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ABSTRACT

THE NURSING CLINICAL INSTRUCTOR'S RATIONALE,
PREPARATION, AND MEANING FOR THE
POST-CLINICAL CONFERENCE

by

Joseph Michael Mucha, Jr.

Chair: Shirley A. Freed

ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

School of Education

Title: THE NURSING CLINICAL INSTRUCTOR'S RATIONALE, PREPARATION,
AND MEANING FOR THE POST-CLINICAL CONFERENCE

Name of researcher: Joseph Michael Mucha, Jr.

Name and degree of faculty chair: Shirley A. Freed, Ph.D.

Date of completion: March 2010

Purpose

Nursing education is a complex combination of classroom and clinical instruction. The clinical portion is usually divided into the pre-clinical conference, direct care, and the post-clinical conference. Many goals are listed in the literature as learning outcomes for the post-clinical conference. The purpose of this study was to describe the most important goals, meaning, rationale, and preparation for the post-clinical conference by clinical nursing instructors in associate degree and baccalaureate degree programs.

Method

This study used a survey design with an instrument developed to identify clinical nursing instructors' meaning, rationale, and preparation for the post-clinical conference.

Two open-ended questions asked the instructors to define, in their own words, what the post-clinical *is* and *is not*.

Results

ADNs and BSNs identified "Integrating clinical experience into what has been learned" and "Integrating theory with practice" as the two most important goals of the post-clinical conference. For both programs there was a significant difference between how the instructors prepared for the goals in comparison to their importance—they tended to not prepare for the goal to the same level as their identified importance of the goal with several exceptions for the BSNs. The BSNs allot more time for the post-clinical conference, begin more frequently on time, and use the scheduled amount of time for the post-clinical conference than the ADNs. BSNs also rated the goal "Learning the role of the nurse" higher than the ADNs.

Conclusion

This study shows that both nursing programs view the post-clinical conference as a necessary and valuable component of the clinical experience. Both agree that it is a time to make connections between theory and practice.

Andrews University

School of Education

THE NURSING CLINICAL INSTRUCTOR'S RATIONALE,
PREPARATION, AND MEANING FOR THE
POST-CLINICAL CONFERENCE

A Dissertation

Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by

Joseph Michael Mucha, Jr.

March 2010

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APPROVAL BY THE COMMITTEE:

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3.30.2010
Date approved

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CHAPTER ONE

INTRODUCTION

Background of the Problem

Nursing education in the United States is overwhelmingly provided through two types of educational programs. These programs are the associate degree (ADN) and baccalaureate degree (BSN). Those graduating from an associate degree program have taken the prescribed courses over a 2-year period, while those from a baccalaureate degree program have taken the same type of preparatory courses over a 4-year period, in addition to more advanced courses in their later training such as research, community health, and leadership.

Even though each of the two nursing programs offers a different degree based upon a supposedly different educational philosophy—technical versus professional—and the time required to obtain the degree differs, both have several features in common. Both programs require classroom and clinical experiences. Each program divides the clinical experience into the same three components (pre-clinical conference, clinical direct patient care, and the post-clinical conference). Faculty-to-student ratio is controlled by state law and similar for both programs—about 1:8 to 1:10. Every registered nurse candidate takes the same psychometrically designed National Council Licensure Examination—Registered Nurse (NCLEX-RN). Lastly, upon graduation and success on the NCLEX-RN, most newly registered nurses begin their careers in nursing

by providing similar nursing care to the same type of patients. Nelson (2002) describes entry into practice as follows: "It is no longer feasible to try to differentiate practice along current educational points of entry. The distinctions between professional and technical nursing roles have not been translated into differentiated practice expectations in the work setting" (p. 7).

It is generally agreed that the healthcare setting cannot be fully experienced in the classroom environment. To Bergman and Gaitskill (1990), "Clinical education is considered an essential part of professional nursing education. The clinical nursing instructor faces a formidable task. The environment of the hospital differs significantly from the classroom, where the primary goal is instruction" (p. 33). Nor can the clinical setting be duplicated in the classroom clinical laboratory. Fothergill-Bourbonnais and Higuchi (1995) agree with this view, pointing out that "experiences in the clinical setting are not synonymous with a laboratory practicum. It is only in the actual clinical setting that students are socialized into the role of the professional nurse" (p. 37). McCabe (1985) refers to the clinical experience as the "'heart' of professional education and that it is the process of providing students with the opportunity to put theory into practice" (p. 255).

The clinical experience, with all its challenges, is often divided into three components, each presenting a unique opportunity for student learning as provided by the clinical nursing instructor. The three components are the pre-clinical conference, clinical direct patient care, and the post-clinical conference.

Matheney (1969), the pioneer in describing pre- and post-clinical conferences, describes the post-clinical conference as “by definition a group discussion, usually immediately following an assigned clinical laboratory learning experience” (p. 287).

DeYoung (2009) describes it as “one of the most challenging arenas for nurse educators” (p. 252). She goes on to state,

The challenge arises from several sources. First, post conferences are often unstructured seminars that allow for creativity but can dissolve into meaninglessness. Second, the conference is usually held at the end of a physically and emotionally draining practice session. Third, a few learners in each clinical group seem to believe that they learned everything that could be learned during their practice time and feel that a post conference is just a boring postmortem session. (p. 252)

According to Gonda (1990), “The learning environment in the post-conference is purposeful and growth-oriented” (p. 7). Stokes and Kost (2009) state, “Clinical conferences are an integral part of the clinical experience” (p. 291). Rossignol (2000) emphasizes that the post-clinical conference is “a standard and expected component of nursing educational programs” (p. 245). Hsu (2007) goes so far as to say that it is “an essential responsibility of nurse educators to employ postconferences” (p. 1525).

The literature indicates that the post-clinical conference is intended to be a meaningful part of the overall clinical experience. It describes the post-clinical conference as being conducted as a valuable part of the clinical experience, as having goals and objectives, and as part of a complex endeavor (nursing clinical) that has not really been studied in any depth (DeYoung, 2009; Hsu, 2007; Matheney, 1969).

Discovering the stated goals of the post-clinical conference can be difficult. The objectives for didactic topics of instruction are clearly located at the beginning of the topic chapter in nursing textbooks—and there are many of these for each healthcare specialty. Goals for the clinical environment are more difficult to locate, especially for

the post-clinical conference. Post-clinical conference goals are primarily described in a few textbooks that focus on teaching in nursing and in nursing journals with a focus on educational issues. When a section in a textbook chapter or journal article does describe the post-clinical conference, rarely does it identify more than three or four goals, and sometimes the author is quoting other authors who have written on this subject.

However, a review of the nursing literature revealed many goals/objectives.

These often emphasize the importance of connecting theory to practice (Clark, 1977; DiRienzo, 1983; Iwasiw & Sleightholm-Cairns, 1990; McCabe, 1985; O'Connor, 2006; Skurski, 1985). Others include increasing higher-level thinking (Belinsky, 2000; Craig & Page, 1981; Davies, 1995; DeYoung, 2009; Gaberson & Oermann, 2007; Ham, 1996; Hsu, 2007; Iwasiw, Goldenberg, & Andrusyszyn, 2005; Malcomson, 1990; Matheney, 1969; McClure-Hill, 1967; McDougal, 1979; Oermann, 1997; Scholdra & Quiring, 1973; Sellappah, Hussey, Blackmore, & McMurray, 1998; Werner-McCullough & L'Orange, 1985; Wink, 1995). Also, there is facilitating discussion (Gaberson & Oermann, 2007; Iwasiw & Sleightholm-Cairns, 1990; Matheney, 1969; Mitchell & Krainovich, 1982; Novotny & Quinn Griffin, 2006; Plummer, 1974; Reilly & Oermann, 1999; Rossignol, 2000; Stokes & Kost, 2009; Wink, 1995). Then there are those providing for personal growth (Clark, 1977; Copeland, 1990; Crowley, 1995; Davies, 1995; DeYoung, 2009; Horsfall, 1990; Karnes, 1999; Letizia, 1996; Matheney, 1969; Mitchell & Krainovich, 1982; Novotny & Quinn Griffin, 2006; O'Connor, 2006; Reilly & Oermann, 1999; Wink, 1995). Lastly, there is mentoring the nurse into professional roles (Brown, 1993; Copeland, 1990; DeYoung, 2009; Fothergill-Bourbonnais & Higuchi, 1995; Gonda, 1990; Ham, 1996; Horsfall, 1990; Hsu, 2007; Matheney, 1969; Mitchell & Krainovich,

1982; Reilly & Oermann, 1999; Stokes & Kost, 2009; Wink, 1995). How is a nursing instructor able to implement these expectations? How do nursing instructors establish the purpose for their post-clinical conferences? How do they plan for the conference when there are so many and varied goals/objectives?

Statement of the Problem

Nursing education is a complex combination of classroom and clinical instruction. The clinical portion is usually divided into the pre-clinical conference, direct care, and the post-clinical conference. Many goals are listed in the literature as learning outcomes for the post-clinical conference. What is not clear is which of these goals the clinical nursing instructor views as the most significant. How do they decide what to focus on? Without a focus, it is difficult to plan and to assure that the allocated time is used productively. No previous study has described the meaning, preparation, and rationale that clinical nursing instructors attach to the post-clinical conference.

Purpose of the Study

The purpose of this study was to describe the most important goals, meaning, rationale, and preparation for the post-clinical conference by clinical nursing instructors in associate degree and baccalaureate degree programs.

Research Questions

Specifically, the study addressed the following research questions:

1. What meanings are given by instructors for the post-clinical conference in the two types of nursing programs?
2. What are the most important goals of the post-clinical conference?

3. Are there significant differences in the importance of goals between the two types of programs?
4. What goals do the nursing instructors prepare to meet in the post-clinical conference?
5. Are there significant differences in the preparation of goals for the post-clinical conference between the two types of programs?
6. To what degree is there a discrepancy between the importance given to and level of preparation of goals in the two types of programs?
7. What is the rationale for conducting the post-clinical conference?
8. Are there significant differences in the rationale for holding post-clinical conferences in the two types of programs?
9. How prepared are nurses to hold the post-clinical conference?
10. Are there significant differences in level of nurse preparation for the post-clinical conference between the two programs?

Theoretical Framework

The theoretical framework for this study is based upon two learning theories. They are experiential learning by David Kolb (1984) and adult learning, or "andragogy," by Malcolm Knowles (1973) (Knowles, Holton, & Swanson, 1998, p. v). In addition, Kolb's experiential learning theory is overlaid by the nursing process in the work of Iwasiw and Sleightholm-Cairns (1990).

Experiential learning is learning by doing and reflecting. Healthcare requires an understanding of why something has occurred and what may need to be done to correct the matter. If corrective action is taken and positive results are assessed, then the

problem is solved. This is often followed by addressing what can be done to prevent it from occurring again. When corrective action is taken and the desired results are not met, then reflection and abstract conceptualization on the part of the learner help to develop a new course of action.

Nursing education places the adult learner in an environment in which they desire to be—the clinical environment—and are doing what they want to be doing—caring for clients. In this environment they are given the skills to meet the requirements of the job function. The skills come through concrete experience, discussion, and reflection.

The design of the nursing clinical experience and the subsequent post-clinical conference is applicable to both learning theories. This is supported by Reilly and Oermann (1999), who state that “only in the clinical setting are there experiences for applying theories of action to real problems” (p. 115). Iwasiw and Sleightholm-Cairns (1990) add that “the use of the experiential learning model, as the major approach to clinical conferences, is the key for assisting students to learn both nursing process and content” (p. 260).

The clinical experience and post-clinical conference are also adult-learning based. This is important because the average age of new ADN's is 31.8 years and new BSN's is 26.3 years (*National Sample Survey*, 2004), and even as students they must perform independently during the majority of their training.

Lastly, each of the theories, along with the nursing process, emphasizes the importance of making connections experientially and analytically between what is taught in theory and encountered in practice. All present a problem-centered approach.

General Methodology

To study the phenomenon of post-clinical conference goals, meaning, rationale and preparation, I decided to survey ADN and BSN nursing programs whose first-time candidates' NCLEX-RN pass rates for the academic/fiscal years 2004 and 2005 were equal to or greater than 5% of the national average for those 2 consecutive years. This criterion was established to identify nursing programs whose students were clearly successful beyond the national average. Identifying programs whose students had accomplished this for 2 consecutive years reduced the risk of the achievement being accidental.

The study used a survey design instrument administered to ADN and BSN program clinical nursing instructors. The instrument was designed to identify select clinical nursing faculties' meaning, rationale, and preparation for the post-clinical conference based upon the stated purposes found in the nursing literature. The majority of the responses were provided through Likert-formatted questions. To obtain a more qualitative response to the meaning of the post-clinical conference from the clinical nursing instructors, two open-ended questions were included. Subjects were asked to define, in their own words, what the post-clinical conference *is* and *is not*.

Significance of the Study

This study is important for nursing education because, traditionally, substantial time is committed to the post-clinical conference—time that is taken away from direct patient care. The post-clinical conference has potential to strengthen learning; however, its complexity makes it difficult to plan for.

The results of the study provide guidance for those using the post-clinical conference and suggestions for those not conducting the post-clinical conference. Because the goals for the post-clinical conference, as cited in the literature, cannot be met during one conference—or perhaps even over a semester—this study helps to identify which goals are deemed most important. As a result, they can provide a framework in which to prepare the post-clinical conference. Nursing instructors will also benefit by understanding the preparation their colleagues use to plan for the post-clinical conference. Finally, this study could bring nursing professors to a common understanding of the meaning, goals, and rationale for the post-clinical conference, thus strengthening the profession.

Delimitations

This study was delimited to ADN and BSN clinical nursing faculty in nine states: Arkansas, Georgia, Iowa, Kentucky, Maryland, North Carolina, Oregon, South Carolina, and Texas. Only nurses in those programs having a first-time pass rate of 5% or higher for the 2 consecutive years of 2004 and 2005 were included.

Limitations

The study was limited by the availability of the clinical nursing professors to answer the survey and by their ability to accurately identify and share their meaning, goals, and rationale for the post-clinical conference.

Definitions

Andragogy: “Any intentional and professionally guided activity that aims at a change in adult persons” (Knowles et al., 1998, p. 60).

Associate Degree Nursing (ADN): The most common nursing program in the United States. A generic nursing program that requires five semesters (two academic years and one summer) for completion, and graduates receive an associate degree.

Bachelor of Science Nursing (BSN): The second most common nursing program in the United States. A generic nursing program that requires 4 academic years for completion, and graduates receive a Bachelor of Science degree.

Clinical: "Pertaining to direct bedside medical or nursing care" (*Mosby's*, 2006, p. 394).

Clinical experience: A single defined period of time that encompasses all the student's efforts toward a single clinical episode in preparing for, performing direct patient care or observation, and reflecting upon and evaluating the outcome of the process. A complete clinical experience includes the pre-clinical conference, clinical direct patient care, and the post-clinical conference.

Clinical laboratory: "A nonhospital facility, room, building, or part of a building" (*Mosby's*, 2006, p. 1048) in which nursing students begin their initial testing of nursing tasks through the implementation of psychomotor skills prior to performing similar skills in clinical.

Experiential learning: "Cyclical pattern of all learning from Experience through Reflection and Conceptualizing to Action and on to further Experience" (Greenaway, 2002, p. 1).

Meaning: "The thing one intends to convey especially by language" ("Meaning," 2009).

National Council Licensure Examination—Registered Nurse (NCLEX-RN): A psychometrically designed examination administered by the National Council of State Boards of Nursing, Inc., which enables State Boards of Nursing to determine if an individual has met the minimum requirements to practice as a registered nurse (National Council of State Boards of Nursing [NCSBN], 1996-2001, p. 1).

Nursing process: A systematic and comprehensive 5-step manner of assessing the whole patient seeking medical care or health promotion/disease prevention. A practice of identifying patient strengths, areas at risk for a change in wellness, and areas needed for increased wellness. Once areas are identified, action is taken to maintain or improve wellness or prevent a decrease in wellness. This is a cyclic process with overlapping components with frequent periods of evaluation.

Post-Clinical Conference (PCC): “A forum whereby students and faculty can discuss the clinical experiences, debrief, analyze clinical situations, clarify relationships, identify problems, ventilate feelings, and develop support systems” (Stokes & Kost, 2009, p. 290).

Pre-Clinical Conference: “A forum whereby students share information about upcoming experiences, ask questions, express concerns, and seek clarification about plans for care” (Stokes & Kost, 2009, p. 292).

Preparation: “The action or process of making something ready for use or service or of getting ready for some occasion, test, or duty” (“Preparation,” 2009).

Rationale: “An explanation of controlling principles of opinion, belief, practice, or phenomena” (“Rationale,” 2009).

Organization of the Study

The formulation and definition of the problem are discussed in chapter 1. Chapter 2 provides a review of the literature most closely related to the study. Chapter 3 describes the research design used. Chapter 4 includes data and analysis. Chapter 5 presents the summary, conclusions, and recommendations.

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

A review of the available literature for information on post-clinical conferences was conducted via Medical Literature Analysis and Retrieval System, Cumulative Index to Nursing and Allied Health Literature, and dissertation abstracts. In addition, the Andrews University James White Library electronic encounter and the Horry-Georgetown Technical College PASCAL system were utilized in a search for current nursing books that would contain information on the topic of the post-clinical conference. In addition, each library's interlibrary loan system was utilized to access pertinent dissertations and related literature. A review of the references at the end of completed studies and articles revealed a limited number of articles on this subject over the past 40 years.

The benchmark article describing pre- and post-clinical conferences is by Matheney (1969). She states, "Pre-conference and post-conference discussions for students in conjunction with selected clinical learning experiences were developed in associate degree nursing programs but have become widely used in other types of nursing education programs as well" (p. 286). She goes on to state that "conferences have immeasurably improved our ability to help students achieve the objectives we and they

have identified and accepted as significant" (p. 287). She describes the purposes of the post-clinical conference as:

- (1) to analyze the clinical experience; (2) to clarify relationships between theory and practice; (3) to develop generalizations and guidelines in providing nursing care; (4) to clarify both thinking and feeling; (5) to keep the focus on patients as people; and (6) to reinforce process learning. (p. 287)

Matheney (1969) goes on to describe typical student reactions and how instructors should best respond, ground rules for the conference, what students can learn from each other, and the use of silence as a time for reflection and formulation of answers. She describes these conferences as ideally building upon past conferences and details the appropriate atmosphere and time needed for the conference. This article basically describes the ground rules for this period of time in the clinical experience. The majority of articles on the subject of the post-clinical conference are an elaboration of her ideas.

The remainder of this chapter focuses on an overview of nursing theory and the amount of time that is committed to the post-clinical conference. This amount of time will demonstrate the importance of the post-clinical conference by the amount of time taken from direct hands-on patient care. Following is a synopsis of the literature on the meaning, rationale, and preparation of the post-clinical conference. Lastly, the goals of the post-clinical conference are grouped according to outcome into five major categories.

Nursing Theory

As described earlier, the theoretical framework for this study is based upon experiential learning by David Kolb (1984) and adult learning "andragogy" by Malcolm Knowles (1973) (Knowles et al., 1998, p. v). In addition, Kolb's experiential learning

theory is overlaid by the nursing process in the work of Iwasiw and Sleightholm-Cairns (1990).

Experiential Learning Theory

Experiential learning is learning by doing. It involves hands-on experience. It is “a process through which a learner constructs knowledge, skill, and value from direct experience” (Greenaway, 2002, p. 2) or “*any* kind of learning through experience” (p. 1).

David Kolb is a leader in advancing the theory of experiential learning. His definition of learning is “the process whereby knowledge is created through the transformation of experience utilizing a holistic integrative perspective on learning that combines experience, perception, cognition, and behavior” (Kolb, 1984, pp. 21, 38).

Kolb’s experiential learning theory is modeled after that of Kurk Lewin. Lewin’s experiential learning model was comprised of four phases: “concrete experience, observations and reflections, formation of abstract concepts and generalizations, and testing implications of concepts in new situations” (Kolb, 1984, p. 21). Based upon these four phases, Kolb developed his experiential learning cycle. The steps in his cycle are “concrete experience, reflective observation, abstract conceptualization, and active experimentation” (Kolb, 1984, p. 30).

The clinical experience for nursing students is comprised largely of providing direct patient care. The clinical experience provides half of the goal of nursing training. The outcome of the total training, theoretical and clinical, is to transform the nursing student from an individual with no medical/nursing experience into one who has met the minimal competencies required to provide safe care to the general public as a newly licensed registered nurse with a knowledge of basic entry-level skills. This

transformation occurs through experience along with thoughtful discussion and reflection on the experiences.

Making the connection between experiential learning and nursing, Fothergill-Bourbonnais and Higuchi (1995) state, "The clinical education of students is experiential in nature, a necessity in a practice discipline such as nursing" (p. 37). According to Reilly and Oermann (1999),

Only in the clinical setting are there experiences for applying theories of action to real problems. According to Argyris and Schon (1999) a theory of action has not been learned unless it can be put into practice. Concrete situations to which these theories correspond are available in the clinical setting. (p. 115)

The process of learning nursing goes beyond the concrete experience. At some point in the clinical experience, the clinical nursing instructor's goal is to have the nursing student develop an understanding of what has occurred, to know why something occurred, and to know the proper action to take as a result. But this process is not absolute; it does not form a continuous oval shape with each step distinct from the other. Kolb (1984) describes it as follows: "In the process of learning, one moves in varying degrees from actor to observer, and from specific involvement to general analytic detachment" (p. 31).

In traditional nursing training programs, after the direct patient care experience of the day is over, the instructor meets with the students to discuss the day's events. This discussion time is known as the post-clinical conference. This is an excellent time to reflect on the just-completed component of the clinical experience.

Iwasiw and Sleightholm-Cairns (1990) assert,

The experiential learning model is based on real life experiences and presents learning as a holistic, adaptive, continuing process (p. 262) and the use of the experiential

learning model, as the major approach to clinical conferences, is the key for assisting students to learn both nursing process and content. (p. 260)

Nursing has long utilized the nursing process as a means for learning to care for patients. As with the experiential learning model, the nursing process is made up of a number of steps: assessment, diagnosis, plan, intervention, and evaluation, each utilized to identify and provide required care to patients. Like the experiential learning model, the nursing process is done in a systematic, organized manner using reflective, rational, outcome-directed thinking based upon a body of knowledge. This leads to the formulation of conclusions—after reviewing many options and alternatives, coming to a decision, and evaluation. As in the experiential model, the nursing process is one in which the nursing student may move fluidly forward or backward in the process as the patient's condition changes. Precisely defined by Harrington and Terry (2009),

the nursing process is a systematic problem-solving method that guides nurses in giving client-centered, goal-oriented care in an effective and efficient manner. The process is systematic, and it consists of sequential steps: assessment, diagnosis, plan, implementation, and evaluation. It is circular, dynamic, and flexible, with a great deal of interaction and overlap. (p. 235)

The post-clinical conference is an excellent time to put Kolb's model and the nursing process into effect. It is time for integrating clinical experience into what has been learned, integrating theory with practice, facilitating group discussion/collaboration, facilitating higher-level reasoning skills, applying knowledge, and problem solving. It allows students to learn from other students' experiences as well as their own.

Iwasiw and Sleightholm-Cairns (1990), two nursing faculty, took Kolb's model and overlaid onto it the nursing process. They state,

The congruence between the problem-solving process and the nursing process makes the experiential learning model particularly applicable to nursing education. This

consistency between the methodology of nursing practice and the learning process reinforces the cognitive processes inherent in all problem-solving activities. (p. 261)

Their visualization of this concept can be seen in Figure 1.

Figure 1. Experiential learning and the nursing process. From "Clinical Conferences: The Key to Successful Experiential Learning," by C. L. Iwasiw and B. Sleightholm-Cairns, 1990, *Nurse Education Today*, 10, p. 260.

Adult Learning Theory

The clinical learning experience and the post-clinical conference are also opportunities for implementing adult learning principles. Knowles et al. (1998) describe the core andragogical principles as "1) the learner's need to know, 2) self-directed

learning, 3) prior experiences of the learner, 4) readiness to learn, 5) orientation to learning and problem solving, and 6) motivation to learn” (p. 133). They further state that “adults learn best when new information is presented in a real-life context” (p. 146).

Initially this is important because in the clinical setting students spend a great deal of their time alone, practicing independently, with the client. Instructors are typically responsible for six to eight students and cannot be everywhere at once. DeYoung (2009) describes some of her clinical experiences as follows: “At the end of the day there was at least one student that I had not seen or taught at all and some of the learners got minimal attention on a given day” (p. 241). There is a clear need for guidelines that direct the student response when a situation arises that is beyond their expertise. Even though supervision may be minimal at times, “students are eager to engage in clinical learning because this seems most relevant to their goal of becoming professional nurses” (O’Connor, 2006, p. 54). Vandever (2009) states that “adults need a climate that enables them to assume responsibility for their learning” (p. 207). The clinical experience is an excellent environment for the student to experience problems in real-life context. “A problem-centered approach is ideal for the clinical setting, which presents a series of problems to be solved” (O’Connor, 2006, p. 54).

It is during the clinical experience that the role of the nursing clinical faculty member changes. In the classroom the teacher is seen as the didactic instructor. In the clinical environment the faculty member’s role becomes more that of a coach and discussion leader. In contrast to the traditional teacher-student relationship, this becomes more of a “dialogue among equals” (DeYoung, 2009, p. 24).

All three components of the clinical experience (the pre-clinical conference, clinical, and post-clinical conference) are applicable to adult learning. Some post-clinical conference goals that match adult learning principles are integrating theory with practice for the learner's need to know, facilitating higher-level reasoning skills for problem-solving, and the identification of individual learning needs for orientation to learning.

O'Connor (2006) summarizes the clinical setting as follows:

The clinical setting provides an excellent opportunity to use an andragogical approach to teaching and learning. By applying the assumptions of andragogy concerning the learner's self-concept, life experience, learning readiness, time perspective, and learning orientation and establishing the conditions for learning, the clinical instructor can transform the traditional learning experience. The clinical instructor's role is one of facilitator of learning rather than provider of instruction. (p. 53)

Post-Clinical Conference

A great deal of nurses' training time is spent in the clinical setting. Benor and Leviyof (1997) report it as accounting for over 50% of the students' training and Bergman and Gaitskill (1990) describe it as "significant" (p. 33). To support their statements, a typical nursing class would be listed in the college catalog as 4-3(9)-7. The 4 indicates the number of hours of lecture per week, the 3 signifies the number of clinical hours per week, and the 7 specifies the number of semester hours. Most nursing programs require 3 clinical hours per week for each clinical semester hour, so in this example the number of clinical hours per week equals 9. In a 15-week semester, this divides into 60 hours in the classroom and 135 hours in clinical. Even though there are a set number of clinical hours for each nursing class per semester, not all of these hours are spent on direct patient care. A significant amount of this time is spent in the post-clinical conference.

The amount of time committed to the post-clinical conference may be an indication of the significance placed on it. Matheney (1969) states that "one-half to one and one-half hours may be spent in post-conference" (p. 289). Scholdra and Quiring (1973) found in their research on a limited number of conferences that the length of time for a conference comes to an "average of 63 minutes each" (p. 16). In her investigation, Gonda (1990) found "associate degree post-conferences lasted a mean of 56 minutes, baccalaureate a mean of 55 minutes, the conferences contained 5-10 students, were ungraded, and most met immediately after the clinical experience" (pp. 52-53). Iwasiw and Sleightholm-Cairns (1990) conduct their post-clinical conference for a period of "45-60 minutes" (p. 260). In a survey of three schools of nursing, Letizia (1999) found that "the usual amount of time spent in post-conference is 50.5 minutes" (p. 112). Hsu (2007) found post-clinical conferences lasted "about one hour" (p. 1528). Mitchell and Krainovich (1982) point out that "even a short conference can be beneficial if done in the correct manner" (p. 824).

The typical student clinical day varies from 6 to 8 hours in length. When the clinical day lasts 8 hours, a 50-minute conference consumes a significant percentage (10.4%) of the total clinical experience for the day. This commitment in time demonstrates the importance attached to the conference.

In the course of their training, spread over 2.5 years, the students will spend approximately 570 hours—or 14.25 full-time employment weeks—in the clinical environment. When the time in the clinical environment is shorted by 10.4%, or more, due to conferencing, the time for direct hands-on-care is reduced by 59.28 hours or 1.48

full-time employment weeks, thus reducing their total direct patient care from 14.25 to 12.77 full-time employment weeks.

Several of the different nursing classes require students to spend time in specialty areas such as endoscopy, operating room, hemodialysis, and rehabilitation. These are mainly observational experiences. Over the course of their training, a student may attend sufficient alternative learning experiences to lose 50 hours or more of direct patient care. This reduces their total hands-on clinical training to 11.52 weeks.

Eleven and a half weeks is a short period of time in which to instill critical skills, enabling the individual to competently care for patients independently almost immediately upon graduation. In this intense clinical setting, students are expected to put theory into practice in a safe and knowledgeable manner utilizing “cognitive, technical, interpersonal, and ethical/legal skills” (Taylor, Lillis, LeMone, & Lynn, 2008, p. 456). Upon graduation, they are expected to utilize these same skills in their daily duties as registered nurses.

Preparation for the Post-Clinical Conference

The post-clinical conference has been an integral component of nursing programs since before 1969, when it was first discussed in the nursing literature. In the first article explaining the post-clinical conference, Matheney (1969) identifies it as “having purpose, structure, and direction” (p. 286). Not much has changed in the post-clinical conference over the past 30 years. In her study, Gonda (1990) makes the statement that “few studies have focused on clinical teaching and learning in the post-conference” (p. 11). Later she goes on to report that “a dearth of information exists on the post-conference as a mode of

clinical teaching and learning” (p. 82). Hsu (2007) emphasizes that “few studies have focused on clinical postconferences” (p. 1526).

If these conferences are to be continued, Wink (1995) contends that “faculty must verify that these conferences have a place in each clinical laboratory experience and then structure the conferences to make maximum use of time” (p. 29). DeYoung (2009) emphasizes that “to ensure a positive clinical learning experience for students, faculty must do a great deal of planning before a course begins” (p. 245). In addition, she states “that to make the most of the opportunity, the faculty member should have objectives in mind for the session” (p. 204). In support of conference planning, Stokes and Kost (2009) state that “successful clinical conferences are planned” (p. 291). And, Novotny and Quinn Griffin (2006) state that prior to the conference the instructor should “determine what will be covered” (p. 30). Lastly, Iwasiw et al. (2005) describe instructor preparation time for the post-clinical conference as “high” and the instructor learning curve for the post-clinical conference as “steep” (p. 206).

Several authors have voiced their opinion that post-clinical conferences should be planned in advance. But, in contrast to this, Paterson (1991) discovered that faculty saw the clinical teaching experience as a random activity. Since this experience was viewed as unplanned, the faculty believed they were unable to prepare for and envision specific learning scenarios taking place during this time. An author who supports this idea is Horsfall (1990), who states that “unlike classroom tutorials, debriefings usually require little or no prior structuring by the clinical teachers” (p. 7).

Thus, in the literature, there is something of a conundrum regarding preparation for the post-clinical conference. Some authors advocate for preparation while others disagree, but more appear to emphasize the need for pre-planning than those who do not.

Meaning and Rationale of the Post-Clinical Conference

In the nursing literature, no author has addressed the meaning and rationale of the post-clinical conference from the perspective of clinical nursing instructors. For this study, to help determine meaning—"the thing one intends to convey especially by language" ("Meaning," 2009)—they were asked to convey, in writing, their answers to the following two questions: to me the post-clinical conference *is* and to me the post-clinical conference *is not*. To determine their rationale—"an explanation of controlling principles of belief and practice" ("Rationale," 2009)—for conducting the post-clinical conference, nursing clinical instructors were asked to rank their rationale for it, compare it to classroom nursing, and explain the role of discussion in it.

Goals of the Post-Clinical Conference

To determine the goals of the post-clinical conference, an exhaustive search of the nursing literature on this subject was conducted. After analyzing and synthesizing the various articles' stated purposes for the post-clinical conference, 19 goals were identified. To be identified as a goal, one of two criteria had to be met. First, two or more authors had to specifically mention the exact word or wording in their writing. Two authors were selected to show that the goal was not just a random thought or suggestion but rather a shared viewpoint that might also be a common one among clinical nursing instructors. Second, some goals were generated based on a concept rather than on specific wording or

a combination of a concept and specific wording. Examples of this type of goal are facilitating higher-level reasoning skills/the promotion of higher-level thinking, applying knowledge, sharing of information, providing a forum for therapeutic communication skills, and providing a time to have a wider experience than they could have individually. But again, at least two authors needed to share this viewpoint for the same reason as previously mentioned. When this criterion was utilized, 19 post-clinical conference goals were identified.

To provide a better understanding of the goals and to identify common concepts, the 19 goals were divided into five categories. The categories were (a) *Integration of theory into practice*, (b) *Advanced thinking skills*, (c) *Discussion*, (d) *Personal growth*, and (e) *Role of the registered nurse*.

Integration of Theory Into Practice

The second component of nursing education is the clinical experience. It is during this time that the student nurse is challenged to incorporate didactic instruction into clinical application. DiRienzo (1983) agrees with this, writing that "nurse educators must focus on their students' ability to transfer theoretical knowledge to client centered clinical situations" (p. 84). Two primary purposes were found in the literature regarding this process—integrating theory with practice and integrating clinical experiences into what has already been learned.

Integrating Theory With Practice

Those supporting this concept are Iwasiw and Sleightholm-Cairns (1990) with their statement, "A consistent pattern of experience based questions in clinical

conferences will promote the integration of nursing theory and practice” (p. 260).

Another supporter of this concept is Clark (1977), who describes that in the post-clinical conference “scientific principles and theory are correlated with actual clinical practice in the care of patients” (p. 425).

Integrating Clinical Experiences Into What Has Already Been Learned

O'Connor (2006) states that the post-clinical conference can provide “a time to reflect on the relation between what was observed and experienced and what was taught in the classroom” (p. 142). According to Skurski (1985), “The post-clinical conference is always an ideal time to integrate theory studied in the classroom with the clinical learning experience” (p. 167).

Advanced Thinking Skills

The most commonly recurring theme found in the literature dealt with developing and eliciting higher-level thinking and questioning skills by both instructors and students. Three distinct goals emerge within this overarching purpose: facilitating higher-level reasoning skills/the promotion of higher-level thinking, problem solving/an appropriate time to develop problem-solving skills, and applying knowledge. Each of these goals comes under the umbrella of the concept of critical thinking, which is part of the first component of nursing education—nursing theory.

Facilitating Higher-Level Reasoning Skills/ The Promotion of Higher-Level Thinking

In the area of advanced thinking skills, several authors explored the concept that if instructors asked questions using the higher levels of Bloom's taxonomy, students would

respond in kind, although not all authors found this to be true. Some of the authors who found this to be true included McClure-Hill (1967), who found that during the conference the more the teacher expressed cognitive levels of analysis, explanation, and evaluation, the more students did also. The reverse also tended to be true. Malcomson (1990) found that clinical instructors who had taken a faculty development program asked significantly more high-level questions. In turn, students' initial responses were also of a higher level. Follow-up over 3 weeks demonstrated this to be a continuing trend. She did find that, overall, students asked more high-level questions than faculty. As a result of her findings, she suggested making the post-clinical conference focus on the student asking the questions instead of the teacher.

A mixed outcome was discovered by Wink (1993). Initially, she found that there was no significant difference between the level of questions asked by faculty or students in the control and treatment groups during the post-clinical conference. After specific interventions, the faculty treatment group did ask significantly more high-level questions than the control group. Belinsky's (2000) goal was to increase the level of critical-thinking skills in nursing students utilizing student-to-student questions during the post-clinical conference. It was assumed that higher-level questions would lead to higher-level responses. In those subjects who did not use a specific process of asking higher-level questions, the level actually decreased. Those who did utilize a specific process of asking higher-level questions did ask more higher-level questions.

Scholdra and Quiring (1973) discovered that over 98% of the questions asked by teachers and students during the post-clinical conference were lower level on Bloom's taxonomy. This was the opposite of what they had expected to find, because the syllabus

stated that higher-level questions would be asked in the post-clinical conference.

McDougal (1979) also revealed that faculty asked more questions requiring simple memory recall than any other type.

In 1981, Craig and Page developed an instructional model based upon the work by Bloom, Clegg, Manson and Clegg, and Hunkins. They discovered that before training only 19.7% of the questions were considered higher level. After using their instructional model, faculty were able to increase their level of questioning, but they neglected to describe the extent to which this increased. Further support for this type of finding comes from Sellappah et al. (1998), who discovered that even though there were a variety of questions used in the post-clinical conference, the majority of questions asked were those in the lowest level of Bloom's taxonomy.

Lastly, Oermann (1997) explains that not all levels of critical thinking have to occur in each conference. Instructors can focus conferences on different types of higher-level thinking, which is best done through the use of multiple strategies.

Problem Solving

Another method of demonstrating higher-level thinking skills is through the process of problem solving. In one part of her study, Davies (1995) found that the process most identified by students as occurring during debriefing sessions (post-clinical conferences) was that of problem-solving. In identifying ways to make the post-clinical conference more effective, Wink (1995) advocates the use of problem solving, and when Werner-McCullough and L'Orange (1985) describe various methods making the clinical conference a valuable teaching time, they mention group problem-solving.

Applying Knowledge

The application of knowledge was added as a component of this category, higher-level thinking, because it is viewed as an integral part of the other two goals and as a means of focusing on Bloom's Taxonomy of Educational Objectives. This is supported by Matheney (1969), who states, "The post-conference offers an opportunity par excellence for the application of knowledge" (p. 288) and to "analyze the clinical experience" (p. 287). The importance of analyzing clinical situations is also supported by Stokes (1998). Gaberson and Oermann (1999) also support this in their statement that "in most clinical [conference] discussions the goal is to avoid a predominance of factual questions and focus instead on clarifying and higher level questions" (p. 175) and again with their (2007) statement that "questions presented in the post-clinical conference may be leveled along a continuum from one's requiring only recall of facts to higher level questions requiring synthesis of knowledge and evaluation" (p. 199).

Discussion

A discussion contains the components of questioning and debating ("Discussion," 2009). In relationship to the post-clinical conference, "in a discussion both teacher and student actively participate in sharing ideas and consider alternate perspectives" (Gaberson & Oermann, 1999, p. 166). Coming at the end of the daily clinical experience, with a limited number of students and one instructor present, the post-clinical conference provides an excellent opportunity for questioning and debating in a small-group environment (Iwasiw et al., 2005; Rossignol, 2000; Stokes & Kost, 2009).

Facilitating Group Discussion

Mitchell and Krainovich (1982) describe the post-clinical conference as a time for student-centered discussion. Reilly and Oermann (1985) describe the “postconference as involving a group discussion” (p. 317), and, putting it even more succinctly, Gaberson and Oermann (1999) state that “clinical conferences are discussions” (p. 180).

Sharing of Information

According to Iwasiw and Sleightholm-Cairns (1990), the first thing to be done in the post-clinical conference is for the students to share data regarding the day’s activities. Also using the exact words of sharing data during the post-clinical conference are Gaberson and Oermann (1999). Other authors describe the process of sharing information as debriefing (Davies, 1995; Horsfall, 1990; Stokes, 1998). While the students are sharing, the role of the instructor is to guide them into presenting only the most relevant data.

Providing a Forum for Therapeutic Communication Skills

To Horsfall (1990), post-clinical conferences “facilitate the use of therapeutic communication skills” (p. 3). Stokes (1998, p. 290) and Stokes and Kost (2009, p. 292) describe the post-clinical conference as a “forum whereby students and faculty can discuss the clinical experiences, debrief/share information, analyze clinical situations, clarify relationships, identify problems, ventilate feelings, and develop support systems.” Through the development of a climate for discussion, students can share their feelings in a comfortable environment and receive non-threatening feedback from other students

(Gaberson & Oermann, 1999). Wink (1995) also shares the view that clinical conferences should be conducted in an “atmosphere of cooperative interaction” (p. 29).

Opportunity to Discuss Working With Other Healthcare Disciplines

In her writings, Plummer (1974) states, “Significant problems of nursing practice are inherently complex, involving integration of facts and theories from many disciplines” (p. 104). Schoolcraft and Novotny (2000) utilize the post-clinical conference to invite other nurses and guest speakers to come and discuss specific objectives. Novotny and Quinn Griffin (2006) along with Burke and Van-Nostrand (2008) describe the post-clinical conference as an appropriate time to invite members of other healthcare disciplines to come and speak regarding specific conference objectives.

Personal Growth

Personal growth acquired during the post-clinical conference is an augmentation to the students’ academic growth. In personal growth the focus is on developing self-confidence, providing time for affective experiences, and taking responsibility for one’s actions.

Developing Student Self-Confidence

Copeland (1990) described how she conducts her clinical conferences and felt that, if the time was used appropriately, it could be a period in which the student might grow and develop. An important element of her conferences is providing positive feedback to the students to improve their self-confidence. In her research, Davies (1995) discovered that students found the discussion that occurs, in clinical debriefings, boosted

their confidence to “apply knowledge and skills” (p. 169). Identifying a similar finding from a post-clinical activity, Karnes (1999) discovered that the use of the teaching strategy of gaming during the post-clinical conference resulted in the students’ reported improvement in “self-confidence” (p. 5).

Providing Time for Affective Experiences

For Matheney (1969) and Mitchell and Krainovich (1982), the post-clinical conference has as one of its major goals the process of dealing with students’ affective experiences. Wink (1995) identified an effective clinical conference as being “a group event, contributing to the achievement of course and clinical objectives, and providing a setting for students to explore personal feelings and attitudes related to client care” (p. 30).

Horsfall (1990) views the post-clinical conference (debriefing) as an opportunity for students to deal with their feelings and to bring closure to the day’s activities. Ward and Apsey (2000) have determined that the post-clinical conference can be a time for “emphasizing sensitivity to self and others” (p. 157).

Taking Responsibility for One’s Actions

The clinical setting is where students develop the commitment to being responsible for their own actions (Reilly & Oermann, 1999). She states, “Clinical practice provides opportunities for the student to develop a commitment to be responsible for one’s own actions” (p. 116). Letizia (1996) supports this idea by stating that one of the activities that occurs during the post-clinical conference is “peer review” (p. 63). In

peer review students have the opportunity to explain their actions and provide reasons why.

The Identification of Individual Learning Needs

In her research, Davies (1995) found that the second most important outcome for students in the post-clinical conference was their identification of learning needs.

Horsfall (1990) described how the post-clinical conference (debriefing) can be a time in which the students identify their own learning needs and achieve them. Didona (1997) looked at the community as a learning environment and discovered that learning sites should be carefully selected, mentors should be of the highest quality, and class objectives should be written in such a manner to make the most of this type of learning experience.

A Time to Experience a Wider Variety of Experiences Than They Could Individually

The wide breadth of experiences that the post-clinical conference can bring is emphasized by Reilly and Oermann (1999), who states that "in a conference, the group of learners gain exposure to varied clinical situations, many of which students may not encounter themselves" (p. 181). Schoolcraft and Novotny (2000) describe the post-clinical conference as a time for "vicarious" (p. 37) learning. This is echoed by O'Connor (2006), who proposes that the post-clinical conference offers the opportunity for "students to vicariously share in their peers' experiences, broadening their exposure to the clinical situations they might encounter in practice" (p. 144).

Role of the Registered Nurse

The role of the registered nurse is multifaceted. Every stated purpose of the post-clinical conference is related to the role of the nurse. But when the focus is narrowed, five topics emerge. These are reviewing nursing care, the role of the nurse, developing a nursing value system, shaping the professional identity of the beginning nurse, and developing nursing socialization skills.

Reviewing Nursing Care

The care provided by nurses is continually being reviewed, consciously or subconsciously, by their supervisors, peers, patients, and by themselves. The post-clinical conference then can replicate this process for the nursing student. Matheney's (1969) first identified goal of the post-clinical conference is "nursing care" (p. 287). Reilly and Oermann (1999) view the post-clinical conference as a time where student work may be peer reviewed—mirroring the way a nurse's performance is reviewed by other nurses in the work environment. Mitchell and Krainovich (1982) point out that "the postassignment conference can help them understand that the day's objectives were accomplished" (p. 825). Copeland (1990) writes that "productive use of this regularly scheduled time allows student nurses to focus on positive aspects of learning and delivery of patient care" (p. 7).

Role of the Nurse

As healthcare evolves, so does the role of the nurse. The post-clinical conference offers the opportunity to explore expectations of the nurse, both currently and in the future. The second goal of the post-clinical conference identified by Matheney (1969) is

the "role of the nurse" (p. 287). According to Reilly and Oermann (1999), "In a conference, learners can explore economic, political, social, and ethical issues and their implication for nursing practice in general" (p. 183). Ham (1996) utilizes this time to assist the students by having them reflect upon the "leadership functions of the registered nurse" (p. 34). For Mitchell and Krainovich (1982), the post-clinical conference offers the chance to explore the "role of the nurse in technical and professional practice" (p. 825).

Developing a Nursing Value System

Both DeYoung (1990) and Hsu (2007) see the post-clinical conference as a time of learning professional values. Wink (1995) supports this by stating, "During the conference, the students can address the values, belief systems, and assumptions that underlie their nursing care" (p. 30).

Shaping the Professional Identity of the Beginning Nurse

The post-clinical conference, according to Horsfall (1990), can help ensure that "students can explore understandings of the notion of professionalism, their rights and the limits of appropriate self-expression" (p. 5). Gonda (1990) also supports this goal of the post-clinical conference by stating, "The post-conference can potentially exert a strong influence on the professional growth and development of student nurses by analysis of the practice role" (p. 7).

Developing Nursing Socialization Skills

In discovering how role socialization occurs, Brown (1993) ascertained that student nurses begin the role of socialization by their discussions in the post-clinical

conference. She discovered that this was established by “(1) ongoing self evaluation, (2) formulating a definition of the nurse role, (3) identifying and resolving misconceptions, and (4) identification of must behaviors” (Abstract). DeYoung (1990, 2009) adds that “postconferences are a means to help socialize learners into the world of nursing” (pp. 205, 252).

Summary

In making the post-clinical conference a significant part of the overall clinical experience, the clinical nursing instructor has committed a large amount of time to an experience that takes students away from direct hands-on patient care. In spite of the time dedicated to the practice of the post-clinical conference, there is minimal literature describing the meaning and rationale for the post-clinical conference from the viewpoint of clinical nurses.

A number of goals to be achieved during the post-clinical conference are stated in the literature, and from this information 19 primary purposes of the post-clinical conference were developed. These 19 goals were then grouped into five categories: (a) *Integration of theory into practice*, (b) *Advanced thinking skills*, (c) *Discussion*, (d) *Personal growth*, and (e) *Role of the registered nurse*. Despite the commitment of the authors to these goals of the post-clinical conference, only minimal attempts have been made to determine or describe the preparation necessary for meeting them.

CHAPTER THREE

METHODOLOGY

Introduction

Most clinical experiences include a closure period, described as the post-clinical conference, during which the instructor and students meet to discuss the day's experiences. There is common acceptance in the nursing literature that this type of activity is essential.

The purpose of this study was to describe the most important goals, meaning, rationale, and preparation for the post-clinical conference by clinical nursing instructors in associate degree and baccalaureate degree nursing programs.

This chapter focuses on research questions, research design, survey sample, and development of the survey instrument, as well as a description of the data collection procedure and method of data analysis.

Research Questions

The study addresses the following research questions:

1. What meanings are given by instructors for the post-clinical conference in the two types of nursing programs?
2. What are the most important goals of the post-clinical conference?

3. Are there significant differences in the importance of goals between the two types of programs?
4. What goals do the nursing instructors prepare to meet in the post-clinical conference?
5. Are there significant differences in the preparation of goals for the post-clinical conference between the two types of programs?
6. To what degree is there a discrepancy between the importance given to and level of preparation of goals in the two types of programs?
7. What is the rationale for conducting the post-clinical conference?
8. Are there significant differences in the rationale for holding post-clinical conferences in the two types of programs?
9. How prepared are nurses to hold the post-clinical conference?
10. Are there significant differences in level of nurse preparation for the post-clinical conference between the two programs?

Research Design

This study was carried out utilizing a survey design. Survey research is a method of collecting quantitative, qualitative, or both types of data using a questionnaire. A survey design was selected because it allowed for the collection of data from a large number of subjects over significant geographical distances. This was necessary because it was not possible to find an appropriate combination of ADN and BSN programs whose first-time candidates' NCLEX-RN pass rates met the study criteria of being equal to or greater than 5% of the national average for the selected 2 consecutive years (the academic/fiscal years 2004 and 2005) in any one state. Thus, it allowed me to include

nursing schools from several states to provide as broad a sample of participants as possible.

In addition to providing for the sampling of a large number of subjects, survey design is a convenient method of providing privacy to the participants, allowing them to complete it at their convenience, providing a consistency in the way it is administered, and providing for the gathering of descriptive and correlational data. It has the added advantage that it can be a repeat of a previous study or can be repeated itself. For this study, a quantitative instrument containing two open-ended questions was developed.

Sample

The subjects for this study were full-time and part-time (adjunct) ADN and BSN clinical faculty. To be included they needed to conduct post-clinical conferences in a nursing program whose first-time candidates' NCLEX-RN pass rates from the academic/fiscal years 2004 and 2005 were 5% or higher than the national average.

Table 1 lists U.S. NCLEX-RN first-time candidate pass rates for academic years 2004 and 2005 for ADN and BSN candidates (NCSBN, 2004, 2005) along with the percentage needed by a nursing program's first-time candidates' NCLEX-RN pass rates to meet the criteria to be selected for inclusion in the study. For a program to be utilized in the study, its students had to score 5% or greater than the national U.S. NCLEX-RN first-attempt pass rate. Individual school success rates were obtained by searching State Boards of Nursing Web sites on the World Wide Web. To identify schools whose students met the criteria to be included in the study, I began by searching results from my home state of South Carolina and then nearby states. When more schools were needed, I began reviewing other states' results to

Table 1

National Average for U.S. NCLEX- RN Programs Candidates First-Time Pass-Rates and Passing Criteria Required for Inclusion in Study

NCLEX-RN success rates	AD Candidates (%)	AD Criteria (%)	BS Candidates (%)	BS Criteria (%)
2004	85.3	90.3	84.8	89.8
2005	87.5	92.5	86.7	91.7

Note. Candidates' data are from 2004—*Number of Candidates Taking NCLEX Examination and Percent Passing, by Type of Candidate*, by National Council of State Boards of Nursing, Inc., 2004, retrieved February 1, 2005, from http://www.ncsbn.org/pdfs/Table_of_Pass_Rates_2004.pdf and from 2005—*Number of Candidates Taking NCLEX Examination and Percent Passing, by Type of Candidate*, by National Council of State Boards of Nursing, Inc., 2005, retrieved February 19, 2006, from http://www.ncsbn.org/pdfs/Table_of_Pass_Rates_2005.pdf

obtain a variety of schools from multiple states. Not every state's NCLEX-RN results were readily available or identifiable on their state Web site.

States from which schools were selected for participating in the study based upon publishing results for the calendar year were Arkansas, Georgia, Iowa, Kentucky, North Carolina, South Carolina, and Texas. Those states that published results by academic/fiscal year were Maryland and Oregon.

A total of 210 associate degree and 114 baccalaureate degree schools were identified in these nine states. Of the associate degree schools, 47 (22.3%) were identified as meeting the standard, first-time candidates' NCLEX-RN pass rates being equivalent to 5% or greater than the U.S. NCLEX-RN first-attempt pass percentage. Of the baccalaureate degree schools, 25 (22.5%) were identified as meeting the same criteria. Of the associate degree schools, 22 were contacted, and 13 gave permission to be used as test sites. Of the baccalaureate degree schools, 19 were contacted, and 8 gave

Table 2

A Numerical Comparison of Associate and Baccalaureate Nursing Programs Meeting and Not Meeting the Standard

State	2004 & 2005			2004 & 2005		
	Associate degree			Baccalaureate degree		
	Accredited programs ^a	Criteria programs ^b	Criteria surveyed ^c	Accredited programs ^d	Criteria programs ^e	Criteria surveyed ^f
Arkansas	13	4	2	9	5	3
Georgia	17	2	1	17	2	2
Iowa	17	1	0	12	2	1
Kentucky	24	10	1	12	4	0
Maryland	14	4	1	9	1	1
North Carolina	48	7	3	13	1	0
South Carolina	13	7	2	9	3	0
Oregon	14	4	1	8	2	0
Texas	50	8	2	25	5	1

^an=210. ^bn=47. ^cn=13. ^dn=114. ^en=25. ^fn=8.

permission to be used as test sites. Table 2 lists the number of ADN and BSN schools in each selected state, the number meeting the selection criteria, and the number surveyed.

Description of the Instrument

In reviewing the literature and research done on the post-clinical conference, no instrument was found that assessed the clinical nursing instructors' meaning, rationale, and preparation for the post-clinical conference. The closest study done to this one was by Infante (1975). For her study, she did an "investigative study of laboratory teaching, its methods, and techniques" (p. 21) and developed a listing of 14 essential elements of the clinical laboratory very similar to the list developed for this study. Her listing was for the clinical as a whole, while this study focused on only one aspect of the complete clinical experience—the post-clinical conference. No copy of her survey was available

even though she wrote a book on the subject of the clinical laboratory and included the results of her survey. A second edition of her book was printed in 1985 with no real changes from the first edition. Nor does she mention the term post-clinical laboratory in either book.

In its final format, the survey was self-administered. It was divided into seven sections containing a total of 70 questions (Appendix A). There was no attempt to put an even number of questions in either section. Rather, the literature review guided the type, placement, and number of questions in each section. Each section of questions required a different type of answer. This was done to decrease the risk of the participant completing it to just select one type of answer for each question and complete the survey without putting in the type of thinking that was desired.

The sections of the nursing instructor rationale and preparation for the post-clinical conference questions were as follows:

Section 1—Demographic Data

The purpose of this information was to develop an instructor profile. There were three questions in this section.

The post-clinical conference is conducted—Yes or No? This section consisted of one question. If the instructors conducted post-clinical conferences, they would indicate so by marking “Yes.” They were then instructed to complete the remainder of the questionnaire. If the instructors did not conduct post-clinical conferences, they would indicate so by marking “No.” They were then asked to select the response(s) that best identified their rationale for not doing so. The remainder of their instrument was left blank.

Section 2—Time Committed to the Post-Clinical Conference

This section consisted of three questions designed to identify the amount of time allotted to this part of the clinical experience.

Section 3—Use of Syllabus

This subdivision of the survey contained three *yes-no* questions. They inquired about the use of a separate syllabus for the post-clinical conference and its contents.

Section 4—Preparation for the Post-Clinical Conference

This section contained 12 *always-never* Likert scale questions. These questions focused on the instructor's view of the post-clinical conference, self-identified preparedness for it, and how topics discussed in it were identified. These questions were analyzed utilizing a combined two-group ranking and then dividing the questions into three categories—(a) *Preparation*, (b) *Topic*, and (c) *Communication*—to determine whether there is a difference between the two groups.

Section 5—Rationale for the Post-Clinical Conference

This section contained eight *strongly agree-strongly disagree* Likert scale questions. These questions focused on the instructor's rationale for conducting the conference. These questions were analyzed utilizing a combined two-group ranking and then dividing the questions into three categories—(a) *Role of discussion*, (b) *Importance*, and (c) *Relationship to theory*—to determine whether there is a difference between the two groups.

Section 6—Significance of the Goals for and the Occurrence of Preparing to Present the Goals in the Post-Clinical Conference

The next-to-last section of the instrument consisted of 19 significance and occurrence, double-answer-type questions. This section of questions asked the faculty member to rate the significance of preparation of the goal to them from *very important* to *very unimportant*. The second half, occurrence, of each double-answer question asked the faculty member about the occurrence of preparation, or how often they specifically prepared, to introduce this goal into their post-clinical conference. The occurrence questions could be answered from *very often* to *rarely*. These questions were analyzed in four different ways. First, they were listed as a combined ranking of which goals are the most important for the post-clinical conference and, second, as a combined ranking of which goals the nurses would prepare for first for introduction into the post-clinical conference. To enable a more in-depth statistical analysis, the 19 goals were grouped into five categories: (a) *Integration of theory into practice*, (b) *Advanced thinking skills*, (c) *Discussion*, (d) *Personal growth*, and (e) *Role of the registered nurse*. Third, using the categories, an analysis of correlation between the two groups of nurses was performed for importance and preparation. Lastly, utilizing the double-answer-format-type question, the categories were analyzed for each group of nurses separately to determine whether ranking of importance (significance) matches actual preparation (occurrence). For the last analysis, the words *significance* and *occurrence* replaced *importance* and *preparation*, because that is how the questions were introduced in the survey.

Section 7—Open-ended Questions

The last section of the instrument consisted of two short-answer questions. These questions were the primary method for the clinical instructors to describe their meaning regarding the post-clinical conference. Each faculty member was asked to answer in their own words the questions, "*To me the post-clinical conference IS . . .*" and "*To me the post-clinical conference IS NOT . . .*"

Development of Instrument

The survey instrument was developed over the period of 1 year as I studied related literature on the post-clinical conference. The initial format of the questionnaire contained more than 114 demographic, Likert, and qualitative-type short-answer questions. It was determined that a survey of this size would not be amenable to participant completion, and many of the questions did not measure the nursing clinical instructor's meaning, rationale, and preparation for the post-clinical conference. Thus the questionnaire was reevaluated to focus on the topic to be studied and reduced to a much more manageable size. The revised survey instrument contained six sections with a total of 70 questions. Of the 70 questions, 19 required two responses, double-answer, for significance and occurrence.

Upon completion of the survey instrument and approval from the dissertation committee chairperson, it was field tested by the nursing faculty of my institution. My institution provides nursing education for an associate degree in nursing. The program had met the standard for inclusion for more than 5 consecutive years.

The sample consisted of all full-time faculty members attending a regularly scheduled faculty meeting. Seven completed sample surveys were returned. Faculty

experience varied from less than 2 years of clinical nursing instruction to between 12 and 14 years for three respondents.

Prior to completing the survey instrument, each participant was provided with a verbal description of the purpose of the study. This description was identical to the letter received by faculty at participating schools. In addition to the survey, each recipient was provided with a survey improvement sheet. The improvement sheet asked them to identify the time it took to complete the questionnaire, any general problems they encountered, difficulty in understanding questions, suggested format changes, and length.

Instrument Modification

A review of the returned sample surveys by the associate degree nursing faculty revealed that it took an average completion time of 15 minutes and that each faculty member who returned the sample survey conducted a post-clinical conference.

Two respondents stated that it was difficult to understand the three-column, significance-question-occurrence, double-question format. To help future respondents provide the best possible responses to the 19 questions in section 6, the introduction to them was revised.

One respondent identified a typographical error, which was corrected for the final version of the questionnaire. Another respondent stated that they did not understand one question regarding "developing nursing socialization skills" in the significance/occurrence section. No changes were made to this question because it was felt that the question was worded correctly. Another respondent felt that a question in the preparation section could have been reworded to make it clearer and, after consideration, this was done for greater specificity and to aid understanding. In its original format, the

question read, "If the post-clinical conference was evaluated, I would put more effort into preparing for it." It was changed to, "If the post-clinical conference was evaluated by my supervisor, I would put more effort into preparing for it."

One respondent suggested four clarifications to questions in the significance-question-occurrence, double-question format section. She was not clear in understanding the question "the use of judgment." It was found that the question "use of judgment" was not presented in a clear context and a re-review of the nursing literature did not clearly describe the use of judgment as a goal by a minimum of two authors, so this question was eliminated from the questionnaire. This same respondent also was not sure what was meant by the question, "Taking responsibility for one's actions." She added in the comment, "In a group setting?" After deliberation and a re-review of the nursing literature, the question was reworded to read, "Taking responsibility for one's actions in the clinical setting." Lastly, this same respondent added a comment "? care maps" to the question, "Reviewing nursing care." No change was made to this question because this question is very broad in scope and goes beyond care maps.

The last question identified by two respondents dealt with the three-column, significance-question-occurrence, double-question, "Providing a time to experience a wider variety of experiences than they could not by themselves experience." From a grammatical perspective the intent was to change this question on the next pilot test, but it was inadvertently overlooked. The intent was to change the question to read, "Providing a time to experience a wider variety of experiences than they could by themselves experience."

Following the initial testing of the sample survey, a period of several months passed during which no progress was made on the dissertation. After this time, a second group of faculty who could re-test the survey, with most of the above listed corrections made, was identified. This new group of nurses surveyed consisted of two retired faculty members with over 35 years combined teaching experience at my institution, new faculty members with previous clinical nursing instructor experience, and adjunct faculty who were not included in the initial survey.

Fifteen sample surveys were distributed, either by hand or through the mail, and 11 were returned. Prior to completing the sample survey, each participant was provided with either a verbal or written description of the purpose of the dissertation. The verbal and written descriptions were identical to the letter received by faculty at participating schools. In addition to the sample survey, each recipient was provided with a survey improvement sheet. The improvement sheet asked them to identify the time it took to complete it, any general problems they encountered, difficult-to-understand questions, suggested format changes, and length. The average time to complete the survey was 17 minutes or less.

One respondent stated that post-clinical conferences had been done sporadically at best over the last semester, so she marked *no* in answer to the question, "Are post-clinical conferences held?" and did not complete the remainder of the survey. Ten surveys were completed in their entirety and were tabulated, evaluated, and analyzed. Only three respondents raised questions about the wording of the survey. One respondent identified two questions in the third category of questions that seemed similar. She had to read them twice to correctly answer. The questions are similar but are asking two different

things. It was decided not to change either question. She also thought the instructions for the significance-question-occurrence, double-question, worded questions were clear, but could maybe be made clearer to achieve the most accurate information. No change was made.

The second respondent thought there should be different options regarding the frequency percentage of times the post-clinical conference begins on time and, if it does not begin on time, the reason for this should be investigated. No change was made.

The last respondent to raise a question suggested that instructors should be asked how long they had been an instructor, rather than how long they had been at their current institution. However, the way the question is set up allows data to be more accurately collected for the desired years, 2004 and 2005. No change was made.

The significance/occurrence question, "the use of judgment," was left in to see whether respondents questioned it, but they did not. It was not included in the tabulation of results or in the finalized survey.

Lastly, content expert review was provided by two master's degree-prepared nursing clinical instructors who taught theory and clinical for the same nursing class. Combined, they had over 25 years of teaching experience for the same department of nursing. At that time, one of them served as the Department Chair. The appropriateness of each question—demographic, Likert, and short answer—was determined by these instructors.

To determine the appropriateness of the demographic questions, each reviewer was asked to read each question and determine whether it fit with the remainder of the questionnaire. For the remaining yes-no and Likert questions, the reviewers were asked

to determine if the questions met the criteria of *very relevant* to the post-clinical conference, *relevant* regarding the post-clinical conference, or *not relevant* to the post-clinical conference. Both reviewers identified all the questions as either very relevant or relevant to the post-clinical conference. This improved the validity of the instrument and study (Watson, McKenna, Cowman, & Keady, 2008, p. 305).

Validity and Reliability of the Instrument

The validity of the instrument was established through a combination of two types: face and content. Face validity occurs when an examination of the instrument indicates that the instrument is measuring what it is supposed to be measuring (Nieswiadomy, 2008; Polit & Beck, 2008). This was supported by a draft of the entire instrument being given to 18 nurses who were asked to complete the survey and to make suggestions that would improve it. This type of validity can be subjective, so most studies require another type; for this study's instrument, the second type was content validity.

Content validity is supported when the instrument is determined to have appropriate sample items, is determined to have adequate sample items for testing the area to be studied, and is evaluated by content experts. Content validity is also supported when the researcher has first-hand knowledge of the field being tested (Nieswiadomy, 2008; Polit & Beck, 2008). A comprehensive review of the literature was conducted to determine goals and characteristics of the post-clinical conference in nursing programs. I conducted this review, and I have over 10 years of experience in theory and clinical nursing instruction, including post-clinical conferences.

After analyzing and synthesizing the various articles' stated purposes for the post-clinical conference, 19 goals, connected to significance and occurrence, were identified. To be identified as a goal, one of two criteria had to be met. The criteria were that either two or more authors had to specifically mention the exact word or wording in their writing or a concept was generated that was supported by another authors' identical concept or specific wording. Once the goals were identified, they were modified in a manner to determine the clinical nursing instructors' preparation and rationale for conducting the post-clinical conference. These goals and characteristics appear to fit into four categories: (a) *Significance*, (b) *Occurrence*, (c) *Preparation*, and (d) *Rationale*. These goals and characteristics were then reviewed by two master's degree-level clinical instructors with 25 years of combined experience in theory and clinical practices. They were specifically asked to determine the "fit" of these goals and characteristics as measures of the post-clinical conference.

Additionally, my dissertation advisor and a statistician from Horry-Georgetown Technical College provided feedback on the instrument's format. Inputs from the 18 clinical nursing instructors, the dissertation advisor, and the faculty member from the technical college were carefully considered and were used to refine and improve the survey. Validity is also supported in that each subject received the same written survey at their place of employment and in that all surveys were distributed within the same 4-week window (Burns & Grove, 2009).

Reliability estimates for the various categories and areas of the post-clinical conference are summarized in Table 3. Scale reliabilities range from a high of 0.911 for

Table 3

Reliability Estimates

Variables	Number of items	Cronbach's alpha
Significance for PCC		
Integration of theory/practice	2	0.634
Advanced thinking	3	0.634
Discussion	4	0.651
Personal growth	5	0.738
Role of the registered nurse	5	0.821
Total	19	0.911
Occurrence for PCC		
Integration of theory/practice	2	0.747
Advanced thinking	3	0.725
Discussion	4	0.645
Personal growth	5	0.728
Role of the registered nurse	5	0.804
Total	19	0.902
Preparation for PCC		
Preparation	5	0.492
Topic	4	0.554
Communication	3	0.117
Total	12	0.440
Rationale for PCC		
Role of discussion	3	0.549
Importance	3	0.495
Relation to theory	2	0.149
Total	8	0.512

Significance of the post-clinical conference, to a low of 0.440 for *Preparation for the post-clinical conference*. Subscale reliability ranges from a high of 0.821 for *Role of the registered nurse in Importance of the post-clinical conference*, to a low of 0.117 for *Communication in Preparation for the post-clinical conference*. Because many of the subscales have low reliability estimates, it was decided to analyze the data at the item level rather than at the subscale or scale level.

Data Collection and Procedures

Prior to contacting any schools to invite them to participate in the study, permission was granted from my university's Institutional Review Board (IRB) (Appendix B). Utilizing data from the NCSBN 2004 and 2005 licensure and examinations statistics, programs were identified whose first-time candidates' NCLEX-RN pass rates equaled 5% or more than the national average on their first NCLEX-RN attempt over 2 consecutive years. Programs selected to participate were a convenience sample, meaning that they were selected from southern and southeastern states of interest to me because of living in South Carolina, and when the number of schools in these states was not sufficient, then states that were the easiest to identify as having met the prescribed standard were selected. The sample of nursing faculty who answered the survey instrument to aid in its development were from a program that had met the standard of first-time candidates' NCLEX-RN pass rates being equal to 5% or more than the U. S. average for 5 consecutive years.

Using the Internet, the director or the research coordinator for each selected nursing program was identified from the institution's Web site. This representative was then contacted by email (Appendix C). This contact described the intended research

along with an invitation to participate. If no reply had been received within 7 to 10 days after the initial contact, a phone call was made to each representative to answer any questions they might have, ask if they would be willing to participate, and, if so, the names of their faculty were solicited.

After approval was obtained, an information letter, survey, and return-addressed stamped envelope were sent to each identified participant (Appendix D). This letter stated that, by completing the survey and returning it to me, they were indicating their desire to participate in the study. Since it was believed that this subject, the post-clinical conference, was important, conducted by most faculty, and not a common research topic, it was hoped that a large number of the surveys would be returned.

A total of 438 surveys, 175 to ADNs and 263 to BSNs, were distributed. The surveys were mailed by two different methods. One method was to send the surveys to individual nurses directly by name. The other method was to send a batch of surveys equal to the number of clinical nurse instructors in a specific nursing program, which were then distributed by the program point-of-contact. How the mailings were made was done according to the program coordinator's wishes. Mailings were made during the middle of the summer semester. This again was done at the bequest of several program coordinators who felt that once faculty were in the routine of the semester they would be more willing to complete the survey.

The second week after the information letter and surveys were mailed, a follow-up letter was sent to each participant, in the same manner as stated above, encouraging them to complete the survey and return it as soon as possible if they had not already done so. In this letter, they were again thanked for their participation.

Data Analysis

The demographic data were analyzed using descriptive statistics. The method employed was that of nominal-scale measurement—percentile.

Research Question 1

This question was analyzed qualitatively. For the open-ended questions, all categories and content were determined by reviewing each response, grouping like responses, and then giving the like responses a heading. These categories and content were reviewed by a lay advisor and four graduate PhD students for corresponding likeness. The final format was reviewed by my dissertation advisor, and suggested corrections were made. Prioritization was determined based upon the number of like responses. This type of categorization was done to determine the meaning of what the post-clinical conference *is* and *is not* to the clinical nursing instructors.

Research Questions 2, 4, 7, and 9

These questions contained ordinal data, which were computer analyzed by employing the latest edition of SPSS, the Statistical Package for the Social Sciences. The results of each of these four research questions are presented as a combined ranking of the two groups of nurses. This was done by making use of two methods for determining measures of central tendency—mean and standard deviation. These measures of analysis were done to rank the nurses' responses to the importance of the 19 literature-stated goals for the post-clinical conference and then a ranking of which of these 19 goals they prepared for most for introduction into the post-clinical conference. A combined ranking was also made to determine which rationale was seen as most important for conducting

the post-clinical conference and how the nurses viewed their preparation methods for conducting the post-clinical conference.

Research Questions 3, 5, 8, and 10

To determine if there were differences between the two groups' means, ADN and BSN faculty, in research questions 3, 5, 8, and 10, a multivariate analysis of variance (MANOVA), Hotelling's Trace, was performed. Included in this analysis was Partial Eta Squared. The level of significance was $p=0.05$.

This was accomplished by grouping like variables into categories. For ranking the goals according to significance/importance and which goals are prepared for the most, research questions 3 and 5, the 19 goals were grouped into five categories: (a) *Integration of theory into practice*, (b) *Advanced thinking skills/critical thinking*, (c) *Discussion*, (e) *Personal growth*, and (f) *Role of the registered nurse*. For rationale, research question 8, the categories are (a) *Role of discussion*, (b) *Importance*, and (c) *Relationship to theory*. For preparedness, research question 10, the categories are (a) *Preparation*, (b) *Topic*, and (c) *Communication*. When a multivariate significant difference was discovered, a follow-up univariate analysis was conducted. The level of significance was adjusted, using the Bonferroni procedure, to control for type-I error of inflation, $p=0.002$. The Bonferroni procedure was required for research questions 5 and 8.

Research Question 6

To do a determination of discrepancy between the significance of a goal and amount of preparation done to introduce it into the post-clinical conference for both

groups individually, the 19 variables were again grouped into their five categories: (a) *Integration of theory into practice*, (b) *Advanced thinking skills/critical thinking*, (c) *Discussion*, (e) *Personal growth*, and (f) *Role of the registered nurse*. Statistical analysis was accomplished by conducting a paired-samples test (paired *t* test) with Bonferroni adjustment. Statistical significance was set at 0.05/19, which is approximately 0.002, $p=0.002$.

Summary

The survey was researcher-developed, based upon goals of the post-clinical conference—as described in the nursing literature and real-life clinical experiences—as identified by current nursing clinical instructors. It contained a variety of questions—demographic, Likert, and open-ended—to sample the clinical nursing instructor's rationale, meaning, and preparation for the post-clinical conference.

This chapter described that both groups of nurses selected for study came from nursing programs that were considered to be above standard. An above-standard program was one whose new graduates passed their NCLEX-RN on the first attempt by 5% or more than the national average over a period of 2 consecutive years.

Data analysis was carried out utilizing percentiles for the demographic data and grouping and ranking of the responses to the open-ended questions. Statistical analyses included mean, standard deviation, multivariate testing (Hotellings Trace), and univariate testing (Bonerroni adjustment). Level of significance for multivariate was $p=0.005$ and for univariate was $p=0.002$.

CHAPTER FOUR

DATA AND THE ANALYSES

Introduction

The purpose of this study was to describe the most important goals, meaning, rationale, and preparation for the post-clinical conference by clinical nursing instructors. These instructors were from associate degree (ADN—2-year) and baccalaureate degree (BSN—4-year) nursing programs whose first-time candidates' NCLEX-RN pass rates were equal to 5% or higher than the national average over 2 consecutive years, 2004 and 2005.

Sample Population

A total of 175 ADN surveys were distributed to 13 schools of nursing in the states of Arkansas, Georgia, Kentucky, Maryland, North Carolina, South Carolina, Oregon, and Texas. A total of 263 BSN surveys were distributed to eight schools of nursing in the states of Arkansas, Georgia, Iowa, Maryland, and Texas. The total number of surveys distributed was 438, with a return of 218 (49.77%).

Of the surveys returned, 180 were included in the study (94 from ADNs and 86 from BSNs). Twenty-one returned surveys were unusable either because the respondent taught only graduate classes or did not teach a class with a clinical component.

Seventeen surveys were unusable because the instructors indicated that they did not conduct a post-clinical conference even though they taught a nursing clinical. In this group of surveys there were 10 ADNs and 7 BSNs. The ADNs indicated that the primary reason they did not hold a post-clinical conference was because there was not enough time or a suitable space, and for the BSNs there was no clear reason stated for why the post-clinical conference was not conducted.

For those nurses who conducted a post-clinical conference, when asked if they provided a separate theory and clinical syllabus, 63.9% replied "yes" (63.8% ADN and 64% BSN). But when asked if the dates and time of the post-clinical conference were specifically listed in a syllabus, 66.1% (69.1% ADN and 62.8% BSN) replied "no." In one last question designed to determine if specific post-clinical conference objectives were identified and listed in a syllabus, 78.9% (83% ADN and 74.4% BSN) replied "no."

Characteristics of the Sample

Table 4 shows that of the nurses who responded, a majority, 31%, had been instructing at their current institution for 3 to 5 years. For ADNs it was 30.9% and for BSNs 31.4%.

The majority of nurses who responded designated their nursing specialty as medical-surgical (54.4%). For ADNs, the percentage was 67%, and for BSNs it was 40.7%. Other combined specialties were childbearing family (11.7%), developing child (10.6%), and mental health nursing (10%).

Table 4

Years Instructing at Current Institution

Years of Instruction	Associate degree nursing ^a		Baccalaureate degree nursing ^b		ADN and BSN combined ^c	
	%	No.	%	No.	%	No.
Less than 2	11.7	11	18.6	16	15.0	15
3-5	30.9	29	31.4	27	31.1	56
6-8	14.9	14	8.1	7	11.7	21
9-11	10.6	10	11.6	10	11.1	20
12-14	9.6	9	11.6	10	10.6	19
15 or longer	20.2	19	16.3	14	18.3	33
No response	2.1	2	2.3	2	2.2	4

^an=94. ^bn=86. ^cn=180.

Post-Clinical Conference Times

Tables 5, 6, and 7 identify time committed to the post-clinical conference. This includes length of time dedicated to the post-clinical conference, time actually spent in the post-clinical conference, and how frequently the post-clinical conference began on time.

Table 5 reveals that 49.4% (38.3% ADN and 61.6% BSN) of nursing faculty scheduled their post-clinical conference to last for 46 to 60 minutes. For ADNs the second most common time frame selected was 16 to 30 minutes (30.9%), as compared to the second most common time frame for BSNs of 31 to 45 minutes (15.1%).

Table 6 shows that less than half, 42.2% (35.1% ADN and 50% BSN), of the nurses who said their post-clinical conference was scheduled to last for 46 to 60 minutes actually spent this amount of time in it. Table 7 shows that just over half of the conferences, 56.7% (53.2% ADN and 60.5% BSN), begin on time at least 90% of the time.

Table 5

Scheduled Length of the Post-Clinical Conference

Scheduled length of the PCC (minutes)	Associate degree nursing ^a		Baccalaureate degree nursing ^b		ADN and BSN combined ^c	
	%	No.	%	No.	%	No.
0-15	0.0	0	0.0	0	0.0	0
16-30	30.9	29	9.3	8	20.6	37
31-45	20.2	19	15.1	13	17.8	32
46-60	38.3	36	61.6	53	49.4	89
Longer than 60	9.6	9	8.1	7	8.9	16
No response	1.1	1	5.8	5	3.3	6

^an=94. ^bn=86. ^cn=180.

Table 6

The Typical Post-Clinical Conference Lasts

The post-clinical conference lasts (minutes)	Associate degree nursing ^a		Baccalaureate degree nursing ^b		ADN and BSN combined ^c	
	%	No.	%	No.	%	No.
0-15	4.3	4	1.2	1	2.8	5
16-30	23.4	22	9.3	8	16.7	30
31-45	27.7	26	27.9	24	27.8	50
46-60	35.1	33	50.0	43	42.2	76
Longer than 60	8.5	8	8.1	7	8.3	15
No response	1.1	1	3.5	3	2.2	4

^an=94. ^bn=86. ^cn=180.

Table 7

The Typical Post-Clinical Conference Usually Begins on Time

The PCC begins on time (%)	Associate degree nursing ^a		Baccalaureate degree nursing ^b		ADN and BSN combined ^c	
	%	No.	%	No.	%	No.
Less than 80	25.5	24	15.1	13	20.6	37
80-84	7.4	7	11.6	10	9.4	17
85-89	12.8	12	12.8	11	12.8	23
90-94	22.3	21	27.9	24	25.0	45
95-100	30.9	29	32.6	28	31.7	57
No response	1.1	1	0	0	0.6	1

^an=94. ^bn=86. ^cn=180.

Findings

Research Question 1

What meanings are given by instructors for the post-clinical conference in the two types of nursing programs?

To determine the meaning of what the post-clinical conference *is* and *is not* to nursing clinical faculty, each ADN and BSN clinical faculty member responding to the survey was asked to write their answer to two questions. The questions were, "*To me the post-clinical conference IS . . .*" and "*To me the post-clinical IS NOT . . .*"

A total of 141 and 121 separate responses were obtained respectively for what the ADNs and BSNs, respectively, described as "*to me the post-clinical conference IS . . .*" Nine categories were identified each for the ADNs and BSNs. All categories and content were determined by reviewing each response, grouping like responses, and then categorizing them according to wording. Prioritization was determined based on the number of like responses.

Of these categories, eight were identical for both groups of nurses with only one category from each group being different. The top two meanings of the post-clinical conference for both groups of nurses were (a) *Reflection and sharing of experiences* and (b) *Application of theory to practice*.

The category ADN's had that the BSN's did not was *Student recognition and correction*. The category BSN's had that the ADN's did not was *Role of nursing*.

Table 8 shows in descending order of prioritization the category headings of the meaning of the post-clinical conference for both groups of nurses. A comparison of all categories and the corresponding responses is in Appendix E.

Table 8

Post-Clinical Conference Meaning for Associate Degree and Baccalaureate Degree Nurses

ADN ^a		BSN ^b	
Response	No.	Response	No.
Reflection/sharing/experiences	30	Reflection/sharing/experiences	29
Application of theory to practice	30	Application of theory to practice	20
Debriefing/discussion	22	A learning experience	18
A learning experience	16	An important time/event	15
Teaching moments	13	Debriefing/discussion	12
An important time/event	11	Teaching moments	10
Student recognition/correction	8	Higher-level thinking/problem solving	7
Higher-level thinking/problem solving	7	Role of nursing	6
Miscellaneous	4	Miscellaneous	2

^an=141. ^bn=119.

The second open-ended question the two groups of nurses were asked was, "To me the post-clinical conference IS NOT . . ." A total of 102 and 96 separate responses were obtained from the ADN's and BSN's, respectively. Six categories were identified for

the ADNs, and eight categories were identified for the BSNs (Table 9). Of these categories, six were identical for both groups of nurses. The top three categories as stated by each group, in the same order of prioritization from the most common and decreasing, that the post-clinical conference to them *is not*, were (a) *Lecture/theory/classroom make-up*, (b) *An unproductive time*, and (c) *A time for unprofessionalism/gripping/sharing of grievances/criticizing*.

The BSNs' responses were grouped into two additional categories that the ADNs' were not. These categories were (a) *Structured* and (b) *Getting out of clinical early or starting late*. A comparison of all the categories and the corresponding responses can be seen in Appendix F.

Table 9

What the Post-Clinical Conference Meaning IS NOT for Associate Degree and Baccalaureate Degree Nurses

ADN ^a		BSN ^b	
Response	No.	Response	No.
Lecture/theory/classroom make-up	34	Lecture/theory/classroom make-up	36
An unproductive time	28	An unproductive time	20
A time for unprofessionalism/gripping sharing of grievances/criticizing	17	A time for unprofessionalism/gripping sharing of grievances/criticizing	15
A social event	9	Individual student focused	7
Individual student focused	9	A social event	5
Instructor dominated	5	Structured	5
		Instructor dominated	5
		Getting out of clinical early/ starting late	3

^an=102. ^bn=96.

Research Question 2

What are the most important goals of the post-clinical conference?

The purpose of research question 2 was to identify which goals of the post-clinical conference are of importance to the two groups of nurses. Table 10 presents data from responses to research question 2 using descriptive statistics.

In this question, both groups of nurses—ADN and BSN—were asked to rate how important each of the 19 post-clinical conference goals were to them. For each post-clinical conference goal, the nurse was asked to rate it on a 5-point Likert-type scale (5=*very important*, 4=*important*, 3=*neutral*, 2=*unimportant*, 1=*very unimportant*).

Using a cut-off mean of 4.0, individually and combined, the data indicated that for both groups, 18 identical literature goals were rated *very important* or *important* for the post-clinical conference. Of these 18 goals the same 11 scored a combined mean of 4.5 or greater. Goals with a combined score of 4.5 or higher indicate a ranking above *important* but not quite *very important*, thus indicating the worth of these goals to both groups of nursing. These goals were (a) *Integrating clinical experience into what has been learned*, (b) *Integrating theory with practice*, (c) *Facilitating group discussion/collaboration*, (d) *Facilitating higher-level reasoning skills*, (e) *Applying knowledge*, (f) *Problem solving*, (g) *Developing student self-confidence*, (h) *Sharing of information*, (i) *Taking responsibility for one's actions in the clinical setting*, (j) *A time to experience a wide variety of experiences*, and (k) *A nursing value system*.

Table 10

A Ranking in Importance of the Goals of the Post-Clinical Conference

Goal	ADN and BSN combined ^a	
	<i>M</i>	<i>SD</i>
Integrating clinical experience into what has been learned	4.78	0.44
Integrating theory with practice	4.77	0.43
Facilitating group discussion/collaboration	4.69	0.50
Facilitating higher-level reasoning skills	4.68	0.52
Applying knowledge	4.67	0.49
Problem solving	4.66	0.51
Developing student self-confidence	4.63	0.51
Sharing of information	4.60	0.58
Taking responsibility for one's actions in the clinical setting	4.58	0.67
A time to experience a wide variety of experiences	4.51	0.66
A nursing value system	4.50	0.66
Learning the role of the nurse	4.43	0.64
Shaping the professional identity of the beginning nurse	4.37	0.70
Reviewing nursing care	4.30	0.73
Discuss working with other healthcare disciplines	4.25	0.72
Time for affective experiences	4.23	0.72
A forum for therapeutic communication skills	4.20	0.80
Nursing socialization skills	4.12	0.75
The identification of individual learning needs	3.87	0.97

^a*n*=180.

The only goal not rated as *very important* or *important* by both groups was *The identification of individual learning needs*. This goal received a combined mean score of 3.87.

Research Question 3

Are there significant differences in the importance of goals between the two types of programs?

Null Hypothesis 3: There are no significant differences in the importance of the goals of the post-clinical conference in the two types of programs.

Table 11 shows means and standard deviations for each of the 19 goals of the post-clinical conference, divided into five categories: (a) *Integration of theory into practice*, (b) *Advanced thinking skills*, (c) *Discussion*, (d) *Personal growth*, and (5) *Role of the registered nurse*.

To determine if there was a difference between ADN and BSN faculty in each of the five categories, a multivariate analysis of variance (MANOVA), Hotelling's Trace, was performed at $\alpha=0.05$. The results are seen Table 12. The results showed that there were no statistically significant differences between the two groups of faculty on the linear combination of the importance of the stated goals in all five categories.

Research Question 4

What goals do the nursing instructors prepare to meet in the post-clinical conference?

Table 11

Significance of This Stated Nursing Literature Goal to the Clinical Instructor in Their Ranking of This Goal for the Post-Clinical Conference—Categories

Goal	Associate Degree Nursing ^a		Baccalaureate Degree Nursing ^b	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
I. Integration of theory into practice				
Integrating clinical experiences into what has been learned	4.79	0.44	4.78	0.47
Integrating theory with practice	4.83	0.40	4.70	0.46
II. Advanced thinking skills				
Applying knowledge	4.68	0.49	4.70	0.57
Facilitating higher-level reasoning skills	4.67	0.47	4.71	0.62
Problem solving	4.62	0.49	4.73	0.57
III. Discussion				
Facilitating group discussion/ collaboration	4.69	0.49	4.67	0.52
Sharing of information	4.57	0.60	4.68	0.63
Discuss working with other healthcare disciplines	4.23	0.75	4.25	0.82
A forum for therapeutic communication skills	4.22	0.79	4.18	0.90
IV. Personal growth				
Developing student self-confidence	4.58	0.56	4.66	0.48
Taking responsibility for one's actions in the clinical setting	4.54	0.77	4.62	0.63
A time to experience a wide variety of experiences	4.50	0.71	4.53	0.68
Time for affective experiences	4.26	0.73	4.23	0.82
The identification of individual learning needs	3.88	0.95	3.92	1.06

Table 11—Continued.

Goal	Associate Degree Nursing ^a		Baccalaureate Degree Nursing ^b	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
V. Role of the registered nurse				
A nursing value system	4.47	0.62	4.54	0.76
Learning the role of the nurse	4.43	0.67	4.47	0.68
Shaping the professional identity of the beginning nurse	4.27	0.76	4.48	0.71
Reviewing nursing care	4.33	0.79	4.35	0.75
Nursing socialization skills	4.47	0.62	4.54	0.77

^a*n*=90. ^b*n*=79.

Table 12

Multivariate Testing of Significance of Stated Nursing Literature Goals to the Clinical Instructor in Their Ranking of This Goal for the Post-Clinical Conference—Categories

Category	<i>t</i>	<i>f</i>	Hypothesis <i>df</i>	Error <i>df</i>	<i>p</i>	Partial eta squared
I. Theory into practice	.032	2.658	2.000	166.00	.073	.031
II. Advanced thinking skills	.013	0.721	3.000	165.00	.541	.013
III. Discussion	.014	0.557	4.000	164.00	.694	.013
IV. Personal growth	.008	0.268	5.000	163.00	.930	.008
V. Role of the nurse	.044	1.429	5.000	163.00	.216	.042

The purpose of research question 4 was to determine a ranking of goal preparation for introduction in the post-clinical conference by both groups of nurses. Table 13 presents data from responses to research question 4, utilizing descriptive statistics.

In this question, both groups of nurses, ADN and BSN, were asked to rank order the 19 post-clinical conference goals in relation to their perceived importance of preparing for them to be presented in the post-clinical conference. To determine the occurrence of preparation for each post-clinical conference goal, the subject was asked to rate it along a 5-point Likert-type scale (5=*very often*, 4=*frequently*, 3=*neutral*, 2=*occasionally*, 1=*rarely*).

Using a cut-off mean score of 4.0, individually and combined, the data indicated that for both groups, 14 of the 19 stated literature goals were prepared for *very often* or *frequently* for the post-clinical conference. Of these 14 goals, only 3 scored a combined mean score of 4.5 or greater. These 3 goals were (a) *Sharing of information*, (b) *Facilitating group discussion/collaboration*, and (c) *Integrating theory with practice*.

Five goals were rated by both groups with a combined mean of less than 4.0. Ranked in decreasing order, they were (a) *Time for affective experiences*, (b) *A forum for therapeutic communication skills*, (c) *Discuss working with other healthcare disciplines*, (d) *Nursing socialization skills*, and (e) *The identification of individual learning needs*.

Research Question 5

Are there significant differences in the preparation of goals for the post-clinical conference between the two types of programs?

Table 13

A Ranking of the Preparation for Introducing Goals Into the Post-Clinical Conference

Goal	ADN and BSN combined ^a	
	<i>M</i>	<i>SD</i>
Sharing of information	4.54	0.63
Facilitating group discussion/collaboration	4.53	0.63
Integrating theory with practice	4.50	0.67
Integrating clinical experience into what has been learned	4.48	0.71
Applying knowledge	4.44	0.70
A time to experience a wide variety of experiences	4.34	0.83
Developing student self-confidence	4.31	0.76
Problem solving	4.30	0.81
Facilitating higher-level reasoning skills	4.28	0.73
Taking responsibility for one's actions in the clinical setting	4.18	0.95
A nursing value system	4.12	0.91
Learning the role of the nurse	4.25	0.80
Reviewing nursing care	4.15	0.83
Shaping the professional identity of the beginning nurse	4.00	0.95
Time for affective experiences	3.92	0.91
A forum for therapeutic communication skills	3.90	0.99
Discuss working with other healthcare disciplines	3.88	0.98
Nursing socialization skills	3.77	0.98
The identification of individual learning needs	3.47	1.10

^a*n*=180.

Null Hypothesis 5: There are no significant differences in the preparation of goals for the post-clinical conference between the two types of programs.

Table 14 presents means and standard deviations for each of the 19 goals in the previously identified five categories.

To determine if there is a difference between ADN and BSN faculty in each of the five categories, a multivariate analysis of variance (MANOVA), Hotelling's Trace, was performed at $\alpha=0.05$. The results are shown in Table 15.

The results show that there were no statistical differences between the two groups of faculty on linear combination of the preparation of introducing goals into the post-clinical conference in three of the five categories. The categories with no statistical differences were (a) *Integration of theory into practice*, (b) *Advanced thinking skills*, and (c) *Personal growth*.

Multivariate differences were found between the two groups of nurses in two categories. The categories were (a) *Discussion* and (b) *Role of the registered nurse*.

To determine which specific goals in the two categories the groups of nurses differed on, follow-up univariate analysis was conducted. The level of significance was adjusted using the Bonferroni procedure to control for type-I error of inflation. In the category *Discussion*, BSNs ($M=4.72$, $SD=0.58$) had a significantly higher frequency ($F_{(1,167)}=9.45$, $p=0.002$) of preparation than did ADNs ($M=4.41$, $SD=0.72$) for the goal *Sharing of information*.

The second goal with a significant difference was in the category *The role of the registered nurse*. BSNs ($M=4.32$, $SD=0.91$) had a significantly higher frequency

Table 14

Significance of This Stated Nursing Literature Goal to the Clinical Instructor in Their Ranking of Preparing This Goal for Introduction Into the Post-Clinical Conference—Categories

Goal	Associate Degree Nursing ^a		Baccalaureate Degree Nursing ^b	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
I. Integration of theory into practice				
Integrating theory with practice	4.52	0.71	4.47	0.64
Integrating clinical experiences into what has been learned	4.44	0.69	4.52	0.81
II. Advanced thinking skills				
Applying knowledge	4.37	0.77	4.56	0.68
Problem solving	4.26	0.92	4.47	0.80
Facilitating higher-level reasoning skills	4.21	0.74	4.46	0.71
III. Discussion				
Sharing of information	4.41	0.72	4.72	0.58
Facilitating group discussion/ collaboration	4.39	0.70	4.62	0.58
Discuss working with other healthcare disciplines	3.89	0.97	3.96	1.08
A forum for therapeutic communication skills	3.76	0.99	4.08	1.08
IV. Personal growth				
A time to experience a wide variety of experiences	4.29	0.88	4.44	0.84
Developing student self-confidence	4.18	0.79	4.42	0.70
Taking responsibility for one's actions in the clinical setting	4.16	0.94	4.25	1.03
Time for affective experiences	3.87	0.97	4.11	0.97
The identification of individual learning needs	3.47	1.17	3.57	1.20

Table 14—Continued.

Goal	Associate Degree Nursing ^a		Baccalaureate Degree Nursing ^b	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
V. Role of the registered nurse				
Learning the role of the nurse	4.17	0.75	4.32	0.90
Reviewing nursing care	4.09	0.93	4.34	0.85
A nursing value system	4.01	0.91	4.32	0.90
Shaping the professional identity of the beginning nurse	3.79	0.97	4.32	0.91
Nursing socialization skills	3.61	1.01	4.00	0.99

^a*n*=90. ^b*n*=79.

Table 15

Multivariate Testing of Significance of Stated Nursing Literature Goals to the Clinical Instructor in Their Preparation of This Goal for the Post-Clinical Conference—Categories

Category	<i>t</i>	<i>f</i>	Hypothesis <i>df</i>	Error <i>df</i>	<i>p</i> *	Partial eta squared
I. Theory into practice	.010	0.846	2.000	166.00	.431	.010
II. Advanced thinking skills	.033	1.815	3.000	165.00	.146	.032
III. Discussion	.078	3.217	4.000	164.00	.014*	.073
IV. Personal growth	.035	1.132	5.000	163.00	.345	.034
V. Role of the nurse	.087	2.828	5.000	163.00	.018*	.080

**p*<0.05.

($F_{(1,167)}=13.206, p=0.000$) of preparation than did ADN's ($M=3.79, SD=0.97$) for the goal *Shaping the professional identity of the beginning nurse*.

Research Question 6

To what degree is there a discrepancy between the importance given to and level of preparation of goals in the two types of programs?

Null Hypothesis 6: There is no difference between the means of importance and preparation in meeting the goals in the two types of programs.

Tables 16 and 17 present data for research question 6. The results for this question are presented as a correlation between the manner in which ADN's and BSN's, as separate groups, view the significance (importance) of identified nursing literature goals of the post-clinical conference and the occurrence (frequency) of preparation to introduce them into the post-clinical conference.

To determine if there were differences between significance and occurrence for the ADN and BSN programs, a paired-samples test (paired t test) with Bonferroni adjustment was conducted. Therefore, statistical significance was set at $0.05/19$, which is approximately 0.002.

For research question 6, the hypothesis being tested is for each goal even though the goals are grouped in their categories. The results are shown in Table 16 for the ADN's and in Table 17 for the BSN's. Therefore, 19 hypotheses were separately tested for each group.

The results in Table 16 reveal that, for ADN's, 18 of the 19 goals were statistically significant. This means that there was a significant difference between perceived significance and occurrence of preparation for these goals to be presented in the post-

Table 16

Paired Samples Statistics Determining to What Degree There Is a Discrepancy Between Significance (Importance) and Occurrence (Preparation) in the Two Types of Programs—Associate Degree

Goal	Associate Degree Nursing (n=94)			
		M	SD	paired t p*
I. Integration of theory into practice				
Integrating theory with practice	S:	4.83	0.41	
	O:	4.52	0.71	4.56 .000*
Integrating clinical experiences into what has already been learned	S:	4.78	0.44	
	O:	4.48	0.64	4.96 .000*
II. Advanced thinking skills				
Applying knowledge	S:	4.68	0.49	
	O:	4.38	0.76	4.32 .000*
Facilitating higher-level reasoning skills	S:	4.66	0.47	
	O:	4.20	0.77	5.97 .000*
Problem solving	S:	4.62	0.49	
	O:	4.23	0.87	4.68 .000*
III. Discussion				
Facilitating group discussion/collaboration	S:	4.69	0.49	
	O:	4.43	0.66	4.12 .000*
Sharing of information	S:	4.56	0.58	
	O:	4.43	0.71	2.23 .028
An opportunity to discuss working with other healthcare disciplines	S:	4.28	0.71	
	O:	3.85	0.93	5.48 .000*
Providing a forum for therapeutic communication skills	S:	4.21	0.76	
	O:	3.81	0.98	5.74 .000*

Table 16—Continued.

Goal	Associate Degree Nursing (n=94)			
		<i>M</i>	<i>SD</i>	paired <i>t</i> <i>p</i> *
IV. Personal growth				
Taking responsibility for one's actions in the clinical setting	S:	4.60	0.71	
	O:	4.15	0.90	5.90 .000*
Providing a time to experience a wider variety of experiences	S:	4.50	0.70	
	O:	4.30	0.87	3.39 .001*
Developing student self-confidence	S:	4.58	0.54	
	O:	4.22	0.75	5.73 .000*
Providing time for affective experiences	S:	4.24	0.69	
	O:	3.81	0.93	5.74 .000*
The identification of individual learning needs	S:	3.87	0.94	
	O:	3.43	1.09	5.62 .000*
V. Role of the registered nurse				
Developing a nursing value system	S:	4.48	0.62	
	O:	4.02	0.90	6.06 .000*
Learning the role of the nurse	S:	4.41	0.68	
	O:	4.18	0.74	3.71 .000*
Reviewing nursing care	S:	4.33	0.80	
	O:	4.08	0.90	3.95 .000*
Shaping the professional identity of the beginning nurse	S:	4.29	0.73	
	O:	3.81	0.97	6.37 .000*
Developing nursing socialization skills	S:	4.02	0.80	
	O:	3.61	1.00	5.44 .000*

Note. S=Significance, O=Occurrence.

* $p < .002$.

Table 17

Paired Samples Statistics Determining to What Degree There Is a Discrepancy Between Significance (Importance) and Occurrence (Preparation) in the Two Types of Programs—Baccalaureate Degree

Goal	Baccalaureate Degree Nursing (n=86)			
		M	SD	paired t p*
I. Integration of theory into practice				
Integrating clinical experiences into what has already been learned	S:	4.78	0.44	
	O:	4.48	0.79	4.19 .000*
Integrating theory with practice	S:	4.71	0.48	
	O:	4.47	0.64	3.52 .001*
II. Advanced thinking skills				
Problem solving	S:	4.71	0.52	
	O:	4.37	0.76	5.03 .000*
Facilitating higher-level reasoning skills	S:	4.70	0.57	
	O:	4.37	0.68	5.54 .000*
Applying knowledge	S:	4.66	0.50	
	O:	4.50	0.62	2.93 .004
III. Discussion				
Facilitating group discussion/collaboration	S:	4.69	0.52	
	O:	4.65	0.57	0.65 .516
Sharing of information	S:	4.64	0.59	
	O:	4.66	0.52	-0.33 .739
An opportunity to discuss working with other healthcare disciplines	S:	4.23	0.74	
	O:	3.92	1.02	3.78 .000*
Providing a forum for therapeutic communication skills	S:	4.18	0.84	
	O:	3.99	0.99	2.43 .017

Table 17—Continued.

Goal	Baccalaureate Degree Nursing (n=86)			
	<i>M</i>	<i>SD</i>	paired <i>t</i>	<i>p</i> *
IV. Personal growth				
Developing student self-confidence	S:	4.69	0.47	
	O:	4.40	0.76	3.82 .000*
Taking responsibility for one's actions in the clinical setting	S:	4.57	0.07	
	O:	4.20	1.00	4.24 .000*
Providing a time to experience a wider variety of experiences	S:	4.51	0.62	
	O:	4.39	0.78	1.75 .000*
Providing time for affective experiences	S:	4.21	0.75	
	O:	4.04	0.88	2.90 .005
The identification of individual learning needs	S:	3.87	1.00	
	O:	3.50	1.11	4.77 .000*
V. Role of the registered nurse				
Developing a nursing value system	S:	4.48	0.61	
	O:	4.52	0.71	4.22 .000*
Reviewing nursing care	S:	4.27	0.65	
	O:	4.24	0.75	0.78 .438
Learning the role of the nurse	S:	4.45	0.60	
	O:	4.32	0.84	2.09 .039
Shaping the professional identity of the beginning nurse	S:	4.46	0.66	
	O:	4.21	0.90	3.30 .001*
Developing nursing socialization skills	S:	4.24	0.68	
	O:	3.95	0.92	4.23 .000*

Note. S=Significance, O=Occurrence.

* $p < .002$.

clinical conference. Eighteen goals were rated as significantly more important than they were prepared for. For ADNs the hypothesis was rejected for 18 of 19 goals.

For ADNs only 1 hypothesis of 19 was retained. For only one goal, *Sharing of information*, in the category *Discussion*, was the occurrence of preparation for introducing it into the post-clinical conference equal to its perceived significance.

The results in Table 17 reveal that, for BSNs, 12 of the 19 goals were statistically significant. This means that there was a significant difference between perceived significance and occurrence of preparation for these goals to be presented in the post-clinical conference. Twelve goals were rated as significantly more important than they were prepared for. For BSNs the hypothesis was rejected for 12 of 19 goals.

For BSNs seven hypotheses were retained. For seven goals the occurrence of preparation for introducing them into the post-clinical conference was equal to their perceived significance.

The retained hypotheses were for the goal *Applying knowledge* in the category *Advanced thinking skills/critical thinking*. In the category *Discussion*, the goals were (a) *Facilitating group discussion/collaboration*, (b) *Sharing information*, and (c) *Providing a forum for therapeutic communication skills*. In the category *Personal growth*, the goal not rejected was *Providing time for affective experiences*. Lastly, in the category *The role of the registered nurse*, two goals were found retained, and they were (a) *Reviewing nursing care*, and (b) *Shaping the professional identity of the beginning nurse*.

Research Question 7

What is the rationale for conducting the post-clinical conference?

For question 7, two groups of nurses, ADN and BSN, were asked to rate their rationale for conducting the post-clinical conference. For each rationale the subject was asked to rate it along a 5-point Likert-type scale (5=*strongly agree*, 4=*agree*, 3=*neutral*, 2=*disagree*, and 1=*strongly disagree*). The results are listed in Table 18 in ranked order utilizing descriptive statistics combining both groups' responses to the same rationale.

The data indicate that of the eight rationales for holding the post-clinical conference, only two had group means above 4.0. These rationales, in descending order of prioritization, were (a) *A connection between didactic and what is learned in clinical* and (b) *Post-clinical conferences are necessary*.

Table 18

Rationale for Conducting the Post-Clinical Conference

Rationale	ADN and BSN combined ^a	
	<i>M</i>	<i>SD</i>
A connection between didactic and what is learned in clinical	4.56	0.63
PCCs are necessary	4.44	0.68
The PCC is as important as the theory class	3.92	0.99
A time of equal student-teacher discussion	3.74	1.13
A time of student-dominated discussion	3.28	1.26
Provide didactic that there was not time for in classroom	2.40	1.14
The PCC is more important than a didactic/theory class	2.31	0.78
A time of teacher-dominated discussion	1.72	0.56

^a*n*=180.

The data indicating the two lowest-rated rationales for conducting the post-clinical conference fall into the *disagree* and *strongly disagree* ratings areas. For the rationale *The post-clinical conference is more important than a didactic/theory class*, the combined group mean was less than neutral ($M=2.31$ and $SD=0.78$). The data indicate an even lower rationale from both groups for the goal *A time of teacher-dominated discussion* ($M=1.72$ and $SD=0.56$).

Research Question 8

Are there significant differences in the rationale for holding post-clinical conferences in the two types of programs?

Null Hypothesis 8: There are no significant differences between the means in the rationale for conducting post-clinical conferences in the two types of programs.

The mean and standard deviation for each rationale by category and by group are presented in Table 19. As was pointed out earlier, using a cut-off mean of 4.0, two rationales were rated as *strongly agree* and *agree* by both groups of nurses: (a) *A connection between didactic and what is learned in clinical* and (b) *Post-clinical conferences are necessary*.

To determine if there is a difference between ADN and BSN faculty in the three categories of rationale, a multivariate analysis of variance (MANOVA), Hotelling's Trace, was performed at $\alpha=0.05$. The results are seen in Table 20.

The results show that there were no statistical differences between the two groups of faculty on the linear combination of the rationale for two of the three categories. The categories with no statistical differences were (a) *Role of discussion* and (b) *Importance*.

Table 19

The Rationale for Holding Post-Clinical Conferences in the Two Types of Programs—Categories

Rationale	Associate Degree Nursing ^a		Baccalaureate Degree Nursing ^b	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
I. Role of discussion				
Equal student-teacher discussion	3.73	1.14	3.76	1.08
Student-dominated discussion	3.31	1.25	3.30	1.30
Teacher-dominated discussion	1.81	0.58	1.68	0.69
II. Importance				
Post-clinical conferences are necessary	4.33	0.69	4.54	0.66
Post-clinical conferences are as important as the theory class	3.78	0.99	4.00	1.01
Post-clinical conferences are as important as a theory class	2.22	0.73	2.38	0.85
III. Relationship to theory				
A connection between didactic and what is learned in clinical	4.48	0.62	4.59	0.63
Provide didactic that there was not time for in the classroom	2.19	1.05	2.63	1.21

^a*n*=90. ^b*n*=79.

Table 20

Multivariate Testing for the Rationale for Holding Post-Clinical Conferences in the Two Types of Programs

Category	<i>t</i>	<i>f</i>	Hypothesis <i>df</i>	Error <i>df</i>	<i>p</i> *	Partial eta squared
I. Role of discussion	.011	0.601	3.000	165.00	.615	.011
II. Importance	.035	1.951	3.000	165.00	.123	.034
III. Relationship to theory	.045	3.761	2.000	166.00	.025*	.043

* $p < .05$.

Multivariate differences were found between the two groups of nurses in one category: *Relationship to theory*. To determine which specific goals in this category the groups of nurses differed about, follow-up univariate analysis was conducted. Again, the level of significance was adjusted using the Bonferroni procedure to control for type-I error of inflation. This analysis indicated that BSNs ($M=2.63$, $SD=1.21$) rated significantly ($F_{(1,167)}=8.30$, $p=0.012$) higher than did ADNs ($M=2.19$, $SD=1.05$) on the rationale *Provide didactic that there was not time for in the classroom*.

Research Question 9

How prepared are nurses to hold the post-clinical conference?

The purpose of research question 9 is to identify the degree of preparation for the post-clinical conference of the faculty from the ADN and BSNs. Table 21 presents data from responses to research question 9 utilizing descriptive statistics.

In this question, both groups of nurses, ADN and BSN, were asked to rate their post-clinical conference preparation. For each preparation inquiry, the subject was asked

Table 21

Preparation for Holding the Post-Clinical Conference

Preparation	ADN ^a and BSN ^b combined ^c	
	<i>M</i>	<i>SD</i>
I feel well prepared for each PCC	4.21	0.59
An incident occurs during clinical that is later referred to in the PCC	4.11	0.62
I am comfortable with the amount of time devoted to preparing for the PCC	4.01	0.58
I frequently think of items for discussion during the clinical experience	3.77	0.68
Most topics discussed I think of during the immediate preceding clinical experience	3.51	0.82
PCC topics are communicated prior to the conference	3.17	1.16
I plan my PCC discussions as carefully as I plan my theory presentations	2.97	1.10
I frequently think of items for discussion during the commute to the clinical site	2.89	0.92
I arrive early to the PCC conference site and prepare it for the students' arrival	2.87	1.29
I develop a written plan for each PCC	2.69	1.19
I usually have too much material to cover during the PCC	2.67	0.83
If the PCC was evaluated by my supervisor I would put more effort into preparing	2.55	1.05

^a*n*=94. ^b*n*=86. ^c*n*=180.

to rate it along a 5-point Likert-type scale (5=*always*, 4=*most of the time*, 3=*occasionally*, 2=*rarely*, 1=*never*).

Using a cut-off mean score of 4.0, the data indicated that for both groups only 3 of the 12 preparation questions exceeded the score of 4.0. These scores were nearer to the response *most of the time* than to *always*. The preparation responses with a mean score of 4.0 or greater were (a) *I feel well prepared for each post-clinical conference*, (b) *An incident occurs during clinical that is later referred to in the post-clinical conference*, and (c) *I am comfortable with the amount of time devoted to preparing for the post-clinical conference*.

The data also indicated that 6 of the 12 preparation questions received a score of less than 3.0. A score of 3.0 was an indicator of preparing *occasionally* and a score of 2.0 indicates *rarely* preparing. These lower-rated responses in order of highest to lowest were (a) *I plan my post-clinical conference discussions as carefully as I plan my theory presentations*, (b) *I frequently think of items for discussion during the commute to the clinical site*, (c) *I arrive early to the post-clinical conference site and prepare it for the students' arrival*, (d) *I develop a written plan for each post-clinical conference*, (e) *I usually have too much material to cover during the post-clinical conference*, and (f) *If the post-clinical conference was evaluated by my supervisor, I would put more effort into preparing for it*.

Research Question 10

Are there significant differences in level of nurse preparation for the post-clinical conference between the two programs?

Null Hypothesis 10: There is no significant difference in preparation methods for the post-clinical conference between the two programs.

Table 22 presents data from responses to research question 10. In this table the preparation questions are the same but grouped in three categories.

To determine if there was a difference between ADN and BSN faculty a multivariate analysis of variance (MANOVA), Hotelling's Trace, was performed, and the results are seen in Table 23. The results show that, at $\alpha=0.05$, there was no statistical difference between the two groups of faculty on the linear combination of preparing for the post-clinical conference in all three categories.

Summary

Of the 438 surveys distributed, a total of 218 (49.77%) were returned. Of those returned from instructors who could conduct a post-clinical conference, 91% (180) indicated that they conduct a post-clinical conference. The study results consist of surveys from 96 ADNs and 84 BSNs. The most common time either an ADN or BSN instructor had been at their institution was 3 to 5 years. BSNs reported more often that they scheduled their post-clinical conferences for longer periods of time, met more frequently for the entire time scheduled, and began their conferences more often on time. Both groups of nurses provided a separate syllabus for the post-clinical conference, but the number from both groups of nurses who provided dates, times, or objectives for the post-clinical conference in their syllabus was similarly low.

Integration of theory into practice was frequently rated very high by both groups of nurses. Both groups ranked it as the (a) Second most important meaning of the post-

Table 22

Instructors' Preparation to Hold Post-Clinical Conferences in the Two Types of Nursing Programs—Categories

Preparation	Associate Degree Nursing ^a		Baccalaureate Degree Nursing ^b	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
I. Preparation				
I feel well prepared for each PCC	4.22	0.61	4.22	0.55
I am comfortable with the amount of time devoted to preparing for the PCC	4.01	0.65	4.03	0.51
I plan my PCC discussions as carefully as I plan my theory presentations	3.01	1.36	3.39	1.42
I usually have too much material to cover during the PCC	2.68	0.73	2.67	0.96
I develop a written plan for each PCC	2.51	1.13	2.89	1.24
II. Topic				
An incident occurs during clinical that is later referred to in the PCC	4.07	0.58	4.13	0.71
I frequently think of items for discussion during the clinical experience	3.84	0.58	3.73	0.76
Most topics discussed I think of during the immediate preceding clinical experience	3.59	0.76	3.49	0.93
I frequently think of items for discussion during the commute to the clinical site	2.94	0.80	2.87	1.16

Table 22—Continued.

Preparation	Associate Degree Nursing ^a		Baccalaureate Degree Nursing ^b	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
III. Communication				
PCC topics are communicated prior to the conference	3.07	1.08	3.19	1.26
If the PCC was evaluated by my supervisor I would put more effort into preparing	3.27	1.65	3.05	1.80
I arrive early to the PCC conference site and prepare it for the students' arrival	2.72	1.25	3.18	1.47

^a*n*=90. ^b*n*=79.

Table 23

Multivariate Testing for How Prepared Instructors Are to Hold Post-Clinical Conferences in the Two Types of Programs

Category	<i>t</i>	<i>f</i>	Hypothesis <i>df</i>	Error <i>df</i>	<i>p</i>	Partial eta squared
I. Preparation	.035	1.129	5.000	163.00	.35	.033
II. Topic	.015	0.608	4.000	164.00	.66	.015
III. Communication	.031	1.702	3.000	165.00	.17	.015

clinical conference, (b) Top ranked important goal of the post-clinical conference, (c) Third most important goal to be prepared for introduction in the post-clinical conference, and (d) Top ranked rationale for conducting the post-clinical conference. When both groups were independently analyzed by paired sample statistics to determine if the

occurrence of preparing to make a connection between theory and didactic in the post-clinical conference matched its perceived significance, neither group significantly prepared for it in accordance to their designated significance of it.

In identifying the meaning of the post-clinical conference, the ADNs' and BSNs' responses grouped into the same two top categories: (a) *Reflection/sharing/experiences* and (b) *Application of theory to practice and each had a separate category*, ADNs: *Student recognition/correction*, and BSNs: *Role of nursing*. In identifying what the post-clinical conference is not, their individual responses grouped into the same identified categories. The top category for both groups was *The post-clinical conference is not a time for classroom make-up*. But, when the rationale for the purpose of the post-clinical conference was analyzed, in the *Relationship to theory* category, the BSNs indicated a significantly higher use of the goal *Providing didactic that there was not time for in the classroom*.

Both groups identified 18/19 goals as important and of these 18 goals 11 were ranked as more than important, by a score of 4.5/5 or higher. The top two goals for both groups of nurses were (a) *Integrating clinical experience into what has been learned* and (b) *Integrating theory with practice*. The least important goal for both groups of nurses was *The identification of individual learning needs*.

For both groups of nurses, in ranking which goals were the most important to be prepared for introduction into the post-clinical conference only 3 goals were seen as important enough to be prepared for with a score of 4.5/5 or higher. The most important goal for preparation was *Sharing of information*. Both groups also had the same two lowest goals: (a) *Nursing socialization skills* and (b) *The identification of individual*

learning needs which match both groups' responses as the least important goals of the post-clinical conference.

When asked to identify the rationale for conducting the post-clinical conference, both groups ranked the goal *A connection between didactic and what is learned in clinical* as their number one rationale. Their second most important ranked rationale was *Post-clinical conferences are important*. When the rationales were grouped into categories and analyzed for significant differences, one difference was found in the category *Relationship to theory*. In this category, the goal *Provide didactic that there was not time for in the classroom*, the BSNs had a significantly higher rating for this rationale as a reason for the post-clinical conference than did the ADNs. When asked what the meaning of the post-clinical conference is not, both groups listed as the number one reason *Lecture/theory/classroom make-up*.

In identifying the nurse's own perceived personal preparation for the post-clinical conference the top ranked view, of both groups, was that the nurse: Felt well prepared for each post-clinical conference and the least selected response in regard to preparing for the post-clinical conference was that neither group would: Put more effort into preparing for it even if they were going to be evaluated by their supervisor. When the categories were analyzed for significant differences between the two groups, none were identified.

When each group's clinical nursing instructor's responses were analyzed separately, to the double-formatted questions, inquiring which goals are most significant for the post-clinical conference and then is their preparation for introducing this goal the same as its perceived significance, significant differences were found. The ADNs prepared for 1 goal in the same manner as they attributed it to significance, whereas, the

BSNs prepared for 7 goals in the same manner as they attributed them to significance.

The one goal both groups prepared for in relationship to its significance was *Sharing of information*, which was also the top rated goal in the combined ranking of which goals would the nurse prepare for first for introduction in the post-clinical conference.

When significant statistical differences were identified, BSNs were always higher. They had rankings that were higher in the preparation for introducing goals into the post-clinical conference and in rationale for holding the post-clinical conference. In addition, they prepared 7 goals in relationship to their perceived significance as compared to only 1 for the ADNs.

Chapter 5 will present the implications of findings, conclusion, and recommendations.

CHAPTER FIVE

SUMMARY

Purpose of the Study

The purpose of this study was to describe the most important goals, meaning, rationale, and preparation for the post-clinical conference by clinical nursing instructors in associate degree and baccalaureate degree programs. These instructors were from associate degree (ADN—2-year) and baccalaureate degree (BSN—4-year) nursing programs whose first-time candidates' NCLEX-RN pass rates for the academic/fiscal years 2004 and 2005 were equal to or greater than 5% of the national average for these 2 consecutive years.

Statement of the Problem

Nursing education is a complex combination of classroom and clinical instruction. The clinical portion is usually divided into the pre-clinical conference, direct care, and the post-clinical conference. Many goals are listed in the literature as learning outcomes for the post-clinical conference. What is not clear is which of these goals the clinical nursing instructor views as the most significant. How do they decide what to focus on? Without a focus, it is difficult to plan and to assure that the allocated time is used productively. No previous study has described the meaning, preparation, and rationale clinical nursing instructors attach to the post-clinical conference.

Theoretical Framework

Nursing consists of both theory and practice. Both of these come together in the clinical experience. It is during the clinical experience that nursing students participate in experiential learning. Experiential learning is learning by doing. This learning takes place in two important ways in the clinical environment. First, to experience the theory the student must participate in it. The clinical area, with its direct hands-on patient care component, allows this to happen. Second, to reinforce and solidify learning, it must be discussed. When done as the literature describes, this discussion allows for the sharing of information and reviewing of nursing care, for facilitating higher-level reasoning skills, and for the promotion of higher-level thinking. This in turn can lead to the development of problem-solving skills. All of these fit well with Kolb's experiential learning model and the use of the nursing process as suggested by Iwasiw and Sleightholm-Cairns (1990).

Knowles et al. (1998) state that "adults learn best when new information is presented in real-life context" (p. 146). The clinical components, such as direct hands-on patient care and the post-clinical conference, provide a real-life experience of connecting classroom learning to clinical experiences through experiential learning, discussion, and reflection.

Methodology

This study utilized an author-designed, self-administered survey based on goals of the post-clinical conference identified in the nursing literature. The survey was divided into seven sections. These sections were (a) *Demographic data*, (b) *Time committed to*

the post-clinical conference, (c) Use of syllabus, (d) Preparation for the post-clinical conference, (e) Rationale for the post-clinical conference, (f) Significance of goals and occurrence of goal preparation for the post-clinical conference in a double-question format, and one (g) Open-format question asking the meaning of the post-clinical conference. The survey contained a total of 70 questions. There was no attempt to put an even number of questions in each section. The literature review guided the type, placement, and number of questions in each section. Scales of measurement included nominal, ordinal, yes-no, and short-answer questions.

To be selected for participation in the research, nursing programs graduates were required to meet two primary criteria. First, each program's first-time candidates' NCLEX-RN pass rates were equal to or greater than 5% of the U.S. average. Second, this must have been accomplished over 2 consecutive years—2004 and 2005. These criteria were selected because it was felt that the clinical faculty in the nursing schools whose students achieved these pass rates may have viewed the post-clinical conference differently than faculty whose students did not score as high. Achieving these scores for 2 consecutive years reduced the possibility of the success rates being a chance occurrence.

A total of 210 associate degree and 114 baccalaureate degree schools were identified in nine states. Of the associate degree schools, 47 (22.3%) were identified as meeting the standard, and of the baccalaureate degree schools, 25 (22.5%) were identified. Of the associate degree schools, 22 were contacted, and of those 13 gave permission to be study sites. The faculty at all 13 schools were sent surveys. Of the baccalaureate degree schools, 19 were contacted, and 8 gave permission to be study sites. The faculty at all 8 schools were sent surveys.

A total of 175 ADN surveys were distributed to faculty members in 13 schools of nursing in the states of Arkansas, Georgia, Kentucky, Maryland, North Carolina, South Carolina, Oregon, and Texas. A total of 263 BSN surveys were distributed to faculty members in eight schools of nursing in the states of Arkansas, Georgia, Iowa, Maryland, and Texas. The total number of surveys distributed was 438, with a return of 218 (49.77%).

Findings

Of the 438 surveys distributed, a total of 218 (49.77%) were returned. Of those returned, 180 were included in the study. The usable percentage of surveys returned by ADNs was 53% and by BSNs was 33%. By a majority, both groups of nurses indicated that the most frequent length of time for instructing at their current institution was between 3 and 5 years. BSNs selected the time period of 46 to 60 minutes for conducting the post-clinical conference 23.3% more than the ADNs. The BSNs met for the entire 46- to 60-minute time-span 14.9% more than did the ADNs. More BSNs started their conferences on time than did the ADNs by 7.3%. The ADNs post-clinical conferences began late 10.4% more than did those of the BSNs.

Both groups of nurses were similar in that they provided a separate syllabus for the post-clinical conference, with ADNs at 69.1% and BSNs at 62.8%. When responding to the question of whether the dates and times for the post-clinical conference were listed in the syllabus, 69.1% of ADNs and 62.8% of BSNs replied in the negative. When asked whether objectives of the post-clinical conference were listed in this syllabus, 83% of ADNs and 74.4% of BSNs again replied in the negative.

Research Questions and Null Hypotheses

Research Question 1

What meanings are given by instructors for the post-clinical conference in the two types of nursing programs?

Replies to research question 1 came from both groups of nurses providing written responses to two questions. The questions, formatted in an open-ended style, were (a) *To me the post-clinical conference IS . . .* and (b) *To me the post-clinical conference IS NOT . . .*

For the question *To me the post-clinical conference IS . . .* nine categories were identified for each group of nurses from 141 ADN and 119 BSN responses. Prior to receiving the responses, no predetermined categories or category content was established. Categories and content were determined by reviewing each individual response, grouping like responses, and categorizing them according to wording. Prioritization was determined based on the number of like responses.

Although not in exact order, the collective responses from both groups were categorized into the same top six response categories. These categories were (a) *Reflection/sharing/experiences*, (b) *Application of theory to practice*, (c) *Debriefing/discussion*, (d) *A learning experience*, (e) *Teaching moments*, and (f) *An important time/event*. The top two identical categories for both groups of nurses were (a) *Application of theory to practice* and (b) *Reflection/sharing/experiences*.

For the second part of question 1—*To me the post-clinical conference IS NOT . . .*—eight total categories were identified from 102 ADN and 96 BSN responses. Six categories for ADNs and eight for BSNs were identified. Categories for what the

post-clinical conference *is not* were developed in the same manner as for what the post-clinical conference *is*.

Although not in exact order, the collective responses from both groups regarding what the post-clinical conference *is not* categorized into the same top six categories. These categories, in descending order, were (a) *Lecture/theory/classroom make-up*, (b) *An unproductive time*, (c) *A time for unprofessionalism/gripping/sharing of grievances/criticizing*, (d) *A social event*, (e) *Individual student focused*, and (f) *Instructor dominated*. The top three categories for both groups of nurses were identical: (a) *Lecture/theory/classroom make-up*, (b) *An unproductive time*, and (c) *A time for unprofessionalism/gripping/sharing of grievances/criticizing*. The two miscellaneous BSN categories identified were (a) *Structured* and (b) *Getting out of clinical early/start late*.

Research Question 2

What are the most important goals of the post-clinical conference?

In order to answer research question 2, the two groups of nurses ranked the 19 goals of the post-clinical conference according to their perceived importance. The combined ranking of importance was accomplished by utilizing mean and standard deviation.

ADNs and BSNs identified 11 of these goals as being closer to *very important* than *important*. The two most important goals of the post-clinical conference were (a) *Integrating clinical experience into what has been learned* and (b) *Integrating theory with practice*. Both groups selected the goal *Identification of individual learning needs* as the least important of the post-clinical conference.

Research Question 3

Are there significant differences in the importance of goals between the two types of programs?

Null Hypothesis: There are no significant differences in the importance of goals between the two types of programs.

For a more in-depth statistical analysis of the 19 goals, they were grouped into five categories: (a) *Integration of theory into practice*, (b) *Advanced thinking skills*, (c) *Discussion*, (d) *Personal growth*, and (e) *Role of the registered nurse*.

The data indicated that in all five categories there were no significant differences in how ADN and BSNs rated the importance of stated nursing literature goals in their preparation for the post-clinical conference. The null hypothesis was retained.

Research Question 4

What goals do the nursing instructors prepare to meet in the post-clinical conference?

For research question 4, both groups of nurses were asked to rate, in rank order, their preparation to present the 19 identified post-clinical conference goals. The goal most identified as prepared for by both groups was *Sharing of information*. The second most important goal to prepare for was *Facilitating group discussion/collaboration*, which was ranked as the third most important goal of the post-clinical conference. The third and fourth most prepared-for goals were (a) *Integrating theory with practice* and (b) *Integrating clinical experience into what has been learned*. The least prepared-for goal was *Identification of individual learning needs*.

Research Question 5

Are there significant differences in the preparation of goals for the post-clinical conference between the two types of programs?

Null Hypothesis: There are no significant differences in the preparation of goals for the post-clinical conference in the two types of programs.

To provide for a more in-depth statistical analysis, the 19 goals were divided into the same five categories as for research question 3. The data indicated that in three of the five occurrence categories—(a) *Integration of theory into practice*, (b) *Advanced thinking skills*, and (c) *Personal growth*—there was no significant difference in how ADN and BSNs prepared to introduce these categories in the post-clinical conference. Therefore, for these three categories the null hypothesis was retained.

In two categories—(a) *Discussion* and (b) *Role of the registered nurse*—the null hypothesis was rejected. In these two categories there was a significant difference in how ADN and BSNs rated themselves on preparation to introduce certain of these goals into the post-clinical conference. In the category *Discussion*, BSNs indicated they prepared to introduce the goal *Sharing of information* more often than did the ADNs. In the category *The role of the registered nurse*, BSNs also indicated they prepared more to introduce the goal *Shaping the professional identity of the beginning nurse* than did the ADNs.

Research Question 6

To what degree is there a discrepancy between importance given to and level of preparation of goals in the two types of programs?

Null Hypothesis: There is no difference between the means of importance given to and preparation in meeting the goals in the two types of programs.

For research question 6, the 19 literature-identified post-clinical conference goals were again categorized into their five categories as mentioned in research question 3. Research question 6 was a correlation between the manner in which ADNs and BSNs viewed the significance (importance) of a post-clinical conference goal and their occurrence (preparation) in preparing to introduce it into the post-clinical conference. The data compared the mean scores of paired-samples statistics for each group of nurses separately, determining to what degree there was a discrepancy between significance and occurrence for preparing to introduce the literature-identified post-clinical conference goals.

For ADNs the data indicated that in four complete categories—(a) *Integration of theory into practice*, (b) *Advanced thinking skills*, (c) *Personal growth*, and (d) *Role of the registered nurse*—the null hypothesis was rejected. For these four categories the nurses did not prepare for the goals to the same level as their perceived significance of them indicated. There was a significant difference in how ADNs rated the significance of the literature goals and their occurrence of preparation for them. In other words, the ADNs' occurrence of preparing to introduce 18 of the 19 goals in the post-clinical conference was not carried out to the same degree as they deemed them significant (important).

In only one category, *Discussion*, and in only one goal, *Sharing of information*, was the null hypothesis retained. The nurses prepared for this goal to a level that matched its level of significance.

For BSNs the data indicated that for only one complete category, *Integration of theory into practice*, was the null hypothesis rejected. In this category the nurses'

occurrences of preparation of the goals was not to the same degree as they deemed them significant. In the remaining four categories—(a) *Advanced thinking skills*, (b) *Discussion*, (c) *Personal growth*, and (d) *Role of the nurse*—BSNs indicated their occurrence of preparation for 7 of the identified 19 goals was to the same level that matched the perceived significance of the goal.

The goals and the categories in which they are found for which the BSNs' occurrence of preparation matched their perceived goal significance are described. In the category *Advanced thinking skills*, the goal *Applying knowledge* was prepared for in a similar manner as its perceived significance. In the category *Discussion*, the goals were (a) *Facilitating group discussion/collaboration*, (b) *Sharing of information*, and (c) *Providing a forum for therapeutic communication skills*. The category *Personal growth* had only the goal *Providing time for affective experiences*. In the category *Role of the registered nurse*, for the two goals (a) *Reviewing nursing care* and (b) *Shaping the professional identity of the beginning nurse* occurrences of preparation were carried out at the same level as their perceived significance.

The responses identified seven significant goals with matching occurrence of preparation for the BSNs and only one for the ADNs. Both groups agreed that in the category *Discussion*, their occurrence of preparation for the goal *Sharing of information* was done to a level matching their perceived significance of it. The one category in which the null hypothesis was rejected for both groups was *Integration of theory into practice*, consisting of the goals (a) *Integrating theory with practice* and (b) *Integrating clinical experiences into what has already been learned*.

Research Question 7

What is the rationale for conducting the post-clinical conference?

For research question 7, both groups of nurses were asked to rate, in rank order, their rationale for conducting the post-clinical conference. Both groups were in agreement that the two primary rationales for conducting the post-clinical conference were (a) *To make a connection between didactic and what was learned/observed in clinical* and (b) *Post-clinical conferences are necessary*.

Research Question 8

Are there significant differences in the rationale for holding post-clinical conferences in the two types of programs?

Null Hypothesis: There are no significant differences between the means in the rationale for conducting post-clinical conferences in the two types of programs.

To obtain a greater in-depth statistical analysis, the eight reasons for holding the post-clinical conference were divided into three categories. The categories were (a) *Role of discussion*, (b) *Importance*, and (c) *Relationship to theory*. The data indicated that in two of the categories—(a) *Role of discussion* and (b) *Importance*—there was no significant difference in the rationale for holding the post-clinical conference between the two groups of nurses. Therefore, the null hypothesis was retained.

In one category, *Relationship to theory*, there was a significant difference and the null hypothesis was rejected. In this category, the BSNs indicated to a higher level than the ADNs that the rationale for holding the post-clinical conference was (a) *To make a connection between didactic and what was learned/observed in clinical* and (b) *To provide didactic material that there was not time for in the classroom*.

Research Question 9

How prepared are nurses to hold the post-clinical conference?

For research question 9, both groups of nurses were asked to rate, in rank order, their preparation for conducting the post-clinical conference. This preparation is related to the process of conducting the post-clinical conference rather than directly preparing to present any of the literature-listed goals, as was the focus of research questions 4, 5, and 6.

In responding, both groups of nurses agreed in rank order that they consider themselves (a) *Well prepared for each post-clinical conference*, and that (b) *An incident occurs during clinical that is later referred to in the post-clinical conference* and (c) *They are comfortable with the amount of time devoted to preparing for the post-clinical conference*.

On the other end of the spectrum, both groups also agreed in rank order that they rarely or never (a) *Have too much material to cover during the post-clinical conference* or (b) *If the post-clinical conference was evaluated by their supervisor, they would put more effort into preparing*.

Research Question 10

Are there significant differences in level of nurse preparation for the post-clinical conference between the two programs?

Null Hypothesis: There are no significant differences in preparation methods for the post-clinical conference between the two programs.

To explore for a significant difference in preparation among the two groups, the data were divided into three categories: (a) *Preparation*, (b) *Topic*, and (c)

Communication. The data indicated that in all three categories there was no significant difference in how ADNs and BSNs describe their preparation for the post-clinical conference. The null hypothesis was retained.

Discussion of Findings

The Post-Clinical Conference Is Relevant for Both Types of Nursing Programs

Both groups of nurses indicated that the topic of this study is important through their affirmative responses to the survey question *Post-clinical conferences are necessary*. Their declaration that post-clinical conferences are necessary is supported by the finding that nowhere in the nursing literature was an author found who wrote that the post-clinical conference is not necessary. O'Connor (2006), Hsu (2007), and Stokes and Kost (2009) describe the importance of the post-clinical conference to the curriculum and that it is the responsibility of the clinical nursing instructors to conduct them.

Even though the implementation of clinical conferences originated in the associate degree nursing curriculum (Matheney, 1969), no literature indicates the post-clinical conference is more appropriate for ADNs or BSNs. The goals for the post-clinical conference and the methods identified in achieving them are applicable to both nursing programs. This is supported by Nelson (2002) who explains that there are no clearly defined roles of the ADN or BSN for initial entry into practice and both groups of nurses take the same NCLEX-RN. The findings from this study support these premises. In the findings, the ADNs and BSNs were remarkably similar in their identification of the meaning of the post-clinical conference, their descriptions of what the post-clinical conference is not, their ranking of the importance of the 19 goals of the post-clinical

conference, and their own perceived preparation for conducting the post-clinical conference. These findings indicate that when the post-clinical conference is described, both groups of nurses view it similarly and carry out many of the same processes to make it successful.

Integration of Theory Into Practice

Both groups of nurses ranked integration of theory into practice in the post-clinical conference as important. When this importance was analyzed statistically, neither group's occurrence of preparing to introduce it into the post-clinical conference matched their perceived significance of it. This may be attributable to the clinical nursing instructor's need to identify appropriate patients for the students to provide care to, based upon connecting theory to clinical and meeting classroom objectives, then preparing to make this connection in the post-clinical conference. In other words, matching patients' needs to current classroom content and allowing the student to engage in a concrete experience with active experimentation may be more important to the clinical nursing instructors than preparing for reflective observation and abstract conceptualization in the post-clinical conference. Engaging in concrete experiences with active experimentation also enables the student to meet their need to know certain concepts, engage in problem solving in relationship to why they need to know it, and to practice it in a real-life setting. It can be difficult to prepare for the latter two components of experiential learning, reflective observation and abstract conceptualization, if it is unknown whether the patient population will support this type of discussion during a specific post-clinical conference.

BSN Results

Why the BSNs allotted more time for their post-clinical conferences, began more frequently on time, began fewer conferences late, and conducted more of their post-clinical conferences for the complete amount of time is unknown. What it may indicate is that the BSNs innately perceive something of value in the amount of time given to the post-clinical conference that the ADN's do not or they may have better time-management skills.

In response to the question *To me the post-clinical conference is*, the BSNs' responses articulated a category the ADN's did not: *Role of nursing*. This may be attributable to the philosophy of the BSNs that they are educating professional nurses and one of several venues in which this philosophy can be emphasized is the post-clinical conference. In the responses that made up this category, three of them referred to the word *profession*. The BSNs had a significantly higher frequency of preparation for the goal *Shaping the professional identity of the beginning nurse*. This difference may be due to the identified different educational philosophies of the two programs: BSN a professional degree and the ADN as a technical degree. What is interesting is that more BSNs did not respond in this manner or ADN's responses did not articulate into this same category, because both groups of nurses emphasize professional behavior characteristics for their students.

Both groups of nurses ranked the goal *Sharing of information* for preparation for the post-clinical conference as closer to *very often* than *frequently*. When analyzed statistically, the BSNs had a significantly higher frequency of preparation for it than the ADN's. For the BSNs, preparing more than the ADN's to share information in the post-

clinical conference can reflect back on the BSNs holding their post-clinical conferences longer, beginning more frequently on time, and utilizing the entire conference time. The BSNs may, unknowingly, be placing more importance on this time period than are the ADNs.

In identifying the rationale for holding the post-clinical conference, the BSNs were more inclined to provide didactic that there was not time for in the classroom. This is interesting, because when asked to answer the question *To me the post-clinical conference IS NOT*, both groups clearly indicated that the post-clinical conference is not *Lecture/theory/classroom make-up*. The significant difference by the BSNs may be attributed to the fact that some of the BSNs have so much material that the only way they feel they can get it all in is to use the post-clinical conference to supplement the classroom. Or, they may feel that exceptions can and may need to be made based upon the day's clinical experiences and the students' reactions in clinical.

When a goal's significance for the post-clinical conference was correlated with the occurrence of preparation for introducing the goal into the post-clinical conference, the BSNs prepared 7/19 goals in relationship to their perceived significance, as compared to the ADNs' 1/19. The idea of a goal being significant, but not preparing for it, matches the findings of Infante (1975). In her study, she identified 14 goals for the clinical experience. Nursing faculty who responded to Infante's study identified all 14 goals as important for the clinical experience. She found that "a generally low percentage of the respondents who expressed a belief in the laboratory concept actually practiced this concept in their clinical teaching" (Infante, 1975, p. 81). Both Infante and I found that clinical nursing instructors have a strong belief in what should occur in the clinical and

post-clinical conference environments. Even with this belief, they do not prepare in like manner. This lack of preparation may be related to the fact that both groups of nurses identified the post-clinical conference as important as the theory class but not more important than the classroom. With the classroom being more visible and tangible as compared to the fluidity of clinical and the post-clinical conference, this may be a reason why both groups do not or cannot prepare to match their stated significance.

There was only one finding for the perceived significance of a goal and occurrence of its preparation that correlated for both groups of nurses. This goal was *Sharing of information*, in the category *Discussion*. This is a repeat of both groups identifying *Sharing of information* as their topped ranked goal to be prepared for introduction in the post-clinical conference. This shows that, for both groups of nurses, the idea of sharing is important. This sharing is done in a discussion format, and sharing comes from everyone attending the post-clinical conference: instructor and students alike. It can also be viewed as an indicator of the clinical nursing instructor's desire for the students to acquire new information in the post-clinical conference. Or, it can be part of the importance of finding patients who meet the needs of the students for a specific clinical experience.

When five of the remaining goals are reviewed, where the BSNs were significantly different from the ADNs, they all have an element of completion that requires discussion to meet the goal. This is again attributable to the curriculum of the BSNs integrating more discussion into it than the ADNs. This difference in the amount of preparation might also be attributable to the BSNs coming from a more academic environment where they spend more time preparing overall.

The last goal in which the BSNs scored significantly higher than the ADNs was: *Learning the role of the nurse*. Again, this may be attributable to the perceived roles of both groups of nurses, BSNs professional and ADNs technical, and curriculum components which support this philosophy.

ADN Results

The one area ADNs scored higher than BSNs was in percentage of returned surveys, 53% to 33%. This is may be attributable to a number of reasons. First, ADNs may have a desire to learn more about the post-clinical conference and/or they have a stronger desire to improve their own conferences. Another reason why more ADNs returned the surveys may be because, as a whole, they are not involved in research as frequently as the BSNs and, when given the opportunity, returned more surveys as a recognition of being included and having the opportunity to contribute to the nursing profession. Also, most of the BSN programs which participated were at the university level which included baccalaureate, master's, and some doctorate programs from which they are frequently exposed to research and the opportunity to participate in it. More BSNs who responded to the survey indicated a greater number of years teaching at their current institution than did the ADNs. This may be another indication why more ADNs responded to the survey than did the BSNs. With less experience the ADNs may have been more eager to improve their knowledge base on the topic of the post-clinical conference.

ADN and BSN Syllabus Preparation

The majority of both groups of nurses provided a post-clinical conference syllabus. When asked regarding the content of the syllabuses, a majority of nurses responded by stating they did not include dates, times, or post-clinical conference objectives. These findings are confusing. It is difficult to envision a syllabus without dates, times, or objectives. This may indicate that both groups of nurses did not understand the question or were just following true to their low ranking of the preparation questions: (a) *Post-clinical conferences topics are communicated prior to the conference*, (b) *I plan my post-clinical conferences as carefully as I plan my theory presentations*, and (c) *I develop a written plan for each post-clinical conference*. If more basic information was contained within the syllabus, both groups' occurrences for preparation in relationship to the significance of the goals might increase, along with more conferences beginning on time, and continuing for the full time identified. This may not occur until both groups view the post-clinical conference rationale as more important or of an importance more similar to that of a theory class.

Conclusion

This study demonstrated that both groups of nurses viewed the post-clinical conference as a necessary and valuable component of the clinical experience. As two separate entities often working in the isolation of their own nursing program and being even more secluded from the remainder of their nursing faculty while conducting the clinical experience and post-clinical conference, they demonstrated remarkable agreement regarding what the post-clinical conference *IS* and *IS NOT*. From being

separate, they merged into one assembly with very similar viewpoints--viewpoints that frequently make it difficult to tell one group of nurses from another.

Recommendations for Nursing Education

1. Results of this study should be shared with the faculty of those institutions that volunteered to participate and other nursing faculty, to assist in their self-monitoring of the meaning, rationale, and preparation for the post-clinical conference.

2. Clinical nursing instructors should identify goals of the post-clinical conference that are important to them and develop complementary methods of presenting them in the post-clinical conference.

3. Clinical nursing students should be given clear guidance of what is expected of them in the post-clinical conference.

4. Efforts should be directed at the post-clinical conference beginning on time and continuing for the prescribed period of time to emphasize the importance of it to the clinical nursing student and as a method of facilitating maximum learning.

5. The post-clinical conference should continue to be an integral part of the nursing curriculum, as it is viewed by ADN and BSN nursing instructors as a time in which application of theory to practice and reflection/sharing of experiences can occur.

Recommendations for Further Study

1. A study should be done to determine if the type of post-clinical conference conducted can have an impact upon candidates' first-time NCLEX-RN pass rates.

2. A study should be done to determine if post-clinical conferences held in nursing programs whose graduates equal or exceed the NCLEX-RN first-time pass rate by 5% differ from those in nursing programs whose graduates do not meet this score.

3. A study should be done surveying new nursing clinical faculty regarding the amount of clinical orientation provided to them regarding the three components of the clinical experience.

4. A study should be conducted identifying how clinical nursing instructors identify what goals they wish to achieve in the post-clinical conference.

5. A study should be carried out that takes into consideration the nursing clinical instructors' educational background, their training for the post-clinical conference, and whether they instruct in the classroom and conduct clinical for the same course.

6. A study should be done focusing on why, when nursing clinical instructors identify post-clinical goals as significant, their occurrence of preparation does not match the identified significance.

APPENDIX

APPENDIX A
SURVEY INSTRUMENT

Nursing Clinical Instructor's
Meaning, Rationale, and Preparation
for the Post-Clinical Conference Survey

The Completion and Return of This Survey is a Form of Implied Consent for Participation in This Research

Select the best response for you for each question

The type of nursing student to whom I currently and primarily teach a nursing clinical is enrolled in a/an:

- ☐ Associate Degree program
- ☐ Bachelor of Science program
- ☐ Bachelor of Science Completion - RN to BS program
- ☐ LPN to Associate Degree program

I have been a clinical nursing instructor at my current institution for:

- ☐ Less than 2 years
- ☐ 3 - 5 years
- ☐ 6 - 8 years
- ☐ 9 - 11 years
- ☐ 12 - 14 years
- ☐ 15 years or longer

My clinical nursing specialty is:

- ☐ Medical/Surgical
- ☐ Mental Health Nursing
- ☐ Developing Child
- ☐ Childbearing Family
- ☐ Community Nursing
- ☐ Other

As a nursing instructor I hold post-clinical conferences with my students:

- ☐ NO** If you selected NO complete the next question only. Do not complete the remainder of the survey. Return it to the principal investigator. Thank you.

I do not conduct post-clinical conferences because: (check all that apply)

- ☐ There is not enough time
- ☐ There is no suitable meeting place
- ☐ Not enough students are available
- ☐ Nothing is accomplished during the conference
- ☐ I do not believe post-clinical conferences are of value
- ☐ It is not a requirement of my nursing program
- ☐ Other (list reason):

- ☐ YES* If you selected YES please complete the remainder of this questionnaire and then return it to the principal investigator. Thank you.

My post-clinical conference is scheduled to last for:

- ☐ 0 - 15 minutes
- ☐ 16 - 30 minutes
- ☐ 31 - 45 minutes
- ☐ 46 - 60 minutes
- ☐ longer than 60 minutes

My typical post-clinical conference lasts:

- ☐ 0 - 15 minutes
- ☐ 16 - 30 minutes
- ☐ 31 - 45 minutes
- ☐ 46 - 60 minutes
- ☐ longer than 60 minutes

My typical post-clinical conference usually begins on time _____ %.

- ☐ less than 80
- ☐ 80 - 84
- ☐ 85 - 89
- ☐ 90 - 94
- ☐ 95 - 100

(continued on the next page)

	YES	NO			
There is a separate syllabus for the theory portion of the class and the clinical portion of the class	_____	_____			
Dates and times for the post-clinical conference are specifically listed in a syllabus	_____	_____			
Post-clinical conference objectives, <u>not the overall clinical ones</u> , are specifically listed in a syllabus	_____	_____			
	Always	Most Of the Time	Occasionally	Rarely	Never
I feel comfortable with the amount of time I devote to preparing for the post-clinical conference:	_____	_____	_____	_____	_____
I feel well prepared for each post-clinical conference:	_____	_____	_____	_____	_____
I develop a written plan for each post-clinical conference:	_____	_____	_____	_____	_____
I arrive early to the post-clinical conference site and prepare it for the students arrival:	_____	_____	_____	_____	_____
I plan my post-clinical conference discussions as carefully as I plan my theory presentations:	_____	_____	_____	_____	_____
	_____ (N/A)				
I frequently think of items for discussion or activity for the post-clinical conference during the commute to the clinical site:	_____	_____	_____	_____	_____
I frequently think of items for discussion or activity during the post-clinical conference during the clinical experience:	_____	_____	_____	_____	_____
Frequently some incident occurs during clinical that is later referred to during the post-clinical conference:	_____	_____	_____	_____	_____
The majority of topics discussed during the post-clinical conference I think of or observe during the immediate preceding clinical experience:	_____	_____	_____	_____	_____
Specific post-clinical conference discussion topics are communicated to the students prior to the conference:	_____	_____	_____	_____	_____
I usually have too much material to cover during the post-clinical conference:	_____	_____	_____	_____	_____
If the post-clinical conference was evaluated by my supervisor I would put more effort into preparing for it:	_____	_____	_____	_____	_____
	_____ (N/A) - I am evaluated by my supervisor in the clinical environment				

(continued on the next page)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Post-clinical conferences are necessary:	_____	_____	_____	_____	_____
The post-clinical conference is as important as the theory class:	_____	_____	_____	_____	_____
The typical post-clinical conference should make a connection between what was taught in didactic/theory and what was learned/observed in clinical:	_____	_____	_____	_____	_____
The post-clinical conference is more important than a didactic/theory class:	_____	_____	_____	_____	_____
The post-clinical conference should be primarily a time of teacher dominated discussion:	_____	_____	_____	_____	_____
The post-clinical conference should be primarily a time of student dominated discussion:	_____	_____	_____	_____	_____
The post-clinical conference should be a time of equal student-teacher discussion:	_____	_____	_____	_____	_____
The post-clinical conference is a good time to provide nursing didactic/theory information that there was not time for in the classroom:	_____	_____	_____	_____	_____

Listed below are the primary goals and/or objectives of the post-clinical conference as stated in the nursing literature.

In the first column, significance, – identify how important to you as the clinical instructor is or would this literature stated post-clinical conference goal be in your preparation for the post-clinical conference?

In the third column, occurrence, – identify how often as the clinical instructor do you specifically prepare to introduce this literature stated post-clinical goal into your post-clinical conference?

VI = Very important
I = Important
N = Neutral
U = Unimportant
VU = Very unimportant

VO = Very Often
F = Frequently
N = Neutral
O = Occasionally
R = Rarely

Circle a significance and occurrence response for each literature stated goal

<u>Significance</u>		<u>Occurrence</u>
VI – I – N – U – VU	Integrating clinical experiences into what has already been learned	VO – F – N – O – R
VI – I – N – U – VU	Developing student self-confidence	VO – F – N – O – R
VI – I – N – U – VU	Integrating theory with practice	VO – F – N – O – R
VI – I – N – U – VU	Facilitating group discussion/collaboration	VO – F – N – O – R
VI – I – N – U – VU	Providing a forum for therapeutic communication skills	VO – F – N – O – R

(continued on the next page)

SignificanceOccurrence

VI-I-N-U-VU	Facilitating higher level reasoning skills/ promotion of higher level thinking	VO-F-N-O-R
VI-I-N-U-VU	Sharing of information	VO-F-N-O-R
VI-I-N-U-VU	Problem solving	VO-F-N-O-R
VI-I-N-U-VU	The identification of individual learning needs	VO-F-N-O-R
VI-I-N-U-VU	Reviewing nursing care	VO-F-N-O-R
VI-I-N-U-VU	Learning the role of the nurse	VO-F-N-O-R
VI-I-N-U-VU	Providing time for affective experiences	VO-F-N-O-R
VI-I-N-U-VU	Applying knowledge	VO-F-N-O-R
VI-I-N-U-VU	Providing a time to experience a wider variety of experiences than they could by themselves experience	VO-F-N-O-R
VI-I-N-U-VU	Allowing an opportunity to discuss working with other healthcare disciplines	VO-F-N-O-R
VI-I-N-U-VU	Developing nursing socialization skills	VO-F-N-O-R
VI-I-N-U-VU	Shaping the professional identity of the beginning nurse	VO-F-N-O-R
VI-I-N-U-VU	Taking responsibility for one's actions in the clinical setting	VO-F-N-O-R
VI-I-N-U-VU	Developing a nursing value system	VO-F-N-O-R

Complete the following statements.

To me the post-clinical conference IS

To me the post-clinical conference IS NOT

APPENDIX B

ANDREWS UNIVERSITY INSTITUTIONAL
REVIEW BOARD APPROVAL

Andrews University

April 21, 2006

Mr. Joseph Mucha, Jr.
511 S. Hollywood Drive
Surfside Beach, SC 29575

Dear Mr. Mucha,

RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS

IRB Protocol #: 06-050 **Application Type:** Original **Dept:** Education (Leadership)
Review Category: Exempt **Action Taken:** Approved **Advisor:** Dr. Shirley Freed
Protocol Title: The Nursing Clinical Instructor's Meaning, Rationale, and Preparation for the Post-Clinical Conference

This letter is to advise you that the Institutional Review Board (IRB) has reviewed and approved your proposal for research. You have been given clearance to proceed with your research plans.

All changes made to the study design and/or consent form, after initiation of the project, require prior approval from the IRB before such changes can be implemented. Feel free to contact our office if you have any questions.

The duration of the present approval is for one year. If your research is going to take more than one year, you must apply for an extension of your approval in order to be authorized to continue with this project.

Some proposal and research design designs may be of such a nature that participation in the project may involve certain risks to human subjects. If your project is one of this nature and in the implementation of your project an incidence occurs which results in a research-related adverse reaction and/or physical injury, such an occurrence must be reported immediately in writing to the Institutional Review Board. Any project-related physical injury must also be reported immediately to the University physician, Dr. Loren Hamel, by calling (269) 473-2222.

We wish you success as you implement the research project as outlined in the approved protocol.

Sincerely,

Samuel Millen
Graduate Assistant
Institutional Review Board
Cc: Dr. Shirley Freed

Office of Scholarly Research
(269) 471-6360 Fax: (269) 471-6246 E-mail: irb@andrews.edu
Andrews University, Berrien Springs, MI 49104

APPENDIX C

LETTER TO SELECTED PROGRAMS' DIRECTORS

ANDREWS UNIVERSITY
SCHOOL OF EDUCATION
LEADERSHIP PROGRAM
BERRIEN SPRINGS, MI 49104-0111

Dear (Program Director)*:

I am a registered nurse and currently teach nursing at Horry-Georgetown Technical College in Conway, South Carolina. I am also a doctoral student in the Leadership Program at Andrews University in Berrien Springs, Michigan.

As a didactic and clinical nursing instructor I have a strong interest in the workings of the post-clinical conference. It is my desire to make this time valuable for both the student and faculty member. As a result, I am doing my dissertation research on the post-clinical conference. My research will involve surveying nursing clinical instructors from baccalaureate and associate degree nursing programs whose students have exceeded the national average pass rate of first-time NCLEX-RN test takers by 5% for the past 2 consecutive years, academic or calendar.

The title of my dissertation is, "The Nursing Clinical Instructor's Meaning, Rationale, and Preparation for the Post-Clinical Conference."

I am asking you, as the (position title) at (name of institution) for permission to survey your (baccalaureate or associate) degree nursing faculty. My research proposal and survey have been approved by the Andrews University Institutional Review Board. Upon your approval I will send each of your faculty a copy of my research questionnaire. Your permission can be as easy as a "YES" reply to this email. I will obtain faculty names from your website and/or by contacting the department secretary.

It will take your faculty 20 minutes or less to complete the research questionnaire and all they will need is a pen/pencil to indicate their responses. In completing the questionnaire there are no foreseeable risks to them.

Their free-will completion of the included questionnaire and returning it to me in the self-addressed, stamped envelope, will be regarded as their consent to participate in the study. No attempt will be made to match answers with a nurse's identity, specific school, or location. Once their questionnaire is completed and returned, there will be no way that it can be retrieved.

Thank you very much for your assistance in this learning endeavor. If you should have a question regarding this dissertation research or the questionnaire you may contact me or my advisor at the listed addresses.

Joseph M. Mucha, Jr.
511 S. Hollywood Drive
Surfside Beach, SC 29575

Phone: 843-349-5321
E-mail: joseph.mucha@hgtc.edu

Dr. Shirley Freed
Director, Leadership Program
Andrews University
Berrien Springs, MI 49104-0111

Phone: 269-471-6163
E-mail: freed@andrews.edu

* For each letter the information inside the () was individualized and personalized.

APPENDIX D

LETTER TO SELECTED PROGRAMS' NURSING CLINICAL INSTRUCTORS

ANDREWS UNIVERSITY
SCHOOL OF EDUCATION
LEADERSHIP PROGRAM
BERRIEN SPRINGS, MI 49104-0111

Informed Consent for Completing the Dissertation Research Survey -

"The Nursing Clinical Instructor's Meaning, Rationale,
and Preparation for the Post-Clinical Conference"

Dear Nursing Educator:

I am a doctoral student in the Leadership Program at Andrews University in Berrien Springs, Michigan. I am a registered nurse and currently teach nursing at Horry-Georgetown Technical College in Conway, South Carolina.

As a didactic and clinical nursing instructor I have a strong interest in the workings of the post-clinical conference. It is my desire to make this time valuable for both the student and faculty member. As a result I am doing my dissertation research on the post-clinical conference.

To know more about the post-clinical conference from a variety of viewpoints I am surveying nursing clinical instructors from baccalaureate and associated degree nursing programs with their department director's permission. I am surveying you because your students have exceeded the national average pass rate of first-time NCLEX-RN test takers by 5%, as recorded by your school for the past 2 years, academic or calendar.

Potential benefits of this study are: Possible improvement in the quality of the post-clinical conference. This improvement can lead to the nurse educator experiencing greater job achievement, fulfillment, and satisfaction by providing a more complete learning experience for the student.

Your free-will completion of the included survey and returning it to me in the self-addressed, stamped envelope, will be regarded as your consent to participate in the study. No attempt will be made to match answers with a nurse's identity, specific school, or location. Once your survey is completed and returned there will be no way that it can be retrieved.

It should take you no longer than 20 minutes to complete the survey and all you need is a pen/pencil to check or circle your responses. In completing it there are no foreseeable risks to you.

Thank you very much for your assistance in this learning endeavor. If you should have a question regarding this dissertation research or the survey you may contact the principal investigator or his advisor at the listed addresses.

Joseph M. Mucha, Jr.
511 S. Hollywood Drive
Surfside Beach, SC 29575

Phone: 843-349-5321
E-mail: joseph.mucha@hgtc.edu

Dr. Shirley Freed
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APPENDIX E

RESPONSES TO WHAT THE MEANING OF
THE POST-CLINICAL CONFERENCE IS

RESPONSES TO MEANING OF THE POST-CLINICAL CONFERENCE

Associate Degree – The PCC IS . . .

1. Reflection/sharing/experiences (30)
2. Application of theory to practice (30)
3. Debriefing/discussion (22)
4. A learning experience (16)
5. Teaching moments (13)
6. An important time/event (11)
7. Student recognition/correction (8)
8. Higher level thinking/
problem solving (7)
9. Miscellaneous (4)

Baccalaureate Degree – The PCC IS . . .

1. Reflection/sharing/experiences (29)
2. Application of theory to practice (20)
3. A learning experience (18)
4. An important time/event (15)
5. Debriefing/discussion (12)
6. Teaching moments (10)
7. Higher level thinking/
problem solving (7)
8. Role of nursing (5)
9. Miscellaneous (2)

Associate Degree Nursing - To me the post-clinical conference IS . . .

Reflection/Sharing/Experiences

Number of responses - 30

Criteria - To be placed in this category the responses had to include replies such as "share, sharing, reflect and reflection" or demonstrate the idea that this a time where students learn through another's experience(s).

- A time to share
- Sharing experiences
- Share experiences
- The students have opportunity to share
- A time for students to share and express
- Share information with other students who didn't experience the same events
- A chance to share and to reflect together on the learning of the clinical day
- An opportunity for students to process and share what they learned and broaden each others' clinical understanding and experience
- An opportunity for students to share with each other their clinical experience, what they learned that day, procedures done that day, etc.
- A time for reflection, this is a time for students to share their learning experience with other students
- This is an excellent time for reflection of the day
- Very important for clinical reflection
- The time to reflect
- A time for reflection, looking at different perspectives
- A time for reflection; clarification; and sharing of experiences between instructor and students
- A time to reflect on care provided and share experiences
- A time of reflection/critical think/discussion/collaboration/therapeutic communication that enhances/maximizes student/teacher learning experiences
- Very important for clinical reflection, students need this time to learn from one another and share their experiences in a small group environment
- A time to reflect on the experiences of the clinical day, relate those experiences to theory, develop the character and role of the student as a nurse in the clinical experience
- Reflection on what went right and/or wrong during clinical and what student learned
- Share information that promotes understanding of disease process and nursing interventions
- Important to wrap up the clinical day to share and apply learning experience
- Its an opportunity for the students to share their experiences with peers, so all learn from each other
- Review of clinical day highlights - following objectives of course
- An opportunity to share how application of principles has been accomplished

- A valuable time to discover student perceptions of the clinical experience and to touch the human side of nursing; to actually see the passion and compassion
- Give students opportunity to voice experiences, concerns and observations and clarify experiences
- A time for hearing what others think about care/diseases/situations
- An important time when we can all learn from each student's experiences
- Also a time for students to learn from mistakes, experiences and observation of other students

Application of Theory to Practice

Number of responses - 30

Criteria - To be placed in this category the responses had to include replies such as "theory and practice" or imply that this was a time to put theory and practice together.

- A time to integrate knowledge and practice
- A time to solidify classroom information
- Time to help beginning nurses tie theory to clinical
- A method to connect theory to clinical
- Essential for integrating theory to practice
- A time to connect the dots between theory and practice
- A place to put theory to practicum
- Apply the theory to the student's experiences for that clinical day
- A time to put information together (what experiences students have had - putting it together with theory)
- A time to apply knowledge learned in theory to practice
- A time for students to evaluate their day and the nursing care and apply to classroom theory, also discuss case studies that help apply theory to practice
- Bring theory into the understanding
- Make connections to theory taught in classroom
- Learn and integrate what they are learning in the classroom with what is going on in the clinical setting
- Application of principles of knowledge taught in the classroom
- A time to reinforce concepts
- Valuable to the teaching/learning process! Helps students make connections!
- Reinforce classroom knowledge
- Relate patients back to classroom content and compare
- Reinforce didactic information
- Time to connect didactic with skills
- An additional opportunity to connect didactic with clinical experience
- Where the didactic (rubber) meets the clinical (road)
- A time to bring it all together - didactic with practicum
- Pulls clinical experiences and didactic/theory together
- It is where a great deal of integration of theory into practice occurs
- It is a way faculty can draw the correlation between class and clinical

- A time to pull didactic and clinical together
- A time to discuss specific cases to bridge the student to application of knowledge
- An opportunity for students to "rehear" info from theory and apply it to actual patients

Debriefing/Discussion

Number of responses - 22

Criteria – To be placed in this category the responses had to include replies that identified this as a time in which a dialogue takes place amongst the students to help them have closure to the days events.

- The ribbon on the present
- Essential to "tie up" the clinical day"
- Essential for "putting it all together after a clinical day"
- An opportunity to wrap up the clinical day
- A time to review clinical accomplishments
- Closure for the days activities especially in MH
- A time to debrief
- Debriefing time
- A time for debriefing if needed
- Debrief and discuss nursing tasks and thinking they have done or observed
- Essential to review the day's experience, allows for processing events and knowledge gained
- The time to recap the clinical day, bring out particular clinical issues the students experience, discuss how the issue was dealt with
- A time for discussion
- A time to discuss our day and the experiences we had
- A time to discuss occurrences in the clinical day which makes the student question: actions/patient care/classroom topics
- A relaxing time to discuss topics and relate the topics to the clinical experience
- A forum for students to ask questions, share information and voice concerns
- Be prepared to vocalize what they gained in the clinical day
- Also can be a chance to decompress from highly charged days
- Collaborative with students
- Ways to improve communication skills, etc.
- Student - teacher communication of ideas

A Learning Experience

Number of responses - 16

Criteria - To be placed in this category the responses had to include replies that give the impression of learning, understanding, or making of connections rather than a sharing of experiences.

- Valuable learning tool
- An additional learning experience
- A learning opportunity
- Goal directed, organized, essential to reinforce the learning experience
- Essential in the learning process for nursing students
- A valuable learning experience for students in the clinical setting (reality)
- An important part of learning/sharing in nursing clinicals
- Very important part of the student's learning experience
- Vital, helps turn on the light bulb
- A time to see how students see and understand, and to connect the dots
- A great way to connect with students and help them to integrate experiences
- A time to look at the whole picture and to bring increased understanding and meaning to classroom content - to problem-solve and think as a group
- Student focused
- Expose students to real life nursing
- Review clinical skills, it is a time of evaluation of the overall clinical experience for that day
- A session for learning improvement in nursing care

Teaching Moments

Number of responses -13

Criteria - To be placed in this category the responses had to include replies that indicate this is a time the teacher can teach or bring up important points

- A great time to follow-up on experiences in the clinical setting
- A great time to provide more info for example, pain management in children or enteral feeding devices in children
- Important to capture "teachable moments" and synthesize new experiences
- Allows me to SUM/REFLECT/APPLICATION of patient care
- Also to schedule topics such as lactation consultant talk w/students
- Classroom clarification of lecture content
- To expand on theory and content
- A time to plan for the following week's clinical experience
- The most exciting part of my day as a teacher, I am encouraged by the learning and growth that is exhibited by my clinical group in a matter of hours
- Great chance to show, teach and have students learn new knowledge

- A time to see how they are thinking
- A way to recap and test what they learned from their experiences and their classmates
- Review clinical skills

An Important Time or Event

Number of responses - 11

Criteria - To be placed in this category the responses had to include replies that identified this as a time that was needed and important in the clinical experience.

- Essential in order to make sense of clinical
- Very important
- Very important
- Very important
- Crucial
- Important
- Important
- Important
- A significant part of the clinical experience
- Vital
- Vital

Student Recognition/Correction

Number of responses - 8

Criteria - To be placed in this category the responses had to include replies that focused on the student as the primary recipient in the exchange

- An opportunity for students to "shine when they do something great - an opportunity for those who did not shine to polish up their nursing"
- A summative evaluation!
- A forum to even receive validation and praise
- Making suggestion for improvement
- The students should evaluate themselves
- A time for review of strengths and weaknesses
- A time for students discuss strengths/weaknesses
- The conference time period allows them to show me understanding and skill completion they have gained in an intimate environment of their "team-mates"

Higher Level Thinking/Problem Solving

Number of responses - 7

Criteria - To be placed in this category the responses had to include the reply critically think

- A time to share experiences and relating them to nursing theory: thereby learning to critically think
- Learn to critically think about the day
- A safe place to verbalize experiences and critical thinking (different ways to obtain the same goal)
- A very important addition to the clinical learning experience, it allows me to transition from tasks to critical thinking
- A great setting to reflect on experiences and build on critical thinking skills
- A time to think out loud, let students (see/hear you critically think)
- Critically thinking about putting theory into practice

Miscellaneous

Number of responses - 4

Criteria - To be placed in this category the responses did not fit into another general category.

- But clinical tends to be so busy and increasingly complicated (especially due to computer charting) that often poorly attended
- Very stressful. I realize the importance of this time, but this is admitted my weakest area. I find myself so mentally tiered that I can't facilitate post-conference well. I am realizing I need to prepare ahead of time for an adequate conference
- Usually rushed
- Fun

Baccalaureate Nursing – To me the post-clinical conference IS . . .

Reflection/Sharing/Experiences

Number of responses - 29

Criteria - To be placed in this category the responses had to include replies such as "reflection, sharing, and experience(s)," or imply that this is a time where students learn through another's experience, or imply that this was a time to put theory and practice together.

- A prime time for reflective learning
- A time to reflect on and to put the clinical learning experience into prospective
- A time for sharing what has been learned or observed
- A time to reflect on strengths and weaknesses
- A time to reflect on the group member's experiences
- Reflective practice for the beginning student
- A time to share any "ah ha" moments
- Sharing of their day's experience
- For responding to individual experiences
- A time to let students communicate their experiences to the group
- A time to share clinical experiences
- A time to share each others experience with each other, what they learned
- It is a golden opportunity for, sharing of experiences, skills achieved/mastered
- A time for the students to present their patient and share with the group what they have learned from caring for this patient
- It allows the whole group to learn about the caring of a different type of patient
- Sharing of new knowledge that has been abstract until applied
- A time to allow the students to learn from each other
- A time for students to tell their stories/experiences
- Reflective practice for the beginning student
- A way to tie everything together from theory – clinical experience – etc. as a group
- A time to pull together what each of the students have experienced and learned
- Provide a wide variety of experiences from differing perspectives
- A good opportunity to share in the learning experiences of others
- A time to present knowledge gleaned from a clinical/patient to the entire group
- Reinforce = reflect on classroom knowledge = experiences
- A time to learn from peers
- Learn from reflective - a time for student nurses to grasp a small amount of reality and reflect on that reality
- Should center around student experience
- A time to allow the students to express their feelings about that clinical conference

Application of Theory to Practice

Number of responses – 20

Criteria – To be placed in this category the responses had to include replies such as “theory and practice” or imply that this was a time to put theory and practice together.

- A period of time when students can integrate theory and practical application
- Implement theory into practice
- A place to clarify the link b/w theory, research and practice
- Making connections b/w theory and practice
- A time to apply theory to experiences
- Essential to integrating theory and experience
- Important to incorporate theory into practice
- It bridges the gaps between theory and reality
- Essential to the application of knowledge to practice
- A time for incorporating didactic with clinical learning
- A strategy to tie theory to clinical
- A way to integrate knowledge learned in theory and research into practice
- Critical to integration of theory/research with practice
- A critical time to help students begin to make theory-practice links
- A time for practical application of theory and to learn from peers
- The place to link theory and clinical
- An important time to integrate knowledge gained from clinical practice with knowledge gained from didactic courses
- To connect theory and practice
- Allows opportunity to articulate their experiences as they make sense of theory learning and clinical practice, as they integrate and analyze patient information in planning and implementing care
- A time to discuss how the theory lectures helped/didn't help and how theory and lectures can be improved to help the client and the nursing student

A Learning Experience

Number of responses - 18

Criteria - To be placed in this category the responses had to include replies that give the impression of learning, understanding, or making of connections rather than a sharing of experiences.

- Safe environment
- Useful, informative
- An excellent way for students to learn from one another
- Excellent learning and applied learning in effective and cognitive ways
- A time to take inventory of what has been learned
- For processing the student's experiences; cognitive affective and psychomotor

- Time to process, integrate ALL the components of nursing – that a 1st semester nursing student does NOT understand
- Essential to integrate/understand nursing care
- A time for students to see connections
- A time to guide the student to put the puzzle pieces together
- A critical time to promote development skills that promote evidence based practice
- Helpful and insightful if students reflect on it and apply the information gained in the following clinical days
- Necessary to help evaluate what students learned in clinical that day
- A time to help them integrate the effects of multiple diseases or injuries on the whole person
- A time to integrate the NANDA, NIC, NOC learned from their patient's care to group professionally
- A time for integrating knowledge, teambuilding, processing the day's events
- For making connections, clarifying, assessing and targeting unique experiences and learning needs
- An integrative experience based upon individual student teaching moments

An Important Time/Event

Number of responses - 15

Criteria - To be placed in this category the responses had to include replies that identified this as a time that was needed and important in the clinical experience.

- Very important
- Very important
- Invaluable
- Critical
- Vital
- Necessary
- Indispensable
- Valuable to students
- Vital to the instruction of students
- More necessary with beginning students, as it serves a variety of purposes
- An integral part of their nursing program
- An essential part of the clinical experience
- Important based on events of the clinical day
- A time to review the day's experiences
- Valuable for students sharing their clinical experience and providing better suggestions for the next group who are going to the rotation they currently have (my students rotate to 3 units)

Debriefing/Discussion

Number - 12

Criteria - To be placed in this category the responses had to include replies that identified this as a time in which a dialogue takes place amongst the students to help them have closure to the days events.

- We have a "roundtable" discussion
- Loosely structured, or decidedly best if unstructured
- Discussion with faculty and peers
- A valuable time for students - instructor and student - interaction
- A time to decompress
- It is a golden opportunity for debriefing
- A time for students to discuss and debrief
- Allows student to debrief
- A debriefing
- A time for growth through mentored discussion
- I have each student present one patient to the group and have discussion and give feedback on what else could/should have been done
- A time for students to discuss their patient; problems identified, skills performed, procedures watched, questions that arose during clinical time, etc.

Teaching Moments

Number - 10

Criteria - To be placed in this category the responses had to include replies that identified this as a time that was more than sharing, learning, or just discussing. It is a time in which teaching can be done on a variety of issues.

- A way to tie everything together as a group
- It can be focused on different topics according to needs of students
- A time for a clinical speaker
- A time to clarify clinical assignments
- A time to sum up the day's clinical experiences
- A time for new information
- A time to give additional information related to that clinical experience
- Identifying students' needs and integrating them with practice
- A time to address administrative issues
- A time to plan to meet all clinical objectives

Higher Level Thinking/Problem Solving

Number of responses - 7

Criteria - To be placed in this category the responses had to include replies that identified this as a time for problem solving and thinking critically.

- A time for problem solving
- Time to use data and critically think out problem solving strategies in practice
- A time to facilitate critical thinking by sharing daily experience
- A time to synthesize and apply concepts relevant to professional practice
- A time to challenge students to critically examine their preconceived notions and/or their expectations of self, others, instructor or clinical site
- A tool to assist with/validating nursing action
- A time to challenge students to critically examine their preconceived notions and/or their expectations of self, others, instructor or clinical site

Role of Nursing

Number of responses - 6

Criteria - To be placed in this category the responses had to include replies that identified this as a time learning and/or beginning the integration procession of becoming a professional nurse.

- Helps to develop the professional nurse
- A tool to help facilitate the novice nurse to the role
- A time to reflect on the reality of being a nurse
- Critical to role assimilation
- Critical to the students success and understanding of the profession
- An integral part of learning the art of nursing as a profession

Miscellaneous

Number - 2

Criteria - To be placed in this category the responses did not fit into another general category.

- Enjoyable
- Stress because of the limited time available after clinicals

APPENDIX F

RESPONSES TO WHAT THE MEANING OF THE
POST-CLINICAL CONFERENCE IS NOT

RESPONSES TO THE MEANING OF WHAT
THE POST-CLINICAL CONFERENCE IS NOT

Associate Degree – The PCC IS NOT . . .

1. Lecture/theory/classroom make-up (34)
2. An unproductive time (28)
3. A time for unprofessionalism/
griping/sharing of grievances/
criticizing (17)
4. A social event (9)
5. Individual student focused (9)
6. Instructor dominated (5)

Baccalaureate Degree –
The PCC IS NOT . . .

1. Lecture/theory/classroom
make-up (36)
2. An unproductive time (20)
3. A time for unprofessionalism/
griping/sharing of grievances/
criticizing (15)
4. Individual student focused (7)
5. A social event/play time (5)
6. Structured (5)
7. Instructor dominated (5)
8. Getting out of clinical early/
starting late (3)

Associate Degree Nursing - To me the post-clinical conference IS NOT . . .

Lecture/Theory/Classroom Make-up

Number of responses - 34

Criteria - The responses required the word lecture, theory, classroom, test/examination, or a direct reference to teaching in the traditional classroom manner

- A lecture
- Lecture time
- Lecture to students
- A time to be used to lecture the theory material
- A lecture opportunity
- The time for lecture or rehashing test questions
- Another opportunity for lecture
- The instructor lecturing for 30 - 45 minutes
- For teachers to lecture. Is not to teach content which we ran out of time for
- A time to finish lecture theory
- A time to teach theory/classroom topics
- Review all classroom content
- A regurgitation of classroom content
- To teach theory
- Theory class
- A theory class
- A time to reteach lessons or detailed theoretical information
- To repeat theory (lecture) material
- A time to "catch up" on theory (lecture) content not covered in class
- A place to initially learn theory
- Reviewing theory
- A time to teach
- A time to cover new content!
- To be used to make-up classroom time
- A time to test review/reteach classroom content
- Teaching new information
- Not a time for didactic material - students stressed and tired
- A time for didactic presentation on an assigned topic
- A time to "fit in" content that was not put in planned classroom laboratory activities
- For reviewing questions
- A time to review unrelated material
- A time to review test and assist with test taking skills
- A classroom - different instructors have different techniques so multiple clinical groups would not get the same content
- Explaining previous test questions, this should be done in the test review

An Unproductive Time

Number of responses - 28

Criteria – The responses had to include phrases such as “waste of time” or imply that it was not a time to do nothing or not to learn

- Non-essential
- Just a waste of time
- A waste of time
- A waste of time
- Used as effectively as could be
- A time to waste; because it is part of the clinical experience
- A time to do nothing. The instructor needs to have a plan, foster student participation
- Time off from actual nursing care
- A way to do less clinical
- To be rushed
- Deflating from the day
- A time of rest after a long hard day
- Their brains still need stimulating
- Always effective
- To be missed
- Organized as well as I would like it to be. I am a new clinical instructor and hope to improve my process
- Wasted time - and certainly not established to leave clinical setting early
- To be boxed in – the clinical experiences should lead the discussions
- It is NOT meant to be the end of reflective learning – we use online discussion forums to continue conversations about the clinical experience within each group
- Just for patient discussion
- Necessary every week
- Useful if used as a forum for reporting skills performed for the day
- It is not a time for completing paper work that is to be submitted at the end of clinical
- A place to finish care plans or student's clients
- A rehash of the physical care given that relate to ADL's
- Debrief over patients!
- Just to share what was accomplished during the clinical day or what was seen or performed
- An area for individual evaluation of care

A Time for Unprofessionalism/Gripping/Sharing of Grievances/Criticizing

Number of responses - 17

Criteria - The responses had to include unprofessional conduct or a griping-criticizing theme

- A gripe session
- A gripe session
- A time to gripe about staff or a particular area of nursing
- A time to complain or pout
- A time to complain
- A time to complain
- A time to bad mouth staff
- A time to point out everything the student nurse observed that was "wrong"
- A time to criticize other nurses
- Discussing other instructors
- To talk about personal problems
- A time for complaining or personal grades
- A time for complaining or bashing staff, experience
- Whine or complain sessions
- A time to chit chat about patients, gossip, or anything else unrelated to nursing class
- Freelance discussion or "downtime"
- Free-for-all discussion about the day

A Social Event

Responses - 9

Criteria – The responses had to include the word "social" or indicate a non-productive time which implied learning did not occur

- Time to socialize
- Social gatherings
- Social hour
- A social hour
- Social hour
- A socializing event
- Just a social time
- A time to "loaf!"
- A time to talk about yesterday

Individual Student Focused

Number of responses – 9

Criteria - To be placed in this category the responses had to include wording that focused on a single student or context referring to an individual student

- The time to criticize student performance
- To discipline students
- A good time to point out individual weaknesses or mistakes made by students
- For analyzing ones personal work or care
- An opportunity to discuss what was done wrong (unless done as a learning tool not as a penalty to students)
- A time for reprimand/discipline
- As cathartic as I would always wish, due to some student's unease at admitting to areas that may need more work
- A time to be demeaning to students
- Also not time spent criticizing individual students who struggle in clinicals

Instructor Dominated

Number of responses - 5

Criteria - Responses had to include the word theme of instructor having total control, i.e., instructor domination

- Not instructor focused
- An instructor's time to dominate
- To be led by instructors only
- Only instructor based
- Faculty focused

Baccalaureate Nursing - To me the post-clinical conference IS NOT . . .

Lecture/Theory/Classroom Make-up

Number of responses - 36

Criteria - The responses required the word lecture, theory, classroom, test/examination, or a direct reference to teaching in the traditional classroom manner

- A time to lecture
- A lecture
- A lecture
- A time for faculty to lecture
- A time for the teacher to lecture to the group
- A time for lecturing
- A time for lecturing
- Another hour of lecture
- A time to lecture students
- A place to lecture
- Repeat lectures
- A structured "mini-lecture"
- A time for teacher dominated lecture
- Theory
- A time to get in more theory (didactic) content
- A time for instructor teaching theory content or lecture content
- A time to teach extra theory
- A time to re-teach theory
- To teach theory per say
- To expand theory content
- A time to teach new material that should have been taught in theory courses
- A time for additional theory/lecture
- A structured experience that is more of the same of the theory portion of the class
- Introduce didactic/theory/learning/topics without having experiential basis to introduce concept
- Another didactic class
- Another didactic lecture
- A time for didactic learning
- For quizzes, exams, etc.
- A time for brand new material
- A time to go over test questions (after exam)
- A time to cover information that there was not time for in the classroom
- A time to do course work or study for exams
- A "learning opportunity" for test taking
- A time to catch up

- A time for "formal" classroom learning
- Regimented teacher driven teaching
- - A place to introduce complex problems related to the medical and nursing diagnoses of each patient - this can be utilized in developing materials or in individual conferences with a specific student to bring them up to par with their classmates

An Unproductive Time

Number of responses: 20

Criteria: The responses must show that this is a time that should be used well, it is an important time, and that learning for everyone should take place during it

- Merely time for patient report.
- It needs to be structured and allow for critical thinking.
- Dull
- Wasted time
- A waste of time
- Optional
- Insignificant
- A time whether with specific objectives or not, are learning experiences
- Well utilized
- Structured enough
- Discussion to be carefully guided by the instructor
- A "chat" session
- It is not "if I have time we'll chat for a few minutes"
- This should be a time to still be professional, but relaxed
- To be taken lightly
- Instructor should facilitate
- Learn among each other with instructor guidance
- We also spent a bit of time explaining clinical assignments – needed to be done all together so that everyone got the same information
- Just a review of patients
- Learning the tasks commonly associated with what a nurse does

A Time for Unprofessionalism/Gripping/Sharing of Grievances/Criticizing

Number of responses - 15

Criteria - The responses had to include unprofessional conduct or a griping-criticizing theme

- A time to download or gripe about the day
- Gripe session
- A time to gripe and complain about the facility/staff/patients

- A time to laugh at patients
- Criticize nursing care witnessed while on the units in student nurse role
- Not a time to discuss other clinicals they have been in and how they feel about other instructors
- Venting
- A time to grumble about care observed
- A place where students can complain about staff, assignments, or other students
- A time to discuss how nice or rude the staff was
- Time to complain about your assignments (homework) or schedule
- A time for students to complain about schoolwork, testing, or other students/faculty
- The time when students may chat/complain about problems in their clinical
- A time to laugh and joke about clients
- A time to take lightly and goof off

Individual Student Focused

Number of responses - 7

Criteria: To be placed in this category the responses had to include wording that focused on a single student or context referring to an individual student

- A time to focus on specific student's strengths and/or weaknesses
- A time for individual learning
- A place to berate students for poor performance
- Individual coaching time
- Not punitive for unprepared or student who mistook information
- Necessarily a time to use for evaluating students as part of their final grade by what they say
- A time for students to focus on their personal feelings

A Social Event/Play Time

Responses - 5

Criteria - The responses had to include the words "social" or "play" and indicate a time in which learning did not occur

- Not a time for games or socializing
- A time for merely socializing or decompressing
- A socializing hour
- Socialization time
- Play time

Structured

Number of responses - 5

Criteria - The responses had to include the idea that the activities carried out during this time were planned

- Planned - needs to allow for serendipity
- A class that should have a scheduled agenda. Should be flexed to needs of clinical area and instructor decision
- A time for a formally planned agenda
- A structured event
- Structured with pre-set agenda and student assignments

Instructor Dominated

Number of responses - 5

Criteria: Responses had to include the word theme of instructor having total control, i.e., instructor domination

- A time for the instructor to dominate
- To be instructor dominated
- A time for teacher dominated discussion
- Appropriate for instructor to dominate because it is the time for students to share their experience
- A one sided conversation

A Time for Getting Out of Clinical Early/Starting Late

Number of responses - 3

Criteria - To be placed in this category the responses had to include wording that focused on getting out of the post-clinical conference early or is not a period which begins late

- To be used to exit clinicals early
- Should be used by all instructors the same (i.e., some instructors let students leave early, others didn't and the students complained)
- Long enough, late getting started, so have to leave just as getting started

APPENDIX G

THE 19 GOALS OF THE POST-CLINICAL CONFERENCE
GROUPED INTO THE TOP MEANINGS OF THE
POST-CLINICAL CONFERENCE

THE 19 GOALS OF THE POST-CLINICAL CONFERENCE
GROUPED INTO THE TOP MEANINGS OF THE POST-CLINICAL CONFERENCE

Application of theory to practice

- Integrating clinical experiences into what has already been learned
- Integrating theory with practice
- Applying knowledge
- Learning the role of the nurse
- Developing nursing socialization skills
- Developing a nursing value system

Reflection/sharing/experiences

- Sharing of information
- Providing a forum for therapeutic communication skills
- Providing a time to experience a wider variety of experiences
than they could by themselves experience
- Providing time for affective experiences

Debriefing/discussion

- Facilitating group discussion/collaboration
- Reviewing nursing care
- Developing student self-confidence
- Allowing an opportunity to discuss working
with other healthcare disciplines

Teaching moments

- The identification of individual learning needs
- Reviewing nursing care
- Developing student self-confidence

Higher level thinking/problem solving

- Problem solving
- Facilitating higher level reasoning skills/promotion
of higher level thinking

REFERENCE LIST

REFERENCE LIST

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VITA

VITA

Name: Joseph M. Mucha, Jr.
Institution: Horry-Georgetown Technical College (HGTC)
Academic Rank: Professor
Date of Appointment: January 1, 2001
License: Registered Nurse, South Carolina, Expires April 2010

Educational Preparation:

Loma Linda University	MS Nursing	June 1981
Andrews University	BS Nursing	June 1973

Professional Teaching Experience:

Horry-Georgetown Technical College (HGTC)	Professor	Nursing	Jan 01 - Present (FT)
Georgetown Memorial Hospital (GMH)	Registered Nurse	Nursing	Aug 00 - Present (PT)
Andrews University (AU)	Associate Professor	Nursing	Sep 96 - Jun 00 (FT)
Bethel College	Adjunct Professor	Nursing	Jul 99 - May 00 (PT)

Other Professional Experience:

U.S. Army	Army Medical Department	Army Nurse Corps	Sept 71 - Mar 96
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Community Service:

Myrtle Beach Seventh-day Adventist Christian School	School Board Chairman	July 2005 - June 2008
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Honors and Awards:

HGTC	Annual appraisals have been exceptional
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