

Challenges Experienced By Undergraduate Nursing Students during Their Clinical Rotations

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Abstract: Moi Teaching and Referral Hospital is the main referral hospital in Western Kenya. With increasing quest for higher education in nursing, many nursing institutions offering degree and diploma programmes use MTRH for clinical attachments and experiences. This has led to overcrowding of students and overstretching of the strained resources. Setting: Moi University-School of Nursing, MTRH

Study Population: All third and fourth year Nursing students, Moi University.

Objectives: The main objective of the study was to find out the challenges experienced by undergraduate Nursing Students of Moi University, School of Nursing during their clinical rotations. Specific Objectives were to find out how well prepared students were before the clinical rotations; determine the suitability of the learning environment, determine the effectiveness of the evaluation tools used to assess students at the end of each clinical rotation and the adequacy of time allocated for the clinical rotations.

Methodology: Descriptive cross-sectional design was used. A self administered questionnaire was used to collect data.

Results: A total of 38 students filled the questionnaire, (100%). Those who agreed that basic sciences prepared them well for clinical rotations were 68% and 34% indicated that the skills laboratory prepared them well. Those who reported being comfortable with using the instruments and equipment in the clinical areas were 32%. Most respondents (71%) agreed that most patients in the clinical areas were co-operative. The protocols and procedure manuals in the clinical areas were reported to be inappropriate for learning by 34%. The effectiveness of the evaluation tools was supported by 29% of the respondents while most, 45% indicated that the time allocated for clinical rotations was inadequate.

Conclusion: The Nursing Students experienced various challenges during their clinical rotations that require attention as indicated in the study findings.

Keywords: Challenges, clinical Rotation, facilities, evaluation tools, skills laboratory.

I. INTRODUCTION

Background Information

Increasing emphasis has been given to integrating a caring concept and nursing research into the nursing practice as a curricular theme in nursing education (Hicks, 2000). This is an attempt to ensure that patients' comfort is promoted, as it has positive impact on the healing process.

Nursing Education

Globally most countries have undergraduate nursing schools while others were still advocating for Bachelor of Nursing degree by 2004, hence the need to standardize the nursing education globally (Obot, 2004).

A few schools are offering postgraduate degrees in nursing up to doctorate level. Nursing education requires a broad understanding of the health needs of the patients hence quality preparation of the students. Students are engaged in providing clinical and theory-based nursing practice under the supervision of their tutors, mentors, primary nurses and preceptors while embracing education opportunities and expanding the research window around the globe (Nicholas et al, 2012). In this way, the student upon qualifying is expected to provide quality patient care services based on the skills and competences gained in both psychomotor and critical thinking in whatever context and setting.

The practical teaching approaches may differ from institution to institution but the concept of nursing practice remains the same and in accordance with the provisions of set standards of the International Council of Nurses (ICN), a body that governs the Nursing practice worldwide and of which Kenya is a member.

Acquisition of a degree in nursing equips the student nurse with adequate knowledge and skills to render comprehensive and standardized nursing care to meet the needs of the client or patient in an acceptable manner (Umunna, 2004). However there remains major concerns that hinge this practice, mainly inadequate resources, need for capacity building, buy-in from the key stakeholders and skill in managing change in nursing practice especially in a developing country like Kenya.

Regionally, in E.A, different nursing schools have contrasting perspectives of the nursing education as a science and therefore do not give it the deserved recognition. Kenya, Uganda and Tanzania are still struggling to develop the nursing science education but this will only be realized when both the learner and the teacher appreciate the importance of it as a science (www.nursezone.com/study-tips.csp).

Nationally, in Kenya, alongside the theory, the undergraduate nursing degree programme has embraced the use of clinical instructors, mentors, primary nurses and other resource persons to supervise and help students learn during clinical rotations (www.rdc.ab.ca/about_rdc/academic-de...) This is reflected in the clinical teaching Curricula embraced in Nairobi, Kenyatta and Kenya Methodist University Schools of Nursing and other teaching institutions of higher learning that train health related and clinical oriented courses (UoN-2004, KU - 2009, KeMU - 2010)

At Moi University, Bachelor of Science in Nursing is a four year programme which was launched in the academic year 1998/1999 in accordance with the Nursing Council of Kenya Policies, guidelines, standards and regulations.

It is geared towards producing a graduate nurse who will approach issues with holistic global perspective and critically analyze problems which should integrate theory and practice in the assessment and provision of health care to clients and patients.

The programme comprises three integrated components; theory (basic sciences), theory and practice (nursing) and community health (Community Based Education and Service) which address environmental processes and outcomes for the student. The clinical exposure starts in first year of study, with a course on basic nursing skills. The clinical rotations commence after students have undertaken practical demonstrations in the skills laboratory alongside the basic sciences theory during the first and second years. The students rotate in various clinical areas, initially orienting themselves with the basic Nursing procedures and thereafter spiraling into more advanced skills in Medical, Surgical nursing and antenatal wards and clinics for further clinical nursing experiences in the latter part of second year.

In third year, the students continue with the advanced experience in medical and surgical nursing procedures, obstetric nursing, operating theatre, ear, nose and throat outpatient clinic, ophthalmology, oral Health, orthopedic wards, renal unit, Intensive care unit (critical care nursing), paediatric wards (paediatric nursing), gynaecology ward and the new born unit (neonatal nursing). All these are covered in one academic year alongside the theory and other parallel courses (BSc.N Curricula 1998).

In fourth year, the students perfect their experience and skills in medical-surgical, obstetric; post natal wards and psychiatric wards. The students are also exposed to teaching methodologies by undertaking teaching practice in the various Medical Training Colleges.

The practice of nursing is heavily reliant upon an extensive knowledge base in the basic sciences including anatomy, physiology, microbiology, parasitology, mycology, immunology, hematology, pharmacology, biochemistry and pathophysiology (Kalsich & Kalisch, 1995). Lack of biological knowledge or failure to apply that knowledge has been identified as significant in placing clients at risk (Wynne, et.al, 1997). Conversely, an increased knowledge of biological and physical sciences has been associated with increased ability to detect medication problems, increased knowledge of the effects of illness on the human body, and improved ability of the nurse to coordinate the complexities of care in the modern healthcare system. It is therefore essential that the role of science in nursing education be more clearly defined (Wynne, et.al, 1997).

The current epistemological approach adopted by nursing has increased the focus on behavioral and social sciences (Trnobranski, 1993). This focus has been described as contributing to a decline in emphasis of the use of scientific knowledge in practice (Wynne, Brand, & Smith, 1997). The decline in emphasis may be contributing to student difficulties in courses that have already been documented as problematic for nursing students (Andrew & Vialle, 1998). The importance of basic sciences as an integral part of the BSc.N training curricula remains an important aspect in nursing learning and teaching (T.M Shezi, 2010).

The importance of clinical rotation is to prepare the nursing student to acquire practical skills, knowledge, professional attitudes, perfecting them and gaining confidence in patient care while advancing in the profession.

The process of effective clinical rotation starts with the student undertaking the basic science courses integrated with basic clinical courses. This is followed by clinical skills demonstrations when the student is introduced to procedures and skills by use of role plays, videos that explain clinical procedures, medical instruments/ equipment and Nursing Models/ manikins (MU, SOM, BSc.N Curriculum, 1998). Subsequently the student is scheduled for the actual rotations in the clinical areas for a specified period of time which culminates in an end of rotation practical assessment to evaluate clinical knowledge acquired.

The student prepares self by adopting a specified uniform for the particular institution, exercises good hygiene and dresses appropriately to suit the working environment. The student should equip self with appropriate pens, stethoscope, drug index and clinical guide handbook, a logbook, pocket size notebook and a pen-torch. Once in the clinical area, the student gets acquainted with the facility to work in, the policies and procedure manuals, forms and supplies, ward facilities (patients' washrooms, kitchen, staffroom, procedure rooms etc) and the referral system. The student is then assigned to work under a qualified nurse (primary nurse) (www.nursezone.com/.study tips, NCK Guidelines and standards).

The prescribed total period of the entire four year practical exposure as a BSc. N. student by the Nursing Council of Kenya is 65 weeks translated into 2560 hours (NCK BSc.N Students Training file 2011, Nairobi Kenya) as compared to the entire academic period translated into 1564 hours (39.1weeks) at Moi University, school of nursing.

In view of the above, a graduate of this programme is expected to be proficient in a variety of settings which include; provision of care to patients, nursing management, teaching and undertaking research activities. The programme is community oriented and community based in its implementation. The graduate nurse is expected to apply the process of critical thinking; holistic nursing care and community based health care activities. It is with this in mind that the students undertake practical experience, which is coupled with theory for effective delivery of patient care (MU BSc. Nursing curriculum, 1998).

Skills laboratories aim at exposing the students to various procedural skills in a laboratory set-up prior to exposure to real patients. For example, the faculty at MGH Institute School of Nursing use state-of-the-art technology to teach nursing students. The school has six interactive simulation manikins to help one learn to treat a wide variety of symptoms and health situations (<http://www.mghihp.edu/academics/nursing/facilities>).

In Athena hospital, the clinical skills lab is fully equipped to conduct several Bio-chemical, hematological and microbiological investigations. The nursing Arts lab is equipped with dummies models, charts and all equipments needed with all facilities (<http://www.athenahospital.com-iso-2008.html>).

In San Diego State University, the School of Nursing maintains four laboratory facilities for students: The media Lab contains a DVD and videotape library, PCs, instructional software, multimedia software and equipment, and medical diagnostic equipment provided for student use. The Nursing Fundamentals Skills Lab has 10 beds with manikins that are used to teach nursing skills in patients. The Physical Assessment Lab has examination rooms which are used to simulate the real-world assessment environment (<http://nursing.sdsu.edu/pa-lab.php>).

The Skills Laboratory

The clinical skills laboratory in the School of Nursing, College of Health Sciences, Moi University was established in 1998 with the help of the Dutch Government, courtesy of the University of Maastricht that funded the project. However, it came into full use in 2001 after staff were trained alongside the training for problem based Learning; a method that was adapted for teaching in the school of medicine. Protocols were developed for use by year one medical and nursing students initially but those for the subsequent years would be developed gradually.

The laboratory is divided into seven rooms (store, secretary's reception area and five classrooms). It is equipped with different models for nursing, gynae and obstetrics procedures, ear nose and throat (ENT) and eye examinations, physical examinations, anatomy manikins and audiovisual tapes, CD and DVDs. Other instruments include: sphygmomanometers, stethoscopes, fetoscopes, weighing scales for adults, children and food, height meters and length boards, computers, overhead projectors, LCDs, cabinets, shelves, surgical instruments, delivery instruments, general care and patient assessment tools.

Each room is designed to accommodate 8-10 students but due to high student population, each room usually has more. The skills laboratory has specific days for each year of study for demonstrations and return demonstrations. Tutors are assigned hours of teaching in the laboratory and follow the students to the clinical areas to ensure the taught skills are practiced and perfected. In preparation for the skills training, the nursing technician (mentor) issues the student with the protocol of the due skill seven days prior to the actual day of training. This enables the student to conceptualize the skill.

The students are expected to read more about the skill so that on the actual day, the teacher briefly discusses the skill and only clarifying areas of concern. This is followed by the demonstration of the skill by the teacher and thereafter a return demonstration by the students. The students then evaluate the whole session and document their observations. The students are encouraged to come to the laboratory for regular practice of the taught skills so as to gain confidence and proficiency.

The skills laboratory does not use simulated patients. For skills that require actual client such as Blood pressure, temperature, pulse, respirations, height and weight taking and recording, role play is used while observing ethical guidelines of care.

Clinical areas

The clinical areas that are mainly used are the various wards in MTRH. There is a technician (mentor) who guides these students through their rotation on daily basis. This is a challenge because; this mentor/technician is only one person against about 1564hours of student rotation and therefore it is not easy to monitor all students in the respective clinical areas at one given time.

The goal of providing clinical rotation in a basic nursing programme is to integrate skills with knowledge from the classroom setting into clinical practice. The staff must balance patient care with added responsibilities of helping student nurses meet their clinical goals. It is optimal to have competent staff to facilitate the student's clinical experience. The

school and the clinical setting need to collaborate in order to provide positive clinical experience that is safe for the patient (Swiny, 2010).

The Learning Environment

Clinical learning environment is an interactive network of forces influencing student learning outcome in the clinical setting (Sandra V (2008). Therefore negative staff-student relationship, nurse-manager commitment to student teaching, student-patient relationship and student clinical learning satisfaction may result in shortfalls that require adjustments.

The quality of the clinical learning environment is an essential factor in determining the quality of nursing students' clinical experience and outcome and the qualified professional nurse later in the development of the profession. It is well recognized that a clinical setting can be a source of stress and anxiety hence deterring proficiency (Yasuko, H. 2006).

Moi Teaching and Referral Hospital (MTRH) is the main referral hospital in Western Kenya. There being increasing quest for higher education in nursing, many nursing institutions offering degree and diploma programmes use MTRH for clinical attachments and experiences. This has led to overcrowding of students and overstretching of the strained resources. In addition; the government budgetary allocations to the health sector is inadequate and thus certain basic necessities are not available or inadequate. Patients are also more aware of their rights and therefore are reluctant to be attended by students for reasons that learners do not have adequate skills.

II. METHODS AND MATERIALS

Study Population and Setting

The study population comprised all third and fourth year Bachelor of Science in Nursing Students of Moi University, School of Nursing. At the time of study, all the students were in the clinical areas for their clinical rotations.

Background of the study area

The study was carried out at Moi University School of Medicine, School of Nursing and Moi Teaching and Referral Hospital, Eldoret.

Moi Teaching and Referral Hospital is located in Uasin Gishu County, Eldoret town and within the municipal council. It is about 320 km North West of Nairobi. MTRH was elevated to a national referral hospital status in 1996 and currently has a bed capacity of 800. It has several departments, namely: medicine, which comprises two wards; male medical ward with a bed capacity of 45 each. The surgical wards are four; two female and two male ward. Each surgical ward has a bed capacity of 40. The female surgical wards also accommodate paediatric surgical patients. Gynaecology ward has a bed capacity of 30. The general paediatric wards are two with bed capacity of Obstetric wards comprise labour ward (.....beds), one antenatal ward withbeds, two postnatal wards withbeds each. A well furnished Intensive Care Unit with seven beds, a modern renal unit with both peritoneal and haemodialysis equipment. The psychiatry ward has a bed capacity of.... The hospital has two main theatres; general theatre and maternity theatre with two minor theatres and one ophthalmology theatre. The accidents and emergency unit is a busy triage area with an observation ward of four beds. The consultant clinics outpatient clinics are run on specific days for each department. the dental clinic is conducted within the dental school, while ophthalmology clinic is run within the eye unit.

It was selected by Moi University as a teaching hospital because it has a wide catchment area and offers wide experience because of the diversity of the conditions encountered in the hospital hence provides a good environment for learning, growth and professional development. In addition, it provides for integration with medical, clinical medicine students, paramedical students and diploma nursing students from other institutions. It is convenient because it is close to the school and allows for easy monitoring of the students' activities in the clinical areas.

Sampling Technique

Sensus sampling was adopted. The study sample was 38 year 3 and year 4 nursing students.

Study Design

A descriptive cross-sectional study design was used.

Data Collection Tools

The data was collected using a 5-point- likert self administered questionnaire which had been pre-tested and validate after a pilot study conducted on Baratony University nursing students.

Data Management, Analysis and Presentation

Data management entailed data cleaning, recording, reduction and storage on hard drives and memory sticks. Data analysis was done using graphs, tables, figures and descriptions.

Elimination of Information Bias

A standardized questionnaire was developed, pre-tested by a pilot study and validated under the supervisor’s guidance.

Contents of the questionnaire were explained to the respondents to facilitate relevant answers, which were then recorded appropriately.

Eligibility Criteria

The 3rd and 4th year BSc. nursing students in clinical rotations and willing to participate in the study.

Ethical Considerations

- Permission was sought from Institutional Research and Ethics Committee (IREC),
- Verbal informed consent from the respondents was obtained.
- The information collected was treated with absolute privacy and confidentiality.

FINDINGS

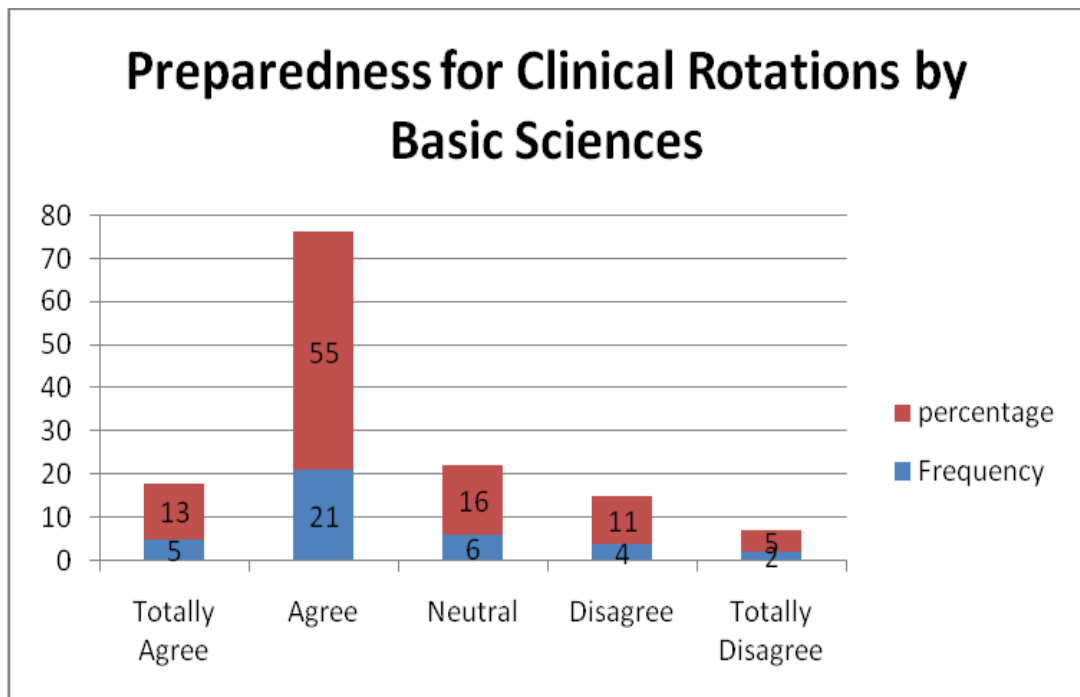


Figure 1: Preparedness for Clinical Rotations by Basic Sciences

Regarding preparedness for clinical rotations by basic sciences, 13% totally agreed (n=5), 55% agreed (n=21), 16% were neutral (n=6), 11% disagreed (n=4) and 5% totally disagreed (n=2) that the basic sciences prepared them well for the clinical rotations.

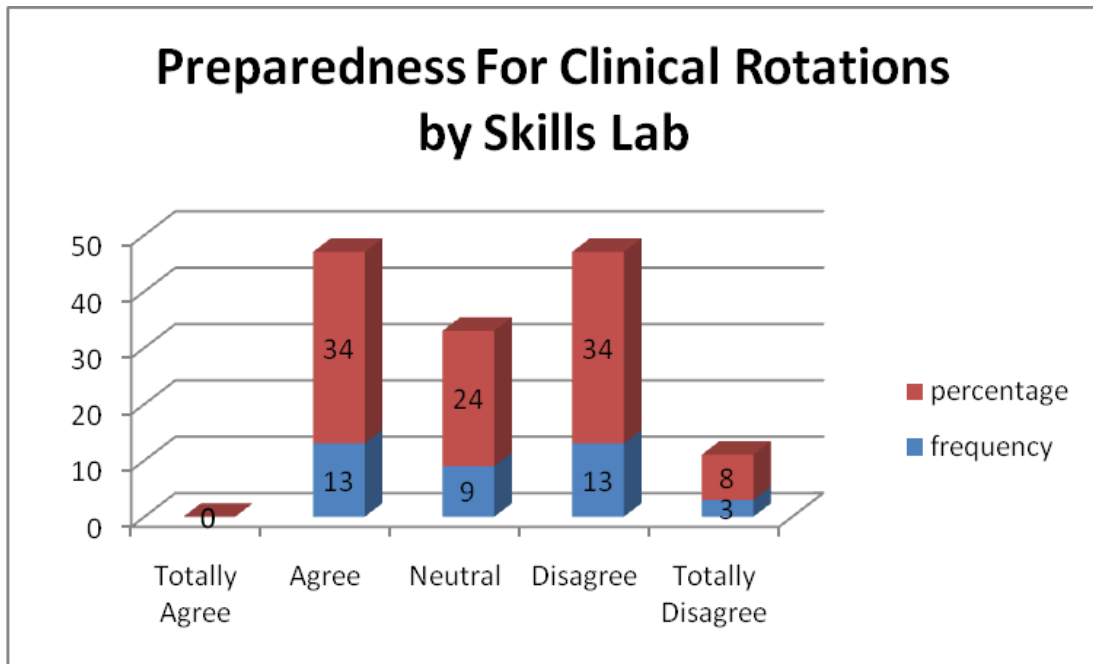


Figure 2: Preparedness by the clinical skills laboratory

The study found that 34% (n=13) of the respondents agreed, 24% were neutral (n=9), 34% disagreed (n=13) and 8% totally disagreed (n=3) that the skills lab prepared them well for clinical rotations.

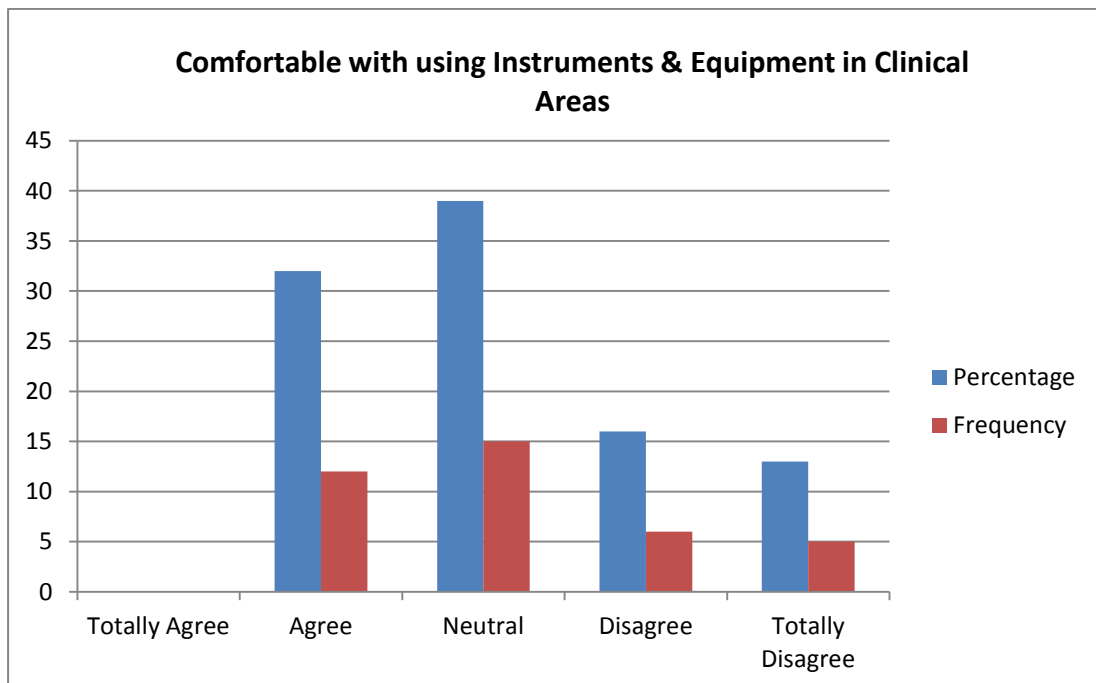


Figure 3: A bar graph showing responses about being comfortable with using instruments and equipments in clinical areas

Regarding being comfortable with using instruments and equipments in clinical areas 32% agreed (n=12), 39% were neutral (n=15), 16% disagreed (n=6) and 13% totally disagreed (n=5) that they were comfortable with using the instruments and equipments in the clinical areas.

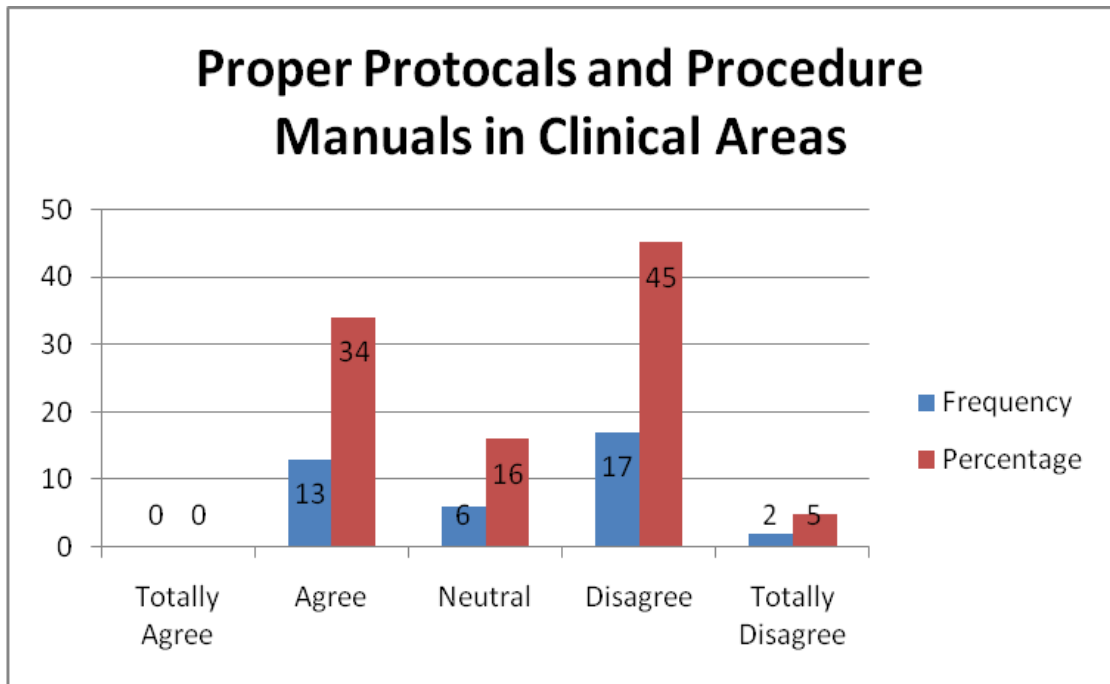


Figure 4: A graph showing the responses regarding proper protocols and procedure manuals.

Regarding protocols and procedure manuals, 34% (n=13), agreed 16 % (n=6), were neutral 45% (n=17) disagreed and 5% (n=2) totally disagreed that they were adequate.

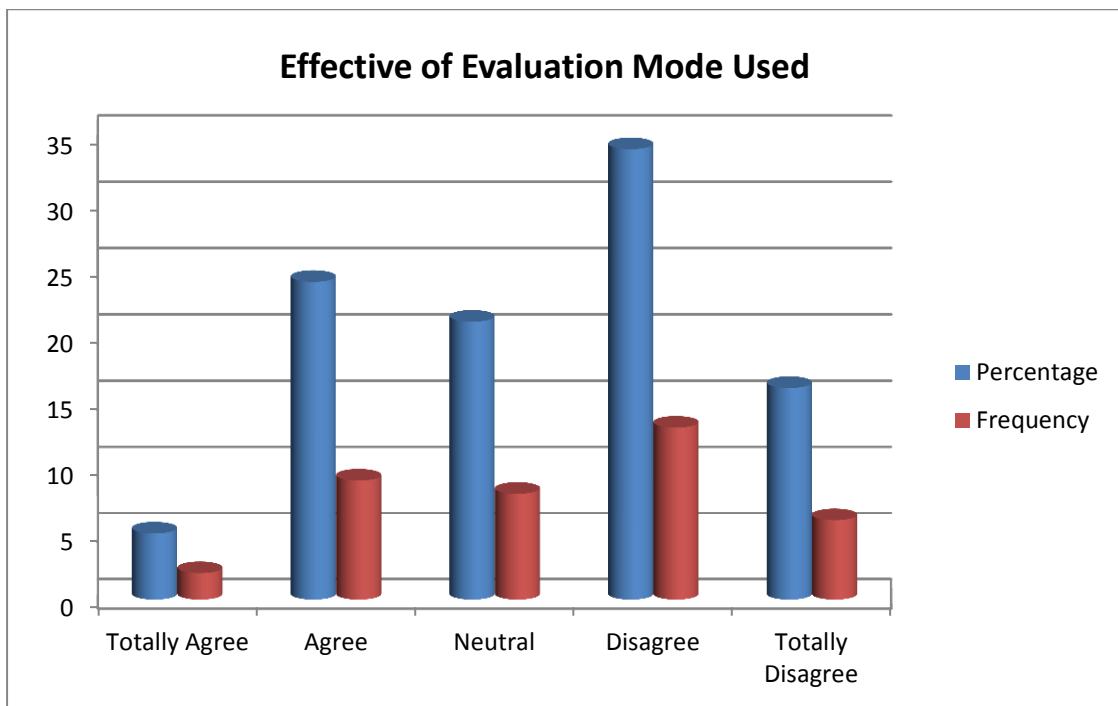


Figure 5: A bar graph showing responses regarding the evaluation modes used

Of the respondents, 5% (n=2), totally agreed 24% (n=9), agreed 21% (n=8), were neutral 34% (n=13) disagreed and 16% (n=6 totally disagreed) that the modes used to evaluate students in the clinical areas were effective.

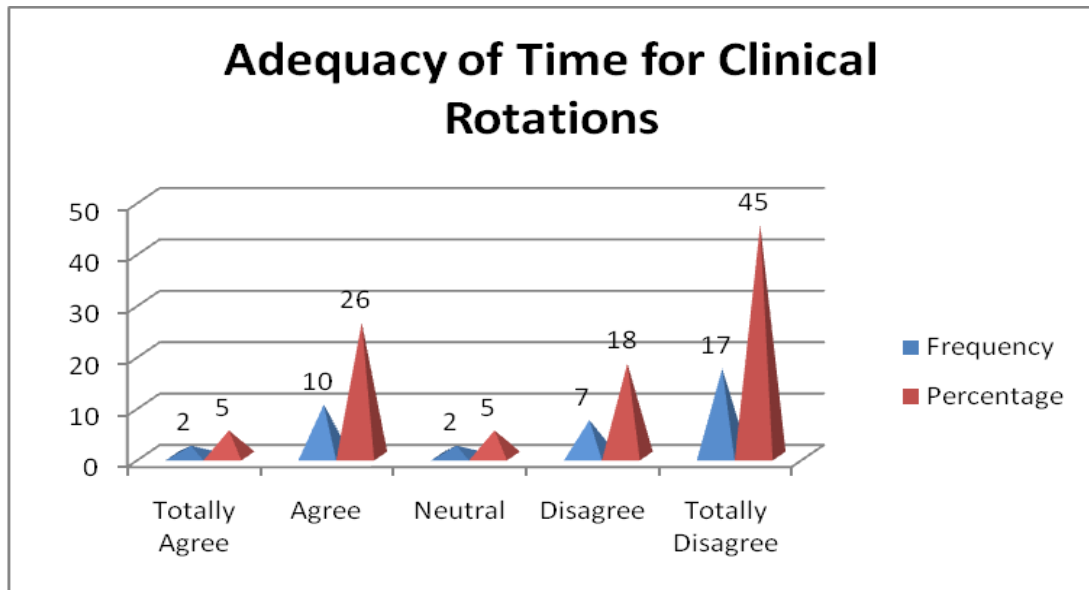


Figure 6: a graph showing adequacy of time for clinical rotations

From the figure above most of the respondents (45%) totally disagreed with the time allocated for clinicals

Table 1: A table showing general rating of different clinical areas in percentage

Clinical area	Excellent %	Very good	Good	Fair	Poor
Medical Wards	0	5.3	50.0	31.6	13.1
Surgical Wards	2.6	7.9	47.4	31.6	10.5
Obstetrics	10.5	36.8	34.2	13.2	5.3
Gynecology wards	2.6	13.2	44.7	26.3	13.2
Pediatric wards	21	15.8	31.6	31.6	0
Psychiatry	65	25	2.1	7.9	0

Medical and surgical wards were rated as being poor for student practical learning while psychiatric ward was rated as best.

Table 2: Table showing how the respondents rated various mentors in clinical areas in percentage

Mentor	Totally agree	Agree	Neutral	Disagree	Totally disagree
Nurse manager	0	17.4	28.9	23.7	30
Nurse in charge	0	36.8	15.8	31.6	15.8
Other ward staff	0	36.8	36.8	15.8	10.5 10.6
Clinical instructor	0	15.8	10.5	23.7	50
Lecturer	0	8.4	16.5	12.9	62.2

III. DISCUSSION

In this study, it was found that basic degree nursing students experienced various challenges during the clinical rotations and like other students around the globe, these challenges negatively impacted on their learning, professional practice and career development. It is evident that ample time for learners in the clinical areas and sufficient basic sciences teaching and learning plays an important role in equipping them with the necessary skills and competencies. Emphasis is particularly placed on the importance of basic sciences as an integral part of the BSc.N training (Sezzy T.M, 2010).

The skills laboratory needs to be well equipped to a modern standard to meet the needs of the learners alongside qualified mentors, preceptors and instructors who are competent enough to prepare them for the clinical nursing practice.

It is important to note that de-linking the practical experience between 1st and 2nd years in the use of skills laboratory and the subsequent lack of continued practical teaching and demonstrations results in challenges that adversely impacts on the students' practicum. By use of the skills demonstrations during the 2nd, 3rd and 4th years of study the students expect to learn advanced skills which should have gained basis in the clinical skills laboratory.

The nursing student learns and gains confidence and proficiency if she/he is consistently exposed to demonstrations in which she/he utilizes psychomotor skills and critical reasoning together with own return demonstrations.

The Nursing schools should be on the forefront in ensuring that facilities in the clinical areas are suitable for teaching and learning. This is attributed to the fact that the hospitals accredited to offer the facilities should be self sufficient and sustaining.

One profound researcher complements adequate facilities and an environment that is conducive for student learning and professional development while promoting the patient care (Sezzy T.M, 2010).

In this study, the relationship between students and patients seem to be favorable based on the fact that there is shortage of staff hence patients are in a state of desperation to be attended to by the next available 'health care provider'. Although Patients are aware that Moi Teaching and Referral Hospital is a learning institution, most were ready to cooperate with the students hence facilitating learning while a few felt uncomfortable. This is comparable to a study that looked at the experiences of nursing students in critical care where proficiency and knowledge were the benchmark of practice (Moleki, M.M 2009).

A study carried out in Ethiopia (2009) revealed that most patients usually preferred being taken care of by qualified staff hence they were uncooperative to students. This is contrary to the situation in this study where most patients did not mind students caring for them after all.

Translating theory into practice requires updated protocols and procedure manuals in line with the current information as provided by the Nursing Council standards as they facilitate mastery of the skills and procedures. It is important that harmonization of content between what is taught in class and what is contained in the clinical manuals in clinical areas be addressed since most of the manuals are research findings that do not quite contain what is stipulated in the nursing curriculum or by the WHO guidelines.

Globally, there are different ways of assessing or evaluating the learner during clinical rotations. The evaluation tools (log books, case write up, assessments, objective structured clinical exam/objective structured practical exam) used at the end of the clinical rotations need to focus on standards. Some tools are not well defined hence the need to specify the number of competencies and specify objectives in the log books.

There should be consistent link between the tutor and the student to allow continuous assessment and monitoring during clinical rotations. One assessment only at the end of the clinical rotation does not reflect the knowledge acquired by the student during the entire period.

One study described clinical learning environment as an interactive network of forces influencing student learning outcome in the clinical setting (Sandra, V 2008). It further analyzed the staff-student relationship, nurse-manager commitment to student teaching, student-patient relationship and student clinical learning satisfaction which have been fully addressed in this study.

Another study identified poor assessment tools as a set-back to quality nursing practice and this trickled down to inadequate student learning and teaching hence compromised clinical practice.

The value of clinical expertise and patient perspectives together with supportive staff enhances the effectiveness of practical nursing care. It was further noted that assessment becomes meaningful if the mentor and the learner operate on a continuum that provides continued quality patient care (<http://www.mghihp.edu/academics/nursing/facilities>)

Outcomes of clinical practice for nursing students will help foster mentorship, communication, confidence, meaningful clinical judgment and hence reduce challenges in the course of caring of patients. The students need to acquire skills and competencies that will help them confront such challenges as may be encountered (www.nlnjournal.org). This will also help the students in confidence building, improving mentorship relationships and transitioning to further education, skills and the work force (Gichigi, E, 2010)

IV. CONCLUSION

The BSc. Nursing Students experience various challenges during their clinical rotations that require attention as indicated in the study findings. The main challenges are inadequate preparation in the skills laboratory, discomfort with use of instruments and equipment in the clinical areas, inadequate time allocated for the clinical experience(NCK-65weeks at 40hrs/week while Moi does 40weeks at 40hrs/week) and inappropriate protocols and procedure manuals. Majority also reported ineffectiveness of the evaluation tools used.

V. RECOMMENDATIONS

The school should find ways and means of addressing these challenges for purposes of improving the nursing practicum experience. The two teaching institutions should ensure that the Nursing Council Standards are adhered to.

The role of basic sciences in the preparation for clinical rotations was applauded. However there is great need for the institution to promote the sciences while improving the skills laboratory in order to facilitate the students' clinical learning and practice.

In order to have quality evaluation tools, reference materials, protocols and procedure manuals in the clinical areas the University and the hospital may need to work in consultation for periodic reviews of these documents given the current trend of changes. Evaluation of the mentorship programs and their impact on students' development should be done periodically.

Clear policies and guidelines should be put in place to govern the students' clinical practice and code of conduct at institutional and hospital levels.

Further studies on ways to improve mentorship in the clinical areas should be carried out to help identify possible areas of weakness and ways of strengthening them.

There is need for sufficient numbers of clinical instructors and mentors/preceptors in all the clinical areas used for students' practical learning and experience.

REFERENCES

- [1] Debora, B. Joy, W. and Ronald, P. (2009). Outcome of clinical simulation for novice nursing students: communication, confidence, clinical judgment. *Nursing Education Perspectives*, 30(2): pp.79-82.
- [2] Donley, R. (2005). *Challenges for Nursing in the 21st century*
- [3] Gichigi, E. (2010). *Knowledge, Attitude and Perceived Benefits of Mentorship Among Nursing Students in Selected Kenyan Universities, Nairobi, Kenya*
- [4] Hicks, C. (2000). The Dilemma of incorporating Research into Clinical Practice, *British journal of Nursing* 6(3)
- [5] <http://nursing.sdsu.edu/pa-lab.php>

- [6] <http://www.athenahospital.com-iso-2008.html>
- [7] <http://www.mghihp.edu/academics/nursing/facilities>
- [8] Moleki, M.M. (2009). The Critical Care Nursing Students' Experiences Of Clinical Accompaniment In Open Distance Learning, Department Of Health Studies, University Of South Africa, S A
- [9] Natalie, A. Brief History of Nursing Education, <http://Ezine Articles.Com/expert>.
- [10] Obot, B. (2004). University Nursing Education in Nigeria: Problems and prospects, pp.11-12.
- [11] Sandra, V. (2008). Undergraduate nursing students' perceptions of their clinical learning environment, A Journal of Advanced Nursing.
- [12] www.nursezone.com/.studytips, NCK Guidelines and standards.
- [13] Yasuko. (2006). Development and Testing of a Clinical Learning Environment Diagnostic Inventory for Baccalaureate Nursing Students, Journal of Advanced Nursing, 56(5).Black well publishing limited.
- [14] Stewart, J.G. Sr. McNulty, R. Griffin M.T.Q. and Fitzpatrick, J.J. (2010). Psychological Empowerment and Structural Empowerment among nurse practitioners. Journal of the American Academy of Nurse Practitioners. Vol. 22 Issue 1 pg. 27-34
- [15] Kibe, L.N. (2004). Needs assessment on training of mental health Nurses in counseling at Mathari hospital Nairobi. Vol.32. ISS O301-0333. Kenya Nursing Journal.