Digital Learning Toolkit \(2017\). "Objectives and Outcomes"](#)

Thus, planning for clinical teaching should typically begin with identifying learning outcomes that are necessary for safe, competent nursing practice. These outcome statements are derived from the philosophical approach chosen to guide clinical learning experience and are related to the three domains of learning: cognitive (knowledge and intellectual skills), psychomotor (skills and technological abilities), and affective (professional attitude, values, and beliefs).

Cognitive Domain Outcomes

- Problem-Solving
- Critical Thinking
- Decision Making

Psychomotor Domain Outcomes

- Psychomotor Skills
- Interpersonal Skills
- Organizational Skills

Affective Domain Outcomes

- Professional socialization is the process through which nurses and nursing students develop a sense of self as members of the profession, internalizing the norms and values of nursing in their behavior

Activity 2.

Identify which learning domain/s the following activities will cover:

1. Discussion of the pathophysiology of Chronic Kidney Disease
2. Role-playing of attending to a watcher of a patient undergoing code
3. Performing wound care on a patient with a diabetic foot
4. Reflection paper on highlights and insights during clinical duty
5. Establishing rapport with the client
6. Planning care with considerations to psychosocial, emotional, and spiritual care of the client
7. Review of current evidence-based practices in the care of a client with pneumonia
8. Return demonstration on chest assessment
9. Prioritization of nursing problems
10. Analysis of a client's laboratory results and its implications

Selecting teaching and learning experiences or activities

After the nature of the desired learning outcomes has been identified and specified, the next step is for the clinical preceptor to plan the kind of activities that are needed so that these outcomes are achieved. Planning learning activities in the clinical area will require an understanding of how learners learn and the principles of learning that will help you provide the conditions that will support the internal processes of learning.

The following are some teaching-learning activities that you may want to consider in the design of your clinical learning experience. In the next module, you will encounter a more detailed discussion on the specific teaching-learning strategies.

1. Self-Directed Activities

Self-directed learning activities are what the term suggests—activities directed by the students themselves. Although they are planned by the teacher as part of the clinical activities or recommended to meet specific learning needs, self-directed activities are intended for completion by the students on their own. These activities are typically self-contained units of instruction that students complete independently, and according to their time frame. The learner may move through the instruction at a fast or slow pace depending on the learning needs and may repeat content and activities until the competency is achieved. Many self-directed activities also include pre-and post-tests for students to assess their progress and learning at the end of the instruction.

2. Case Method, Case Study, and Grand Rounds

Clinical practice provides opportunities for students to gain the knowledge and skills needed to care for patients; develop values important in professional practice; and develop cognitive skills for processing and analyzing data, deciding on problems and interventions, and evaluating their effectiveness. Ability to apply concepts and theories to clinical situations, solve clinical problems, arrive at carefully thought-out decisions, and provide safe, quality care are essential competencies gained through clinical practice. Case methods, case studies, and grand rounds are teaching methods that help students meet these learning outcomes. The case method and

case study describe a clinical situation developed around an actual patient for student review and critique. In case method, the case provided for analysis is generally shorter and more specific than in case study. Case studies are more comprehensive, thereby presenting a complete picture of the patient and clinical situation. Grand rounds involve the observation and often interview of a patient or several patients in the clinical setting.

3. Discussion and Clinical Conference

Discussions with learners and clinical conferences provide a means of sharing information, developing critical thinking skills, and learning how to collaborate with others in a group. Discussion is an exchange of ideas for a specific purpose; a clinical conference is a form of group discussion that focuses on some aspect of clinical practice. Teachers and students engage in many discussions in planning, carrying out, and evaluating clinical learning activities. Similarly, there are varied types of clinical conferences for use in teaching. Effective conferences and discussions require an understanding of their goals, the types of questions for encouraging an exchange of ideas and higher-level thinking, and the roles of the teacher and students.

Watch the following videos to get an idea of how the mentioned strategies be delivered:

- [Take 5: One Minute Preceptor](#)
- [Ward rounds](#)
- [Clinical case presentation](#)

Evaluation Strategies in Clinical Teaching

Written Assignments

When thinking of evaluation of student performance in the clinical area, the first that comes to mind is giving students written assignments. Written assignments enable students to learn about concepts relevant to clinical practice, develop higher-level thinking skills, and examine values and beliefs that may affect patient care. Written assignments about clinical practice combined with feedback from the teacher provide an effective means of developing students' writing abilities. Although writing assignments may vary with each clinical course, depending on the outcomes of the course, assignments may be carefully sequenced across courses for students to develop their writing skills as they progress through the nursing program. The teacher is responsible for choosing written assignments that support the learning outcomes of the course and meet other curriculum goals

Sample written assignments assigned to students:

- Nursing Care Plan
- Nursing History
- Physical Examination
- Teaching Plan

Read the article, [“Performance Evaluation of Nursing Students in the Clinical Area.”](#) In the article, you will encounter different methods in evaluating student performance, please take note of the following concepts:

- Performance evaluation checklist
- Rubric
- Peer evaluation

CONCEPTS OF CLINICAL EVALUATION

To understand more that evaluation is not only through the written assignment, we must appreciate the underlying concepts of clinical evaluation. Clinical evaluation is a process by which judgments are made about learners' competencies in practice. This practice may involve the care of patients, families, and communities; other types of learning activities in the clinical setting; simulation activities; performance of varied skills in learning laboratories; or activities using multimedia. Most frequently, clinical evaluation involves observing performance and arriving at judgments about the student's competence. Judgments influence the data collected—that is, the specific types of observations made to evaluate the student's performance—and the inferences and conclusions drawn from the data about the quality of that performance. Teachers may collect different data to evaluate the same outcomes, and when presented with a series of observations about a student's performance in clinical practice, there may be minimal consistency in their judgments about how well that student performed.

Clinical Evaluation Versus Grading

Clinical evaluation is not the same as grading. In evaluation, the teacher makes observations of performance and collects other types of data, then compares this information to a set of standards to arrive at a judgment. From this assessment, a quantitative symbol or grade may be applied to reflect the evaluation data and judgments made about performance. The clinical grade, such as pass-fail or A through F, is the symbol to represent the evaluation. Clinical performance may be evaluated and not graded, such as with formative evaluation or feedback to the learner, or it may be graded. Grades, however, should not be assigned without sufficient data about clinical performance.

Norm and Criterion-Referenced Clinical Evaluation

Clinical evaluation may be norm- or criterion-referenced. In norm-referenced evaluation, the student's clinical performance is compared with that of other students, indicating that the performance is better than, worse than, or equivalent to that of others in the comparison group or that the student has more or less knowledge, skill, or ability than the other students. Rating students' clinical competencies about others in the clinical group—for example, indicating that the student was “average”—is a norm-referenced interpretation

Formative and Summative Clinical Evaluation

Clinical evaluation may be formative or summative. Formative evaluation in clinical practice provides feedback to learners about their progress in meeting the outcomes of the clinical course or in developing clinical competencies. The purposes of formative evaluation are to enable students to develop further their clinical knowledge, skills, and values; indicate areas in which learning and practice are needed; and provide a basis for suggesting additional instruction to improve performance. With this type of evaluation, after identifying the learning needs, instruction is provided to move students forward in their learning. Formative evaluation,

therefore, is diagnostic; it should not be graded (Nitko & Brookhart, 2007). For example, the clinical teacher or preceptor might observe a student perform wound care and give feedback on changes to make to the technique. The goal of this assessment is to improve subsequent performance, not to grade how well the student carried out the procedure.

Fairness in Clinical Evaluation

Considering that clinical evaluation is not objective, the goal is to establish a fair evaluation system. Fairness requires that:

1. The teacher identifies his or her values, attitudes, beliefs, and biases that may influence the evaluation process
2. Clinical evaluation be biased on predetermined outcomes or competencies
3. The teacher develops a supportive clinical learning environment

Feedback in Clinical Evaluation

For clinical evaluation to be effective, the teacher should provide continuous feedback to students about their performance and how they can improve it. Feedback is the communication of information to students, based on the preceptor's assessment, which enables students to reflect on their performance, identify continued learning needs, and decide how to meet them. Feedback may be verbal, by describing observations of performance and explaining what to do differently, or visual, by demonstrating correct performance

After knowing clinical teaching and learning take place in a social context. Clinical preceptors, students, staff members, and patients have roles, rights, and responsibilities that sometimes are in conflict. These conflicts create legal and ethical dilemmas for clinical preceptors. This section discusses some ethical and legal issues related to clinical teaching and offers suggestions for preventing, minimizing, and managing these difficult situations.

Ethical issues

Patients who encounter learners in clinical settings may feel exploited or fear an invasion of their privacy; they may receive care that takes more time and creates more discomfort than if provided by expert practitioners. The presence of learners in a clinical setting also requires more time and energy from staff members, who usually are expected to give and receive reports from students, answer their questions, and demonstrate or help with patient care. These activities may divert staff members' attention from their primary responsibility for patient care, interfere with their efficient performance, and affect their satisfaction with their work.

The process of training future healthcare professionals involves allowing them to access and review sensitive, personally identifiable, and confidential data about their assigned patients through the hospital's information systems. This data may include medical history, diagnosis, treatment plans, and other relevant information. Students must learn how to navigate these systems and handle sensitive information responsibly and ethically. To ensure patient privacy and confidentiality, the hospital's information systems are equipped with security measures and access controls that limit the student's access to only the information that is necessary for their education and training. This requires students, like hospital employees, to comply with strict

ethical standards and confidentiality agreements to protect the privacy and rights of the patients whose information they access.

Clients also use social media to avail of healthcare services and communicate with health professionals. Since our students may encounter these platforms, both the patient's and the student's personal information are exposed.

In the onsite discussion, please take note of the following:

- Social media use concerning client teaching
- [Data Privacy](#) (please click the link)

Patient safety

If the word clinical means “involving direct observation of the patient,” clinical activities must take place where patients are. Traditionally, learners encounter patients in healthcare service settings, such as acute care, extended care, and rehabilitation facilities. With the current focus on primary prevention, however, patients increasingly receive health care in the home, community, and school environments (Stokes & Kost, 2004). Whatever the setting, patients are there to receive health care, staff members have the responsibility to provide care, and students are present to learn (Williams, 2002). Are these purposes always compatible? Although it has been more than three decades since Corcoran (1977) raised ethical questions about the use of service settings for learning activities, those concerns still are valid. In the clinical setting, nursing students or new staff members are learners who are somewhat less skilled than experienced practitioners. Although their activities are observed and guided by clinical teachers, learners are not expected to provide cost-effective, efficient patient care services. On the other hand, patients expect quality service when they seek health care; providing learning opportunities for students usually is not their priority. The ethical standard of beneficence refers to the duty to help, to produce beneficial outcomes, or at least to do no harm (Husted & Husted, 2007). Is this standard violated when the learners’ chief purpose for being in the clinical environment is to learn, not to give care?

When determining whether a given action meets the criteria for professional negligence, the overall standard of care is what an ordinary, reasonable, and prudent person would have done in the same context. The standard of care for a nursing student is not what another nursing student would have done; students are held to the same standards of care as registered nurses (Brent, 2004b). The concept of personal liability also applies to cases of professional negligence. Each person is responsible for her behavior, including negligent acts. Students are liable for their actions as long as they are performing according to the usual standard of care for their education and experience, and they seek guidance when they are uncertain what to do. Therefore, it is not true that students practice under the faculty member’s license (Brent, 2004b; O’Connor, 2006, p. 304).

Evidence-based practice

Nursing education has embraced the integration of EBP into the nursing curriculum in numerous ways to make the principles and process of EBP meaningful for students. Teaching strategies such as structured tutorials the use of virtual learning environments and collaborations with subject librarians are invaluable in terms of enhancing students' skills of strategically accessing and searching databases and other literature sources. As much as nursing education has embraced the pedagogical paradigm that places student nurses into socially meaningful partnerships with practicing nurses as a means to promote the uptake of EBP in the clinical setting, few educators, envision students having a role beyond the mere recipients of EBP education. In addition, nursing education continues to face challenges in teaching EBP due to nurses educators themselves losing knowledge, having increased workloads, insufficient time, and insufficient resources.

Activity 3.

Designing the clinical experience. The task is to design the clinical experience of the nursing students as a part of the course assigned in the previous activities.

You will be using the worksheet to finalize the answers for the following guide questions:

1. What learning outcomes do you want your students to learn from your clinical experience?
2. Specify the teaching-learning strategies you want to use during the clinical experience.
3. What evaluation methods do you think are appropriate to be used in your clinical area for the evaluation of student performance?

Make sure you have discussed this with your faculty. Take note that this activity comprises a big portion of your standing in the course, so take time to finish this. Also, this is the culminating activity for the designing part of the course, so don't forget to incorporate all the learnings from this and the previous module.

Get ready to present this in plenary.

Good luck!

SUMMARY

Many principles of good teaching can be incorporated into clinical teaching. One of the most important is the need for planning. Far from compromising spontaneity, planning provides structure and context for both teacher and students, as well as a framework for reflection and evaluation. Preparation is recognized by students as evidence of a good clinical teacher.

Understanding the learning process will help clinical teachers to be more effective. Several theories are discussed and all start with the premise that learning is an active process. Cognitive theories argue that learning involves processing information through the interplay between existing knowledge and new knowledge. An important influencing factor is what the learner knows already. The quality of the resulting new knowledge depends not only on "activating" this prior knowledge but also on the degree of elaboration that takes place. The

more elaborate the resulting knowledge, the more easily it will be retrieved, particularly when learning takes place in the context in which the knowledge will be used.

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