

UNIVERSITÉ DE SHERBROOKE

Les Perceptions des Étudiants en Soins Infirmiers Pédiatriques en Milieu
Communautaire

Nursing Students' Perceptions of Community Pediatric Experiences

par

Linda A. Burdick Carfagnini

Essai présenté à la Faculté d'éducation

En vue de l'obtention du grade de

Maître en éducation (M.Éd.)

Maîtrise en enseignement au collégial

septembre 2009

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Linda A. Burdick Carfagnini

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Name of supervisor Carolyn Dellah

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SUMMARY

Over the last decade health care delivery has shifted from hospitals to the community resulting in a significant reduction of hospital-based clinical placements for nursing students to practice and learn. Studies have emerged describing this problem and outlining the ways in which Colleges and Universities have attempted to deal with the acute shortage of clinical areas in nursing and other health care programs. Several studies describe the development of community-based clinical experiences, and some of these examined students' perceptions. One finding appears to be constant: student perceptions of community experiences have an effect on their learning outcomes. There is an increasing need to teach nursing students in community settings both to contend with the shortage of hospital-based placements and to prepare students for future practice.

Pediatric hospitals are no longer able to provide as many clinical placements as they once did. This has created a problem for college nursing departments. Over the past five years, John Abbott College's pediatric nursing teachers have attempted to deal with this problem in numerous ways; however, students and faculty were dissatisfied with the solutions as there was a lack of development of the pediatric community clinical component. The purpose of this study is to explore nursing students' perceptions of pediatric community experiences both prior to the start of the clinical rotation and following the experience.

Student perceptions of nursing in community settings are an important element in the level of student satisfaction and ultimately their learning in pediatric clinical settings. In order to explore the John Abbott College's nursing students' perceptions, data was collected from a small segment of the population. Students' perceptions were explored quantitatively through the use of questionnaires using a Likert scale administered both prior to the clinical experience and following the experience; and qualitatively, using content analysis of reflective journals and focus group discussions. The results of the study demonstrated that prior to the community rotations; students did not know what the experience would involve. They felt apprehensive due to being inadequately prepared for the experience and questioned the actual learning they would acquire from a community setting. Following the pediatric community experience, students perceived benefits to their learning particularly in the development of their abilities to communicate with children, and to recognize and apply principles of growth and development to children of different age groups and with different health needs. In addition, students perceived an increase in their self-

confidence when teaching children. They also developed an appreciation of the role of the nurse in health promotion for individuals' in community settings. Furthermore, students described an increase in their awareness of resources that are available in the community. Overall, students were satisfied with their pediatric community clinical experience.

The results of this study indicate that adequate student preparation is required prior to the community clinical experience. This preparation would include a clear description of the clinical objectives and associated learning activities, as well as an explicit explanation of the evaluation process. Finally, it is recommended that the pediatric nursing teachers continue to search for community clinical areas that can enhance student learning in pediatrics. This study contributes to the literature on community experiences for nursing students since it explored students' perceptions before and after the community clinical rotation.

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ABSTRACT

Au cours de la dernière décennie, la prestation des soins de santé s'est déplacée des hôpitaux vers la communauté ayant pour résultat une réduction significative de placements cliniques en milieu hospitalier pour la pratique et l'apprentissage des étudiants en soins infirmiers. Des études ont émergé décrivant ce problème et citant les façons dont les collèges et les universités ont essayé de traiter la pénurie aiguë de secteurs cliniques dans les soins infirmiers et dans autres programmes de soins de santé. Plusieurs études décrivent le développement des expériences cliniques dans la communauté et certaines d'entre-elles ont examiné les perceptions des étudiants. Un élément semble être constant: les perceptions des étudiants ayant des expériences dans la communauté affectent les résultats d'apprentissage. Il y a un besoin croissant d'enseigner aux étudiants de soins infirmiers dans les milieux communautaires pour faire face à la pénurie de placements en milieux hospitaliers et pour préparer les étudiants pour la future pratique.

Les hôpitaux pédiatriques ne peuvent plus fournir autant de placements cliniques comme ils ont fait par le passé. Ceci a créé un problème pour des départements de soins infirmiers des collèges. Au cours des cinq dernières années, les professeurs en soins infirmiers pédiatriques du Collège de John Abbott ont essayé de traiter ce problème de plusieurs façons. Cependant, les étudiants et les enseignants ont été insatisfaits des solutions car il y avait un manque de développement du composant pédiatrique dans le milieu communautaire. Le but de cette étude est d'explorer les perceptions des étudiants de soins infirmiers pédiatrique dans le milieu communautaire avant le début de la rotation clinique et après.

Les perceptions des étudiants des soins infirmiers en milieu communautaire sont un élément important au niveau de leur satisfaction et ultimement de leurs études en milieu des soins cliniques pédiatriques. Afin d'explorer la perception des étudiants en soins infirmiers du collège de John Abbott, des données ont été rassemblées d'un petit segment de la population. Les perceptions des étudiants ont été explorées, quantitativement avec des questionnaires utilisant l'échelle de Likert avant l'expérience clinique et après l'expérience; et qualitativement, utilisant l'analyse du contenu d'un journal de bord personnel et des discussions de groupe cible. Les résultats de cette étude ont démontré que les étudiants ne savaient pas à quoi s'attendre avant la rotation en milieu communautaire. Ils se sentaient craintifs à cause de leur manque de préparation et ils questionnaient l'apprentissage qu'ils pourraient acquérir dans un milieu communautaire. Après l'expérience de soins pédiatrique en milieu communautaire, les étudiants ont perçu des avantages à leurs études en particulier dans le développement de leurs capacités à communiquer avec des enfants à des niveaux de développement plus appropriés et d'identifier et d'appliquer des principes de

croissance et de développement aux enfants d'âge différents et avec des besoins de santé divers. En outre, les étudiants ont perçu une augmentation de leur confiance en soi en enseignant à des enfants. Ils ont développé une appréciation du rôle de l'infirmière dans le soin de la santé des individus dans la communauté. De plus, les étudiants ont noté avoir une meilleure sensibilité de l'existence des ressources qui sont disponibles dans la communauté. De façon générale, les étudiants ont été satisfaits de leur expérience clinique pédiatrique.

Les résultats de cette étude accentuent le besoin des professeurs en soins infirmiers à fournir à des étudiants une meilleure préparation avant les expériences cliniques en milieu communautaire. Cette préparation inclut une description claire des objectifs cliniques et des activités d'apprentissage, aussi bien qu'une explication explicite du système d'évaluation. En conclusion, il est recommandé que les professeurs en soins infirmiers pédiatrique continuent à rechercher les secteurs cliniques en milieu communautaire qui peuvent enrichir l'apprentissage des étudiants en pédiatrie. Cette étude contribue à la littérature sur les expériences communautaire pour étudiants aux soins infirmiers pédiatriques pendant que cette étude explorait les perceptions des étudiants avant et après la rotation clinique.

DEDICATION

This paper is dedicated to my loving family, Mario, Liane, Laura and Michael and to my dear friend, Rita, for their incredible patience and extraordinary tolerance during the writing of this paper. To my loving brother, Carl who left us too early, but he would have been so proud of this accomplishment.

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INTRODUCTION

The three year diploma nursing program at John Abbott College focuses primarily on preparing students to provide nursing care for individuals with acute health care problems. Graduates of the program have the knowledge and abilities to proficiently practice nursing within the legal and ethical boundaries of the profession. Traditionally, nursing students at the collegial level work with hospitalized patients in each specialty of the nursing program. This system provides students with the opportunity to practice nursing through clinical experiences.

Historically, it has become increasingly difficult to find clinical placements to teach pediatric nursing in hospital acute care settings. Changing health care trends, staffing shortages and competition between Colleges and Universities for limited pediatric clinical placements are responsible for this situation. Clinical placements for the specialty of pediatrics are limited to one Anglophone pediatric hospital in the city.

Over the past five years, as fewer hospital placements were available, pediatric nursing teachers viewed community placements as a solution to filling a void for the lack of hospital-based spaces. Community clinical placements seemed to be the logical solution in order for all students to complete the clinical component of the pediatric semester. As more and more hospital-based pediatric experiences were replaced by community experiences; both students and faculty expressed dissatisfaction with the community experiences. Clearly, there was a need to further develop the community clinical objectives, and select ideal locations that would facilitate student learning.

Over the past ten to fifteen years, the issue of fewer acute-care clinical placements in pediatrics in which to teach nursing students has been described in

nursing journals. Nurse educators have discussed innovative clinical experiences designed to meet the challenges of providing students with meaningful community-based learning sites. Some research has been done to evaluate student perceptions of the outcomes of newly designed community pediatric clinical experiences.

The purpose of this study is two-fold: 1) to gain a deeper understanding of third year John Abbott College nursing students' expectations of the pediatric community component of the program prior to the clinical experience and 2) to examine the same students' perceptions following the experience in order to determine if students perceived they were able to meet the learning objectives of the pediatric rotation.

In order to determine the learning suitability of the clinical experience at the selected community sites, students' perceptions of their experiences were examined to determine their level of satisfaction and their ability to meet the learning objectives of the pediatric clinical component. The results of the study will help guide nursing teachers to continue to develop the pediatric community clinical component of the John Abbott College nursing program through the modification of clinical placements and associated learning activities.

CHAPTER ONE

STATEMENT OF THE PROBLEM

1. HISTORICAL BACKGROUND

In 2004, John Abbott College was in the process of implementing a new curriculum that was designed to meet the new competencies mandated by the Ministry of Education, Sports and Leisure of Quebec. When developing the new curriculum, the nursing faculty voted in favour of moving the pediatric component from the second year to the third year of the program. The nursing faculty strongly supported the idea that care of children required a student with a higher level of competence due to the complexities of child and family issues when children are hospitalized. In addition, changes in nursing curricula across the province introduced an ambulatory competency which includes community care.

At the same time as the implementation of the new curriculum for the pediatric semester, all Anglophone College nursing programs in the Montreal area were unexpectedly forced to change the organization of pediatric clinical nursing rotations as a result of restrictions imposed by the pediatric hospital's nursing administration. In 2004, the number of students permitted on any unit was restricted to six. Since each clinical group consists of a maximum of eight students, John Abbott College's nursing department's response was to rotate two students from each clinical group out to community agencies (for example, at a school for handicapped children with hearing and motor deficits), or to specialty areas within the hospital (for example, a short stay unit) for one or two weeks of their six week pediatric rotation; leaving six students on each of the four allotted units. This new clinical configuration meant that some

students spent four clinical days at a community agency, or spent two clinical days in a clinic or specialty area in the hospital.

Teachers who had students rotate to in-hospital areas were able to visit the students once or twice daily and were on site if issues arose. The community sites, however, did not have the same teacher availability as the in-hospital areas. Although hospital-based teachers coordinated the experiences for their students with the person in charge of the community agency prior to the student rotation, they could not always be present. Once students arrived, teachers were only available by pager. Fortunately, no major student issues occurred, however, teachers felt uncomfortable and recognized that had an event occurred, immediate teacher intervention would have been virtually impossible.

As more students were placed in community settings, community staff felt overburdened by constantly taking charge of rotating students without any teacher presence. They expressed an interest in receiving students, but staff workload increased as a result of orienting new students to the area every two weeks. The agencies were unable to benefit from the students' presence due to the very short amount of time students spent in each area. The agencies proposed having students remain in their facilities for at least three consecutive weeks, thereby allowing for one week of orientation and at least two weeks of greater student participation in the setting.

The following year, further restrictions were set by the pediatric hospital administrators. Only one group of six students was permitted on any unit each day. The availability of day and evening shifts for students was no longer allowed resulting in only half of the student placement spots that were previously available. The hospital's administration expressed concern for patient safety as the main reason for their decision. In any clinical setting, students in the John Abbott College nursing program are supervised directly by an instructor, but responsibility for patient care and

welfare is also shared by the unit's nursing staff. Unfortunately, at the same time, the pediatric hospital was experiencing a shortage of senior nursing staff to mentor new staff. The experienced staff was also no longer available to assist in the supervision of nursing students. At the same time, the hospital engaged in a campaign to implement strategies to retain their staff. Nursing staff satisfaction was a primary concern to prevent burnout and to promote retention. Although, it is commendable for hospital administrators to care for their staff, their actions resulted in individual colleges scrambling to find solutions for student pediatric placements.

2. ACCOMMODATING FOR THE LACK OF HOSPITAL PLACEMENTS

All the implicated colleges struggled to find solutions. The negotiations that ensued left John Abbott College with three hospital units or eighteen placements for students in acute care pediatrics. The faculty at John Abbott College extended the hospital-based students' clinical day to nine hours each day (eight hours on the unit followed by one hour in post clinical conference). The hospital-based teachers maintained groups of eight students by rotating two students to in-hospital clinics or specialty areas. A fourth community-based clinical group was created to accommodate student numbers. One teacher was designated as the community teacher to directly supervise all students in the community agencies. Approximately one third of the student population spent three clinical weeks in community settings. Community agencies were more satisfied with this arrangement as students remained constant for three weeks and a clinical teacher was present daily for a short period of time. The responsibility for the student was more equitably managed between the agency and the college faculty. The number of community placements increased significantly because of this successful arrangement.

John Abbott College was able to obtain placements in community clinic settings, specialized schools and day care facilities. The pediatric teaching team recognized that day care facilities were the least favourable placement, however, the

competencies of the program could be adequately met in these learning environments so they were maintained as a viable option.

In 2006, the hospital situation remained the same but student enrollment was higher. Current trends in nursing shortages have enabled every college to accept more students into their nursing programs. Assured of future employment coupled with better salaries and working conditions, applications for nursing programs have significantly increased. The pediatric nursing teaching team at John Abbott College had to identify and find even more community placements to meet the larger student population. As a result, the nursing faculty had to rely more heavily on day care facilities to supply an adequate number of placements for the higher number of students. Fifty percent of the students rotated to community placements for three out of six clinical weeks in pediatrics; and almost half of the students were placed in day care facilities.

In 2007, the Anglophone pediatric hospital was in the midst of change and advised John Abbott College that even fewer acute care units would be available for nursing students. Once again, the pediatric teaching team had to maximize the use of acute care hospital places and replace the lost hospital-based spots with community placements.

The changes in the pediatric hospital have affected every anglophone nursing program in the city. In an effort to identify solutions, a pediatric task group was formed comprising representatives from the hospital, the nursing professional order, each anglophone college and the anglophone university. Their mandate was to find solutions for the scarcity of pediatric clinical placements for all nursing students. Their work involved identifying which clinical settings would best support the achievement of the competencies expected of a nursing graduate from a college or university program. The task force specified the core teaching concepts that would enable the student to achieve the competencies. These included the ability to: recognize growth

and development of children of different ages according to standard developmental milestones, to communicate at an age appropriate level, to ensure safety for children in the form of prevention from injury and promotion of health and to recognize the family as an integral component of child development. Nursing students are also expected to acquire knowledge and skill in the assessment and treatment of children with an acute illness. The task force concluded that there are many learning environments in the community that are better suited than the acute care hospital for the achievement of most of the pediatric competencies (McGill University Health Centre Task Force, 2006).

While the John Abbott College pediatric nursing teachers agreed with the core teaching concepts that emerged from the task force collaborative efforts, the teaching team also integrated the philosophical approach of “*atraumatic care*” as a key concept when caring for children. Atraumatic care is a philosophy of care that aims to minimize physical and emotional trauma children may experience in health care establishments of all kinds (Winkelstein, 2005, p.11).

3. PROBLEM ARISING

With the combined hospital and community-based settings for the pediatric rotation, students began to feel short-changed. Students who spent a full six weeks in acute care pediatrics settings questioned why they were not given the opportunity to experience community placements, while many students placed in day care facilities questioned the relevance of day care experiences to the nursing role. Student dissatisfaction was evident.

Another issue that arose was a discrepancy between the students’ expectations of a community experience and the actual experience. For example, some students expected to actively care for children with a chronic illness in the child’s home. Instead, their community experiences brought them into wellness clinics for young

children. Student clinical assignments did not include active learning components, thus students assumed an observational role. Upon closer examination, perhaps the clinical objectives and student learning tasks were not adequately aligned to enable students to benefit from their experiences.

CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Health care is shifting from delivery of acute care services to health promotion and illness prevention. Health promotion and illness prevention requires identification of specific needs of a particular population, teaching and screening for early detection and prompt intervention. The changing health care needs and limited acute care clinical placements have forced professional organizations, governments and higher education institutions to develop innovative strategies to enhance learning and prepare student nurses or health care providers for the future. Based on government recommendations of the skills and competencies required of future nurses, many higher education institutions are changing their focus and developing or restructuring nursing programs to include community-based components (Gaines, Jenkins & Ashe, 2005; Janvier, 1999; Juhn, Tang, Piessens, Grant, Johnson & Murray, 1999; Kulewicz, 2001; and Simione & McKinney, 1998).

1. COMMUNITY-BASED LEARNING

The scarcity of hospital or traditional clinical experiences in pediatrics coupled with current health care trends support an increase need for teaching nursing students through community settings (Janvier, 1999; Lieber, 1997). Several nursing programs have changed their focus to provide community-based educational opportunities that connect learning to real problems. Community-based learning is an ideal opportunity to relate education to the needs of communities. Community-based learning allows the learner to not only acquire knowledge and skill, but to use these first hand experiences in real life situations to enhance learning (Goetz & Nissen, 2005; Juhn, *et al.*, 1999;

Lieber, 1997; Owens & Wang, 1996; Scott, 2005). Piper, DeYoung and Lamsam (2000) designed a study to evaluate student perceptions of the value of a community learning experience in both the first and second years of a four year doctoral pharmacy program at the University of Pittsburgh. They describe the benefits of community learning in higher education as a means for students to have hands-on experiences that assist them to integrate didactic knowledge and professional values into practice. The authors designed a questionnaire that was administered in two years to two levels of students to assess student perceptions of the usefulness of the experience. The results of the study showed the majority of both first and second year students agreed that the community learning experience was valuable to their education by heightening their awareness of others' needs. Students identified social benefits that included the development of empathy, concern, moral sensitivity and social responsibility. The students concluded that they had developed more respect for individuals and that the experience increased their confidence in interacting with others and ultimately improved their communication skills. Some differences existed between the first and second year students. A majority of second year students felt the experience helped them learn about empathy, the importance of teamwork and they expressed a desire to pursue community service in the future. The first year students were in less agreement concerning these three areas.

Simione and McKinney (1998) evaluated a community project that had been implemented in a university school of nursing. The community project spanned two academic semesters and was evaluated at the end of one full year. A total of forty-five nursing students from each year of the nursing program spent twelve hours per week as active participants in the community project. A survey was given to elicit students' beliefs relating to the professional nursing competencies as determined by a government health commission. The results of the quantitative part of the study showed that students agreed with the usefulness of the competencies described by the government for nursing professionals. There was weak support for three areas; political advocacy to improve the health care system, the professional responsibility of

the nurse to model health behavior outside of the work environment, and whether nursing education should place emphasis on care of people with illness or on health promotion. The results of the qualitative part of the study obtained through semi-structured interviews showed high support for the community learning experience. Students felt they learned more through their active involvement with the clients they encountered through the community project. Students recognized that communication with clients was essential in order to establish trust and provide effective care. Part of their nursing role was to inform clients about available services to meet their needs. Following effective teaching, clients were more capable of accessing the required services. The students were more aware of the problems that could be encountered and the resources available in the community to meet the needs of the population. The results of these studies support the educational philosophy that active learning engages the student in the process of learning (Ramsden, 2000).

Studies demonstrate that both students and community agencies benefit through a working and learning partnership. Positive outcomes for community agencies include development of training centers for the region, increase in children's knowledge of safety issues, and early screening and detection of health problems (Gaines *et al.*, 2005; Hall-Long, Schell & Corrigan, 2001). In one study the faculty profited from the specialized training they received in preparation for the community experience. All faculty members were trained and certified in vision and hearing screening. Two members were certified to teach developmental screening and two were certified in advanced health assessment in pediatrics. Hence, members of the nursing faculty were adequately prepared to supervise and coach students throughout the experience. In addition, the College was recognized as a training site for the Texas Health Steps course (Gaines *et al.*, 2005). In other studies (Goetz & Nissen, 2005; Juhn *et al.*, 1999, Kulewicz, 2001; Simione & McKinney, 1998), students learned from the hands-on experience and opportunities to communicate with children of various ages and to observe their growth and development. For example, using a day care center, students focused their observations on all aspects of growth and

development such as play, fine and gross motor skills, verbal and non-verbal communication, attention span, social skills and temperament. Students developed health promotion activities geared to the growth and development of the group of children. In addition, each student performed a health assessment of a well child (Goetz & Nissen, 2005).

2. STRATEGIES USED TO ENHANCE LEARNING IN COMMUNITY SETTINGS

A rich learning experience from a community partnership does not occur haphazardly. Planning is an integral part of the process (Gaines *et al.*, 2005; Janvier 1999; Kulewicz 2001; Owens & Wang 1996). A reciprocal advantage must occur for a successful partnership. Planning involves setting clear objectives that are based on the needs of the educational competencies and the agency's mission (Kulewicz, 2001). It is the faculty's responsibility to prepare the students adequately for the experience (Gaines *et al.* 2005; Janvier, 1999). Learning activities must be developed from the objectives to help students achieve active learning (Kulewicz, 2001; Owens & Wang, 1996). In the case of Gaines *et al.*'s study (2005) to prepare students to perform vision and hearing screening for children, theory was presented in class and students had access to notes on the content. Practice sessions were organized in the educational setting. Students were provided with opportunities to develop their skills and receive immediate teacher feedback. Subsequently, students were sent to day care facilities to perform vision and hearing screening. In order to successfully complete the assessments, the learning activity required students to integrate the theory of growth and development and to use age appropriate communication skills. Information was explained to parents after the screening was completed and when applicable, recommendations for follow-up were given.

Student reflection in post clinical conference discussions and through journaling is an important activity (Janvier, 1999; Kulewicz, 2001; Owens & Wang, 1996). Journals provide students with an opportunity to examine their feelings, values,

fears or concerns. Reflection is critical to the learning experience as it enables students to analyze what they learned. Students can review what they did well, what they could improve upon and what extraneous factors impacted on their learning in the clinical situation. Through journaling, students review clinical experiences and are able to mentally correct any action or decision. Analysis provides a foundation for future learning. Journals are an active learning tool as students link current experiences with course content and prior experiences, thereby constructing new knowledge (De Young, 2003; Moore Schaefer & Zygmunt, 2003; Puntambekar, 2004).

3. TEACHER AND STUDENTS' PERCEPTIONS OF LEARNING

According to Owens and Wang (1996), one of the major barriers to overcome in the development of community projects is teachers' beliefs. Some teachers still believe that community experiences will take away valuable learning time from the classroom based on the premise that knowledge must be passed on from the teacher to the student. Organizational challenges include a commitment of time and effort to create community-based learning experiences and activities. Time must be provided both by the agency and the nursing faculty to ensure appropriate objectives are set and carried out. This may require rescheduling or adaptation by both parties to accommodate for nursing students' learning (Juhn *et al.*, 1999; Kulewicz, 2001; Owens & Wang, 1996; Simione & McKinney 1998). Colleges may face difficulties finding sites for placements that have close proximity to the college (Janvier, 1999). In addition, the evaluation of community-based learning is more difficult to measure in a community setting (Owens & Wang, 1996). Nursing faculty require support from both faculty members and the institution to create successful partnerships with community agencies.

Student perceptions of clinical learning in nursing have been studied in both traditional and community practice settings (Goetz & Nissen, 2005; Juhn *et al.*, 1999; Kulewicz, 2001; Simione & McKinney, 1998; Wilson, 1994). Wilson (1994)

conducted a qualitative study to explore and describe the nursing students' experience of learning in the traditional clinical setting. Two methods were used: interviewing students and directly observing students. The findings of this research indicate that nursing students develop a perspective as they work in the clinical environment. Based on the data analysis, six major goals emerged that guided student behavior. The goals students identified were to "to do no harm to a patient, to help patients, to integrate theory-based knowledge into clinical practice, to learn nursing clinical practice skills, to look good as a student and to look good as a nurse" (p. 81). She concludes that instructors need to be aware of nursing students' perspectives in order to maximize the effects of instructional strategies used in clinical settings.

Juhn *et al.* (1999) assessed nursing students' perceptions of their expertise in certain nursing abilities before and after a community pediatric experience in an effort to identify any change as a result of the experience. Both qualitative and quantitative methods were used to evaluate the project. The quantitative method involved a survey given both before and after the project to the nursing students who were involved in the project. The same survey was given as a posttest to the nursing students who did not participate in the project to compare the results of participants of the intervention versus non-participants. The authors designed a nineteen question survey that aimed to assess nursing students' "self-perceived expertise" in areas such as communication skills, documentation, problem solving skills and health issues in middle school (p.217). Fifty-seven nursing students participated in the pre-test/posttest survey and ninety-five non-participants completed the survey at posttest time. The results of the study showed a significant increase in perceptions of expertise and in communication abilities with adolescents by the participating students compared to the non-participants. The students experienced community-based care that focused on promotion of health versus acute care of sick people. Through individual interviews, students revealed their views of the nurse's role as a change agent in health in the community. They developed a better understanding of adolescents and their patterns of behavior, and they developed the ability to adapt communication styles to meet the

students' needs. They learned how to teach in groups, and developed organizational skills in preparing the lesson plans. They also developed a sense of viewing themselves as role models for the underprivileged young adolescents. Students who participated in the community pediatric experience perceived positive outcomes in most of the areas studied.

Clark, Owen & Tholcken (2004) developed a tool to determine student perceptions of their abilities to perform particular skills while caring for chronically ill people as part of a baccalaureate nursing course. Drawing from Albert Bandura's social cognitive theory, the authors define self-efficacy as a judgment of one's abilities to initiate and maintain behaviours. Self-efficacy beliefs are related to prior successful behaviour and perceptions of the relative importance of these behaviours. A thirty item self-efficacy evaluation tool was developed based on the course objectives. The tool examined students' perceived confidence of knowledge and skills and their beliefs of the importance of each item in the nursing care of chronically ill people. The students rated many items as important to the care of the designated population yet they rated their abilities lower in many of the same areas. The authors assert that when students have self-confidence in performing certain skills and when they attach relative importance to the skill, then they are motivated to maintain the skill. The authors used the results to redesign the curriculum and to identify more appropriate clinical placements in order to meet students' learning needs.

Oermann & Lukomski (2001) examined the stresses, challenges and emotions perceived by nursing students in pediatric clinical courses. Data was collected using three methods; a clinical stress questionnaire, open-ended questions and an emotions inventory. The sample included seventy-five nursing students in pediatric courses from twelve nursing programs and eighty-three nursing students enrolled in other clinical nursing courses. Students in the pediatric clinical course were more excited and eager to learn compared to students placed in other clinical nursing courses. No significant differences existed between pediatric nursing students' stress compared to

students in other clinical courses. Prior research conducted by Oermann & Standfest (1997), as cited in Oermann & Lukomski (2001), found that nursing students in a diploma program had a higher level of stress in pediatric courses compared to students in a degree program. The results of their more recent study demonstrated that students were concerned with making medication errors that could cause harm to a child. From this point of view, the results are consistent with Wilson's study (1994), where students were primarily concerned with causing no harm to a patient.

Pediatrics is perceived as a challenge due to the complexities of caring for children and their families as well as the unique challenges of communication and the integration of developmental needs. In the study by Oermann & Lukomski (2001) students in pediatrics found the course to be challenging yet they developed confidence in caring for children. Students who reported high stress scores were also found to have less self-confidence in clinical practice and were more disappointed with the course. The authors used the results of this study to make recommendations for nursing educators and nursing preceptors in pediatric clinical settings.

Few studies have examined nursing student perceptions **prior** to clinical experiences. In addition to the research conducted by Juhn, *et al.* (1999), Sand-Jecklin & Schaffer (2006) also looked at prior perception. They designed a study to examine nursing students' perceptions of nursing at the start of the nursing program prior to any clinical experience and compare them to student perceptions later in the program. Three areas of nursing were examined; the student perceptions of the value of nursing, the practice of nursing, and the students' perceptions of the public's value of nursing. The authors compared student perceptions prior to any class or clinical experience with those after six months of the program to identify if their experiences altered their perceptions. The authors adapted "The Perceptions of Professional Nursing Tool" (PPNT) (developed by Rocchiccioli, 1992), as cited in Sand-Jecklin & Schaefer (2006), to gather information about the perceptions of nursing students. It was validated on the basis that it had internal consistency and was found to be reliable. A

convenience sample was used. Eighty-five students completed the first survey and seventy-four students completed the second survey. The results of both surveys indicated that students had a positive view of the practice of nursing and they strongly valued the field of nursing. Students' responses indicated that they thought the public had a poor image of nurses. On the first administration of the tool, students believed that when the public formed opinions of nursing based on personal experience, they had a higher view of nursing compared to when they formed opinions of nursing based on the media portrayal. Differences in the second administration of the tool were not significant. Most students chose nursing because they wanted to help others or they had a previous positive experience with nurses. Some students chose nursing for job security, salary, and the ability to further their educational goals. Scores in the first and second administrations of the tool did not change significantly for most of the items, but students perceived they had a better understanding of the role of the profession after six months of experience in the field. The authors conclude that the study supports a need for educators and nursing in general to take action to promote positive experiences for nursing students in order to retain students in the profession of nursing.

4. PURPOSE OF THE STUDY

This study aims to examine student perceptions of pediatric community experiences prior to and following the experience. This study addresses the following question: What are third year John Abbott College nursing students' perceptions of community clinical experiences in pediatrics? The faculty needs to develop an awareness of students' preconceived ideas or beliefs in relation to community pediatric experiences in order to achieve a meaningful community experience. Faculty must expend time and effort to identify appropriate community placements, match curriculum needs with community needs, and create active learning activities that enable students to achieve the objectives and perceive that they have done so.

According to Plotnick (1996), perception is defined as “the experience of a meaningful pattern or image that the brain assembles from thousands of individual sensations; a perception is normally changed, biased, colored, or distorted by one’s unique set of experiences” (pp.114 – 115). For this study, perception refers to students’ personal ideas, understanding and beliefs. It refers to how nursing students have organized the concept of pediatric clinical experiences in their minds. Several students have personal or work related experience with children of different ages while others have no experience in dealing with children. Some nursing students may have children of their own. Students’ perceptions of nursing in community settings are an important element in the level of satisfaction with the pediatric community component of the program as it affects their ability to become involved learners.

CHAPTER THREE

METHODOLOGY

1. PARTICIPANTS

During the fifth semester of the nursing program at John Abbott College, the students learn the specialties of pediatrics and general surgery. The number of students enrolled in the fall of 2007 was fifty-seven. The curriculum design resulted in half of the class spending the first six weeks in one specialty and then switching to the other. Due to the scarcity of hospital placements in pediatrics, half of the students placed in the pediatric experience spent three weeks in an acute care setting and three weeks in community sites. For each group of seven students in community pediatrics, two students were sent to a day care center that deals with children with and without disabilities. One student attended a pre-school center with specialized services for intellectually handicapped children and two students were sent to an elementary school for children with motor and hearing deficits. Two students worked with a nurse in a *Centre local de santé communautaire* (CLSC) in a wellness clinic that focuses on health promotion in early childhood. The community teacher (the researcher) had four groups of seven students over the course of the semester. Thus, approximately twenty-eight students participated in a pediatric community experience. Each group remained in community placements for a period of three weeks.

Although students varied in age and life experiences, all students in this group were at the same level of preparedness in the nursing program and planned to graduate in May of 2008, after their sixth semester of the nursing program.

2. METHODS

Both quantitative and qualitative methods were used in this study. A survey was administered to all fifth semester students at the beginning of the academic semester (Appendix A). The purpose of the survey was to examine students' attitudes and beliefs concerning pediatric experiences prior to clinical exposure. The survey developed by the researcher used a Likert scale with four open-ended questions to elicit more information. A second survey, also developed by the researcher using a Likert scale, was administered to students after they participated in the community component of the course to measure any change in their perceptions of the pediatric community experiences (Appendix B). At the end of each questionnaire, space was provided for students to enter comments.

Qualitative data was collected to gain a better understanding of the meaning of the experience for students who were placed in pediatric community placements. As part of the clinical requirements of the nursing course, all students were expected to write a final reflective journal at the end of their three week community experience (Appendix C). It is common practice to assign reflective journals as an assignment to nursing students, but in this case the journals were guided by open-ended questions designed to identify students' perceptions of their experiences in pediatric community settings. Reflective journals were analyzed using content analysis.

At the end of each six week clinical rotation (mid semester and at the end of the semester), focus groups were held to gain a deeper understanding of the meaning of the experience for students who participated in the three week community component (Appendix D). The focus group session was designed to elicit student perceptions of community experiences prior to the rotation and their perceptions of learning following the experience. Content analysis of the students' discussions was completed.

Although the number of students capable of participating in this study was relatively small, the qualitative data in the form of reflective journals and focus groups provided a deeper understanding of the meaning of the experience.

3. PROCEDURES AND ETHICAL CONCERNS

At the beginning of the term, all fifth semester nursing students were asked to participate in this research study by completing a survey. Verbal and written explanations about the nature of the research were provided. Students were told that participation was voluntary and would not affect their grades. If they agreed to be participants in the study, students were given consent forms to fill out (Appendix E). Participation included completing the initial survey prior to any clinical exposure in the course, completing a second survey at the end of their community pediatric rotation, submitting a reflective journal written at the end of the pediatric community experience, and participating in a focus group discussion at the end of their entire pediatric rotation.

The initial survey was distributed in the first week of the semester at the end of a classroom session. The second survey was completed by the students who participated in a community pediatric clinical experience at the end of the clinical rotation. Each survey took approximately ten minutes to complete and was coded by an independent person in order to facilitate the matching of participants once the second survey had been completed. Coding ensured participants' anonymity as student names did not appear on any of the surveys. The independent facilitator who did not teach in the fifth semester, distributed, coded the surveys; collected and retained them in a locked filing cabinet at the College, until the end of the academic semester, once final grades were submitted.

Journals were completed outside of clinical and class time and students were asked to return completed journals within one week of the end of their community

clinical experience. The amount of time it took to complete a journal varied among students, however, it was assumed that it would take an average of thirty minutes to complete a journal. To maintain anonymity, journals were typewritten and students were asked not to indicate their name on the journals. Envelopes were provided for students to submit their journals to the designated independent person. The sealed envelopes were kept locked in the filing cabinet at the College until the end of the academic semester. The researcher did not have access to students' journals until after final grades were submitted.

One focus group was held at the end of each six week pediatric clinical rotation. The focus group was conducted by an independent person and the discussion was audio- taped. The focus group was held soon after the end of the clinical rotation depending on student and facilitator availability. The focus group was limited to a thirty minute session and was held in a conference room at the College. The tapes and notes were stored in a sealed envelope by the facilitator and locked in a filing cabinet until the end of the academic semester. Content analysis of the data was processed after final grades were submitted.

Consent to use the data collected from reflective journal entries, surveys and the focus group interview, was requested at the beginning of the three week rotation. Furthermore, all students were informed that they could withdraw from participating in the research study at any time. Participation in the research study or withdrawal from the research study would not affect their academic nor clinical standing. They were assured that confidentiality would be respected. All surveys, journals, tapes and notes would be destroyed at the completion of the research study. There was no monetary compensation for the participation in this study. Finally, due to the voluntary basis of participation and the anonymity of student data, there were no risks to the students.

The participants were told that the results of the research would be available to all interested participants upon completion of the study. The research findings would be presented to nursing faculty members. In addition, all interested persons from the college community would also have access to the findings.

Ethics approval was obtained from John Abbott College's Research and Development Committee and the project was accepted by the Academic Council prior to the beginning of the study.

CHAPTER FOUR

PRESENTATION OF FINDINGS

1. FOCUS GROUP SESSIONS

Two focus group sessions were held at the College at the end of each pediatric clinical rotation. Out of a total of twenty-eight students who participated in the pediatric community experiences, seven students voluntarily attended each of the two focus group sessions for a total of fourteen participants. Each focus group session was audio recorded, however, the equipment failed during the second focus group session. Fortunately, detailed notes were taken by the focus group leader and those, along with the transcriptions of the audio recordings from the first interview session, were used for the analysis. Although the students had no previous experience with focus groups, they were comfortable talking about their pediatric experiences particularly since each focus group leader was a teacher who had no connection to their course that semester. The pediatric community areas used were the same for both groups of students. The results of each focus group session were similar and will be collectively discussed below.

The two major categories of data that emerged from the analysis of the transcripts and the notes were 1) affective characteristics surrounding students' experiences with pediatric community settings; and 2) students' views of the acquisition of the competencies. All students' emotions were classified under the category of affective characteristics surrounding students' experiences. Each of these two categories was further divided into two more specific themes. In the category of affective characteristics, students spoke about the "fear of the unknown" and their

“perceptions of the experience.” In the category of students’ views of the acquisition of the competencies, both “acquisition of new knowledge” and “perceptions of learning” were emphasized.

1.1 Affective Characteristics Surrounding Students’ Experiences

1.1.1 Fear of the Unknown

A common concern was that students did not feel prepared for the experience as it was uniquely different compared to any prior clinical experience in the program. As one student said, “I didn’t know what information to review.” One student was concerned about how she would respond to children, “How will I deal with discipline issues?” Several students stated they felt “nervous” in dealing with children. Lastly, a few students questioned how they would be evaluated in the clinical rotation, “I was worried how I would be evaluated since a teacher would not be present all of the time.”

1.1.2 Perceptions of the Experience

All students were satisfied with the community placement sites they were sent to but the reasons they gave varied. Some students commented on how welcoming the staff was to students, while others felt the experience was less intense compared to hospital settings. A few students commented on being exposed to only a limited age group (infancy to five years) and would have liked a more varied experience with older children. All students commented on how short the time was (three weeks) and felt it was a limiting factor.

Several students expressed concern about the value of this type of clinical experience compared to traditional hospital-based experiences particularly prior to the rotation. Their feelings were best expressed by one student’s statement, “I thought it would be a waste of time and I would not learn any nursing skills.”

1.2 Acquisition of the Competencies

1.2.1 Acquisition of New Knowledge

Several students felt the experience “broadened their knowledge and views of atraumatic care.” Other students felt that through working with healthy children with physical disabilities, they learned how to “use the child’s strengths to help the child cope and gain control in spite of their physical limitations.”

Most of the students discussed how they learned about growth and development of children of different age groups and with different health needs. One student commented, “It is so much different than in the hospital when you are concerned with their immediate health state and you don’t really focus on the child’s growth and development. The main concern is to help them get well. The community setting helped me broaden my views.” Another student said, “It provided me with the best opportunity to learn about growth and development.”

1.2.2 Perceptions of Learning

Depending on the particular site students were sent to, perceptions of learning also varied. Some students commented on the different strategies they learned when dealing with children with special needs. Those working in community health centers commented on how they learned to see “the whole process of healing and what resources are needed afterwards.”

Overall, the students enjoyed and valued their experiences in pediatric community areas. The students would have liked the opportunity to participate in different settings for longer periods of time, as this experience was limited to only six clinical days.

2. REFLECTIVE JOURNALS

Each student had to submit a reflective journal at the end of each clinical rotation. A total of twenty-four journal entries were collected and were analyzed using content analysis. The topics found in the reflective journal entries were similar to those expressed in the focus groups. Topics of discussion regularly fell into the categories of “Affective characteristics surrounding students’ experiences with pediatric community settings” and students’ “Views of the acquisition of the competencies”.

2.1 Affective Characteristics Surrounding Students’ Experiences

In most clinical rotations in a nursing program, students work with adult clients in a hospital setting accompanied at all times by an instructor. Upon starting this pediatric rotation, students were faced with the challenge of nursing children and being sent to a community setting without an instructor on site at all times. Many students’ perceptions prior to the experience consisted of anxiety or fear because they did not know what to expect. Some students said that they felt uncomfortable dealing with children. Several students were concerned about working alone outside of the traditional clinical group and without the presence of a clinical instructor. As one student said, “I was worried about the community setting because the teacher would be moving around in different areas and I would not have the support from my classmates.” Once students had the opportunity to participate at their individual sites, they felt welcomed and more relaxed when working with children of different age groups with different health needs. As one student noted, “I am very glad I had this opportunity because this experience has really helped me be more relaxed with children and improved my communication with them.” Another entry included, “My comfort level in dealing with children has really improved.” A few students stated they felt “welcomed” by the staff in their areas, and one student commented on being “included” as a member of the team.

All students commented on their newly acquired appreciation of the role that the community plays in nursing. As one student stated, “Honestly, before I went to community, I could not see the advantage it could have for a nursing student. I felt there was nothing to learn. There is so much to learn from community as it is part of nursing.” Another student stated, “I saw a different aspect of nursing that I hadn’t really realized existed. I now see the other side of it - the importance of CLSC’s in the community.” Another entry included the following, “It was more than what I had expected. I thought I would have been more on the sidelines observing what the nurses are doing, but it was contrary when I got there, I had the opportunity to teach, observe, and have ‘hands-on’ experience.”

All of the students’ perceptions of their experience were positive. Students gained insight into the mission and function of the community sites. Students discovered that working in the community fostered health promotion and continuity of care that lead to a change in their perception of the value of the setting. Furthermore, they now understood the role for nursing in the community.

2.2 Views of the Acquisition of the Competencies

In order for students to meet the competencies of pediatrics, a health promotion teaching activity was designed. In all settings except in the CLSC, students had to partake in a teaching activity to meet the needs of the children they encountered. Based on the responses of the journal assignment, students perceived they gained abilities and skills in the following areas: application of principles of growth and development, teaching skills and communication abilities.

Most of the students were clearly able to see the difference between growth and development of normal children compared to those with disabilities. As one student stated, “In class, we learned a lot about growth and development of children, but this experience gave me the chance to apply what we learned. It also gave me a

chance to look for warning signs of developmental delays in children.” Another student wrote, “From my experience in the community, I see growth and development as linked, a deviation in one could affect the other. For example, a child who is born prematurely has many physical disabilities and they can affect the social development of the child.” Another student stated, “Through this experience, I had the chance to observe children both with and without disabilities who are healthy. By being able to directly compare different children of the same age, you can see that each child can be at a different stage in their growth and development.”

Many of the students commented on the manner in which they had to adapt their teaching to be effective to different age groups. As one student wrote, “the health promotion activity helped me overcome the challenge of patient teaching. When teaching children, I learned that in order to have an engaging activity, you must have knowledge about the topic and make it as interactive as possible. One must consider the age group, attention span, use of appropriate terms and listen to what the children are saying because you can learn from them as well.” Another student stated, “I learned different strategies of teaching depending on the level of learning and the child’s stage of growth and development.” One student who worked with mostly autistic children saw how music and song “helped to reach the children.” Another student wrote, “Careful planning is vital in order for the health promotion activity to be successful. This must be done according to the child’s age group and you learn to give each child a chance to speak even if it takes them a long time.”

Many of the students saw the value of play as a learning tool and they commented on the various techniques of play that were used to engage the children; such as using song, music, visual aids and stories to keep the children engaged and to promote the health message.

All students mentioned that they felt more confident and comfortable when communicating with children from different age groups as a result of their clinical

experience. As one student stated, "I gained confidence communicating and collaborating with children, family and the interdisciplinary team. This has developed my sense of independence which reinforced my teaching abilities." Another student wrote, "This experience put me at ease to communicate with children because of the different approaches. It is important to put yourself at the same level as the client." Another commented, "The community setting improved my ability to communicate with children in a non-threatening setting." One other entry included the following, "This experience helped me to learn that there are different ways to communicate with each age group, different terms to use and different approaches are necessary for different age groups. This rotation enabled me to be creative."

Depending on the setting some students had direct contact with families and others had access to documents that contained family information, concerns and summaries of family meetings. Several students discussed an improvement in their ability to interact with families as a result of their experience. As one student wrote, "I feel I am able to approach parents and children as a family unit as opposed to individual parts. It is easier to gain a child's trust when they see their parents trust you. I can also comfortably enter a client's home and provide a professional service, something I had previously never considered a possibility for me." Another student said, "I have learned not only how to deal with children and their families but about the importance of looking at them as a whole rather than focusing on the issue. I learned about the functionality of the family and what will best help them." One student stated, "I feel more able to promote health among families and more competent at atraumatic care techniques aimed at helping the child through a potentially traumatic experience such as receiving a needle." Students who worked with children with many disabilities commented on how they could apply atraumatic care principles by "empowering" the child, promoting their "abilities rather than focusing on their disabilities". In addition, many of the students commented on how they feel more confident in dealing with children and their families. They now recognize the importance of including families in the care of children.

Although the community sites varied and students had different opportunities, all students perceived a benefit to their learning in pediatrics from their community experience. Students' reflective journal entries revealed that having the opportunity to experience pediatric nursing care in both the acute care hospital setting and in the community setting greatly enriched their pediatric experience. They were able to understand how the community setting complements the health and functioning of children and families. None of the students who participated felt they were at a disadvantage for having spent three weeks in the community setting. In fact, they expressed that the time spent in community settings was too short and they would have appreciated a longer rotation. Many of the students expressed how all nursing students should have the opportunity to experience a community rotation as part of the nursing program.

3. PRE AND POST SURVEY RESULTS

To assist in the preparation and development of the pediatric community rotation, it is important to understand our students' beliefs related to community clinical experiences. The purpose of the pre-experience questionnaire was to determine students' perceptions of community clinical rotations and to elicit students' knowledge and pre-conceived ideas about the role nursing plays in community health. The post experience survey tried to determine if there was a change in their perception of nursing in community settings and if students' felt they were able to meet the pediatric competencies as a result of their experience. A summary comparing students' responses both before and after the pediatric clinical experience is presented in Table 1 below and was generated using the Statistical Package for Social Sciences (SPSS) version 16.0.

Table 1

Summary of the Comparison of Student Responses Prior to and Following
Community Experiences

Students' Perception	Prior to Community Experience	Following Community Experience
I do not know what to expect of a Pediatric Community Experience	86%	N/A*
Feel comfortable to work with children in the community	83%	N/A*
Working with children frightens me	17%	N/A*
Confidence caring for children in the community	73%	95%
Community experience will give me an advantage over my fellow students	45%	N/A*
Time spent working with sick children in hospitals is more important to my learning versus working with healthy children in community settings	27%	5%
The community experience helped me learn about growth and development	N/A*	100%
Community experience helped me compare normal versus abnormal growth and development in children	N/A*	95%
I feel better prepared to communicate with children	N/A*	100%
I am more confident teaching children	N/A*	82%
I will work closely with families in community settings	36%	45%
Community experience will help me prepare for future nursing practice	95%	100%
Nurses have a responsibility to care for community health	95% **	100% **

*N/A: not applicable – questions were not generated on either the pre or post questionnaire.

** Nurses have a responsibility to care for community health – see Table 2 for change in level of agreement.

Prior to the pediatric clinical rotation, eighty-six percent (86%) of the students did not know what to expect from the experience. In the pre-experience questionnaire, students were asked to describe their comfort level with children in general. Eighty-three percent (83%) of students described feeling relatively comfortable in dealing with children. Only seventeen percent (17%) of students reported feeling afraid to work with children in general.

Students were asked to report on their level of confidence in caring for children prior to the experience and after the experience. There was a twenty-two percent (22%) increase in students' level of confidence in working with children in the community at the end of their experience.

Prior to participation in a community experience, slightly less than half of the students (45%) believed they would have a learning advantage if placed in a community setting compared to peers who would only be in a hospital setting. Questions were directed to determine if students would perceive a greater benefit of learning by working with sick children in a hospital setting versus working with healthy children in a community setting. Prior to the experience, twenty-seven percent (27%) of the students perceived they would have a better learning experience in a hospital setting. After working in community settings, ninety-five percent (95%) believed the community experience was beneficial.

The questionnaire following the community experience attempts to measure the ability for students to meet the pediatric competencies in community settings. Students were asked to rate their perceptions of their abilities to learn about growth and development in children, to differentiate between normal and abnormal growth and development, to communicate with children and to rate their confidence in teaching children. All of the students felt that they were able to learn about growth and development and ninety-five percent (95%) believed they were able to differentiate normal growth and development from abnormal. The results were dependent on the

community areas that were used. Some students noted they were unable to apply principles of growth and development to a range of age groups because the clientele they encountered were all of the same age group. All of the students believed their abilities to communicate with children improved following the experience and eighty-two percent (82%) believed they had gained confidence when teaching children. This result was also dependent on the location, as some students were not required to develop a teaching component due to the unfeasibility in some sites of teaching a group of children.

Prior to the clinical experience, thirty-six percent (36%) of students thought they would have the opportunity to work closely with families in community experiences. Following the experience, only forty-five percent (45%) of the students agreed that they had had the opportunity to work with families during their clinical experience. This finding was also dependent on specific locations; in some settings, like schools, students did not encounter parents.

Prior to community experiences, most of the students (95%) believed that community experiences could help prepare them for future nursing practice, however their responses were almost equally divided in the categories of strong agreement (46%) and some agreement (54%). Following the experience, one hundred percent (100%) of the students agreed that community experiences were valuable for future nursing practice and seventy-three percent (73%) of the students strongly agreed, representing an increase in this category by twenty-seven percent (27%). Similarly, students believed that nurses have a role to play in community health both before and after the community experience. Prior to the community clinical experience, ninety-five percent (95%) of the students agreed. Following community clinical experiences, all of the students were in agreement, but it is interesting to note the level of agreement changed significantly following the experience as described in more detail in Table 2.

Table 2

Nurses Have a Responsibility to Care for Community Health

Prior to Community Experience		Following Community Experience	
Strongly Agree	Agree somewhat	Strongly Agree	Agree somewhat
63.6%	31.8%	95.2%	4.8%

More detailed analysis of this question revealed that after their community experience, students demonstrated a stronger conviction in their level of agreement that nurses have a responsibility to care for community health. There was a thirty-one percent (31%) increase in student strong agreement in this type of nursing responsibility.

The most important finding in the results of the questionnaires was that prior to the experience, students perceived they would not learn as much in community experiences than they would if they were in a hospital setting. After the experience students perceived that working in the community had an impact on and benefitted their learning. The level of agreement shifted significantly in all categories.

CHAPTER FIVE

DISCUSSION

The overall purpose of this study is to improve the pediatric community experience for John Abbott College students. In order to dispel any misconceptions and have a better understanding of students' learning, students' perceptions need to be explored. Initially, community areas were sporadically used to fill in for shortages of hospital-based placements, and faculty and former students did not place the same value on learning from the community experience as they did from the hospital-based ones. Today's reality is that community areas are a necessity for clinical placements as there are fewer and fewer hospital units in pediatrics. Studies show that the clinical objectives in pediatrics can be met through community clinical placements. The faculty needs guidance to gain a better understanding of the learning possibilities that can be achieved through the use of community placements.

1. AFFECTIVE CHARACTERISTICS

Due to the shortage of hospital placements for pediatric clinical rotations, more students are being placed in community sites rather than in hospital settings. During the focus group session, students expressed concern about the lack of information and guidance they were given in regards to preparing for this new clinical experience. Prior to the start of the clinical rotation, their concerns centered on what information to review in order to help prepare them to care for children in the community and they were also concerned about the method of evaluation for the clinical rotation. In the reflective journals, students expressed concern that they might not have the support of their peers and clinical instructor at each clinical site. In the

questionnaire given prior to the clinical experience, eighty-six percent (86%) of the students stated they did not know what to expect in the pediatric clinical experience. Their sense of uncertainty revolved around their lack of preparation for what the expectations were for a student nurse in a pediatric community setting. As explained by Owens and Wang (1996), planning is the first step to achieve a successful community experience. Janvier (1999) cites Benner's theory who describes the identification of the needs of novice nurses as they progress through the stages of development. She notes that students are considered novice at the start of any clinical rotation; consequently, if Benner's theory was applied in the current study, it was difficult for students to conceptualize pediatric nursing in community settings particularly since a context was not provided prior to the start of the rotation. In the study conducted by Gaines *et al.*, (2005), students received specific training to perform the health and developmental assessments prior to the community experience to facilitate student performance. From these previous studies, as well as the findings in this study, we can assume that specific curriculum planning is essential to improve the learning experience in community settings.

In the focus group sessions, a few students described feeling nervous in their ability to care for children. In the reflective journals, some students stated they felt uncomfortable dealing with children. Two questions in the quantitative survey dealt with comfort in working with children prior to the pediatric community experience. Eighty-three percent (83%) of the students reported they felt comfortable working with children in the community and only seventeen percent (17%) stated they were frightened to work with children. Oermann and Lukomski (2001) conducted a study on the emotions of nursing students entering pediatric courses. They found students were eager to enter the pediatric component of the nursing program and the only fear students expressed was fear of making a medication error or causing harm to a child. Similarly, in the current study, students did not express apprehension about caring for children in the community pediatric rotation.

2. PERCEPTIONS OF THE EXPERIENCE

Prior to the community experience, students expressed concern about the value of a community pediatric experience for learning nursing. In the focus group sessions, students thought they would be “losing out” compared to those who would be in the hospital setting only. In the reflective journals, students commented on how they thought there would be nothing to learn in a community setting. They equated application of technical skills with learning of pediatrics. In the questionnaires, when asked if students thought they would have an advantage in pediatric learning if sent to a community site, fifty-five percent (55%) of the students did not see any advantage. Furthermore, they perceived that time spent in the hospital working with sick children was more important to their learning than time spent in a community area with healthy children.

Following the community experience, all of the students were satisfied with their community placements and their perceptions about their learning changed. In the focus group sessions, students stated the community setting broadened their knowledge and their views. They identified the core pediatric concepts that they were able to meet such as an improved ability to communicate with children, and the ability to apply principles of growth and development through their interactions and health promotion activities. In addition, students discussed the strategies and new skills they had learned in order to interact and deal with children with disabilities. Furthermore, in the reflective journals, students described the variations in growth and development of children of the same age group. In many cases, they were able to compare the growth and development of healthy children with and without disabilities. In the questionnaire given following the pediatric experience, students clearly stated that they were able to learn about growth and development, differentiate normal from abnormal growth and development, and improve their abilities to communicate with children. Additionally, eighty-two percent (82%) of the students felt more confident when teaching children.

Several studies examined nursing students' perceived learning based on a community clinical experience in pediatrics (Goetz & Nissen, 2005 and Juhn *et al.*, 1999). In the study by Goetz and Nissen (2005), nursing students' were sent to day care facilities for their pediatric clinical experience, where the students were expected to observe children's growth and development, and develop an age appropriate health related teaching activity. Students reported that they were able to see normal variations in growth and development of children of the same age. The students recognized that children are a different population from adults and that they learn through different modalities. They commented on the challenges of teaching children due to different developmental levels and attention spans. They learned to incorporate age appropriate language and strategies to effectively teach young children and maintain their interest. In the study by Juhn *et al.* (1999), nursing students worked primarily with young adolescents. The students rated a significant improvement in their abilities to communicate with the student population and significant differences were also seen in their abilities to promote health and teach children. The findings of the current study demonstrate similar results in that nursing students perceived they developed abilities to observe variations in growth and development that result from disabilities or health problems. They also perceived an improvement in their communication skills with children of various ages. As a result of the implementation of the health promotion project, students felt more confident to teach children.

3. ACQUISITION OF NEW KNOWLEDGE

Through participation in community sites, students recognized how the value of the experience enhanced their learning. Students started to gain a better perspective of the role of the nurse in the care of individuals within a community setting. They began to see a continuum of care from hospital-based nursing to the community. In the focus group sessions, students commented that they learned more about the resources that are available to help people maintain health. They viewed illness prevention as key in community settings as opposed to the emphasis placed on treatment in acute

care centers. In the reflective journals, students described an increase in confidence in their ability to promote health among families. They also commented on how the community settings complement the health and functioning of children and families. In the survey prior to community experiences, students stated that they believed that nurses have a responsibility to care for community health. Following the experience, there was a significant shift in the level of agreement; the majority of the students believed strongly that nurses have a responsibility for community health. In general, both before and after the community pediatric experience, students perceived that community experiences could help to prepare them for future nursing practice. The results of the current study are comparable to the findings of the studies conducted by Piper, *et al.* (2000), and Simione & McKinney (1998) where students felt that the opportunity to work in the community helped them develop a better understanding of the needs of the population in the community and the services available to meet those needs.

4. SUMMARY

In this study, John Abbott College nursing students revealed a feeling of uneasiness at the start of the community pediatric rotation primarily due to a lack of instruction to help in their preparation of the experience. The nursing students perceived benefits to their learning from the opportunities they encountered in various community areas. The rich context of the learning environments along with the specific learning activities helped students incorporate pediatric knowledge and skill in the provision of care to children. Students perceived that practicing in the community allowed them to apply core concepts learned in the classroom. Finally, students stated they gained a new perspective of health and illness, learning to see beyond the disease process and the value of health promotion.

CHAPTER SIX

CONCLUSION

1. EVALUATING THE STUDY

The strength of this study is that the qualitative and quantitative data yielded similar findings. The results of this study are consistent with other studies currently available related to community experiences for nursing students. The current study is unique in that it described nursing students' perceptions of pediatric clinical experiences in community settings both before and after the clinical experience and therefore, this study contributes to the literature on community experiences for nursing students.

There are several limitations to this study. First, the results of this study cannot be generalized to other populations due to the small sample size and the variability of community areas used. The number of students who participated in the pediatric community clinical experience was small. Only fifty percent of the class was sent to community placements amounting to a maximum of twenty-eight students. For various reasons, only twenty-two students completed the pediatric rotation in community settings. Second, students were sent to a variety of community areas. All of the areas dealt with children, but they differed in their organization and missions. Consequently, one cannot say that all of the nursing students had the same type of experience. The variability of experiences could have influenced the students' perceptions of the experience. Third, it was difficult to determine changes in students' perceptions before and after the experience because the design of some of the questions in the post questionnaire was not exactly the same and did not grasp the

same significance as in the pre-questionnaire. Fourth, it was impractical to compare students who had a community experience to those who did not because the clinical configuration in the particular semester was unique. Finally, there was an instance of technical malfunction. Each facilitator who moderated the focus group sessions was asked to audio-tape and take notes of the student responses throughout the session as a means of ensuring that the appropriate meaning was taken from the student responses. In the second focus group, the audio equipment failed. Fortunately, the facilitator had taken detailed notes and the data was obtained, but the second verification of responses was lost.

This study describes student perceptions of pediatric community clinical experiences, however, a future study should evaluate the current placements and students' perceptions of learning in each of these sites. It might also be interesting to gain a better understanding of teachers' beliefs regarding teaching nursing clinical courses through community partnerships. According to Owen and Wang (1996) teachers often believe that traditional learning is preferable and therefore, they resist the development of new projects.

2. RECOMMENDATIONS

2.1 Provide Clear Learning Objectives

Students in this cohort clearly did not know what to anticipate from the community clinical experience which created anxiety about what would be expected of them. The pediatric nursing teachers need to adjust the course content to include an introductory session to better prepare students for community experiences in pediatrics. Students need to be provided with clear learning objectives and detailed learning activities created for the community component of the pediatric rotation as well as an explanation of the methods of evaluation.

2.2 Align Placements with Learning Objectives

Although students perceived learning benefits from all of the sites, their experiences were inconsistent. The clinical areas used offered some students the opportunity to actively participate in the care of children. In other areas the students were mainly in an observational role where their level of participation in the provision of care to children was minimal. Consequently, not all students were required to conduct a health promotion activity. The discrepancy should alert faculty to continue to search for placements that will meet the identified learning objectives more consistently for all student participants.

2.3 Family Centered Care

Another finding from this research was the fact that the majority of the students did not have the opportunity to work with families in the community. A core concept in pediatric care is the need to treat the child within the context of the family. In the surveys prior to the experience, approximately one third of the students perceived they would work closely with families in community settings. Following the experience, there was no significant gain in students' perceptions of working closely with families. Pediatric nursing teachers should recognize that family centered nursing is likely to be encountered more consistently in hospital settings than in community settings.

3. SUMMARY

There are various indications of the need to change the approach of teaching pediatrics. Colleges' mission statements are committed to forge partnerships with communities in order to better serve social needs. The new nursing curriculum includes ambulatory care and community competencies in order to be consistent with current health care trends. There is growing belief that active learning experiences in

communities facilitate transfer of knowledge and skills and help students develop aptitudes in collaboration, communication, problem solving, critical thinking and group work. All these attributes are necessary to succeed in today's demanding work environments.

Despite their mandates, the nursing faculty at John Abbott College has been struggling with the continuous changes in the health care system for the pediatric clinical component. Acute care hospital experiences for nursing students in pediatrics encompass the care of sick children on medical or surgical units in hospital settings. The pediatric community component consists of nursing students actively participating in the care of healthy children in community agencies that focus on health promotion and teaching programs. It is now realized that the scarcity of student placements in acute care pediatrics is not temporary and there is a need to re-organize the way pediatrics is taught in the nursing program.

By studying students' perceptions of the pediatric community experience, we are better able to identify the students' beliefs of their ability to meet the pediatric learning outcomes. Faculty need to be aware of the findings of this study in order to sensitize them to the achievements that are possible from this type of non-traditional clinical experience. If teachers gain an appreciation of the learning that the students perceived, they may feel more committed to utilizing new resources for student learning. The findings of this study will help the John Abbott College pediatric nursing teachers be aware of the need to develop a preparatory class to discuss learning objectives, evaluation methods and activities to alleviate student concerns. The impact of this study will guide teachers in the continued evaluation and selection of pediatric community sites where the implementation of the learning objectives can be realized. Furthermore, other specialties in the nursing program might consider using community experiences to augment hospital experiences as traditional hospital-based resources are diminishing.

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APPENDIX A

**NURSING STUDENTS' PERCEPTIONS OF COMMUNITY PEDIATRIC
EXPERIENCES PRIOR TO CLINICAL PRACTICE**

**NURSING STUDENTS' PERCEPTIONS OF COMMUNITY PEDIATRIC
EXPERIENCES PRIOR TO CLINICAL PRACTICE**

The purpose of this research study is to examine students' beliefs of community-based clinical experiences. The questionnaire will take approximately 10 minutes to complete.

The results of this research study will be made available to interested persons upon completion. Your responses and comments will remain anonymous and confidential.

I thank you in advance for your participation.

Instructions:

Respond in the spaces provided.

A space is provided at the end of the questionnaire for any comments you may wish to make.

1. How old are you?

Under 20 years 20-24 years 25-30 years 31-35 years 36-45 years 45 years +

2. Do you have any children? _____ (if so, indicate the number)

3. Do you have any younger siblings? Yes No

4. If yes, please indicate their age(s).

5. Have you ever worked with children? (In what capacity, please explain)

6. Have you ever had any previous experience with community groups or institutions?
(Please explain)

7. List as many places in the community that you know of where a nurse would have
the opportunity to interact with children or adolescents.

Circle the responses that most closely indicate the way you feel about each item.

8. I do not know what to expect from a Pediatric community experience.

Strongly Agree

Agree Somewhat

Disagree Somewhat

Strongly Disagree

9. Working with children frightens me.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

10. I feel confident to work with children.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

11. Health promotion is an important nursing activity.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

12. I will work more closely with family members in the community setting than I will in the hospital setting.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

13. It will be easier to communicate with children in the community setting than in the hospital setting.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

14. I will do more patient teaching in the hospital setting than in a community setting.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

15. You learn just as much in a pediatric community setting as in a pediatric hospital setting.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

16. Time spent in the hospital with sick patients is more important to my learning than time spent with healthy patients in the community.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

17. Community experiences will allow me to feel more confident when dealing with children.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

18. I am eager to begin my pediatric rotation.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

19. I will have an advantage over my fellow students if I am placed in a pediatric community setting.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

20. Community based experiences should always follow hospital experiences.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

21. Nurses have a responsibility to care for the community's health.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

22. Community learning experiences will effectively prepare me for future nursing practice.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

Comments: _____

Thank-you for your participation

Linda Carfagnini

APPENDIX B

**NURSING STUDENTS' PERCEPTIONS OF COMMUNITY PEDIATRIC
EXPERIENCES FOLLOWING CLINICAL PRACTICE**

**NURSING STUDENTS' PERCEPTIONS OF COMMUNITY PEDIATRIC
EXPERIENCES FOLLOWING CLINICAL PRACTICE**

The purpose of this research study is to examine student beliefs of community-based clinical experiences. The questionnaire will take approximately 10 minutes to complete. The results of this research study will be made available to interested persons upon completion. Your responses and comments will remain anonymous and confidential. I thank you in advance for your participation.

Instructions: Respond in the spaces provided.

Circle the responses that most closely indicate the way you feel about each item.

A space is provided at the end of the questionnaire for any comments you may wish to make.

1. I am better prepared to communicate with children following the community experience.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

2. Communication with children is more difficult than I thought.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

3. Choice of words is important when dealing with children.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

4. Teaching children is more difficult than teaching adults due to their short attention span.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

5. Time spent in the community setting was less important to my learning than time spent in the hospital.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

6. I was able to develop a rapport with the clients in this community setting.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

7. I worked closely with family members in the community setting.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

8. I feel I was an active member of the team in this community setting.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

9. My pediatric rotation was what I imagined it to be.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

10. The natural environment of the community setting allowed me to learn more about children's development.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

11. The community setting did not help me to compare normal versus abnormal growth and development in children.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

12. I am more confident teaching to groups of children

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

13. The community experience has improved my confidence in dealing with children.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

14. I feel uncomfortable caring for children in the community.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

15. All students should have a community experience.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

16. Community experiences should occur first in the pediatric rotation.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

17. Community learning experiences are valuable for my future nursing practice.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

18. Hospital settings provide experiences that are more valuable for my future nursing practice.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

19. Health promotion activities are best served in community settings.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

20. Nurses have a responsibility to care for the community's health.

Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree

Comments:

Thank-you for your participation.

Linda Carfagnini

APPENDIX C

REFLECTIVE JOURNAL QUESTIONS

REFLECTIVE JOURNAL QUESTIONS

1. Did this experience enable you to apply principles of growth and development? Why or why not?
2. Did your experience improve your ability to communicate with children? Why or why not.
3. Describe what you learned from the implementation of the health promotion activity
4. What abilities do you feel you gained in dealing with children (and/or families) by working in the community?
5. Based on your experience, have your thoughts or ideas about community experiences in pediatrics changed? Please describe how they changed or why you think they did not change.
6. Please describe what you liked best about this experience.
7. Please describe what you liked least about this experience.
8. What recommendations do you have for future community experiences?

APPENDIX D

FOCUS GROUP QUESTIONS

FOCUS GROUP QUESTIONS

What did you know about community placements in pediatrics before starting this semester?

How has your experience changed your opinion of community placements?

Were you satisfied with the site you were sent to?

APPENDIX E

CONSENT TO PARTICIPATE IN RESEARCH

CONSENT TO PARTICIPATE IN RESEARCH

NURSING STUDENTS' PERCEPTIONS OF PEDIATRIC COMMUNITY EXPERIENCES

All CEGEP nursing programs are currently expected to include an introduction to community nursing. At John Abbott College, the earliest time a student may participate in a community clinical experience is in the fifth semester. A research study has been designed to determine students' beliefs and expectations related to community placements in pediatrics. The aim of this study is to improve the design of the courses to better meet students' needs. If you agree to participate, please read and sign the consent form below. Results of this research study will be made available upon request to any interested participant.

Consent to Participate In Research

I, _____ agree to take part in a study about **students' expectations of community clinical experiences in Pediatrics**. I understand that participation in the study will involve my completion of a reflective journal entry, my completion of two short questionnaires and my participation in an interview with an independent facilitator. I understand that participation in the study will involve the use of the data collected from those methods of inquiry.

I have been told that the reflective journal entry should take about 30 minutes to complete (dependent on the writer). The journal entry will be completed outside of clinical practice time. I have been told that the completion of each of the two questionnaires should take about 10 minutes. Both questionnaires will be completed outside of clinical practice time.

I have been told that the interview will take about 30 minutes. The session will be held at John Abbott College outside of clinical, classroom or laboratory time. The session will occur at a convenient time for all participants, and will be audio taped and later transcribed.

I have been informed that my participation in the study is voluntary, and I am completely free to decide whether or not to participate in this research project. If I decide not to participate in the study, my clinical and academic performance will not be jeopardized nor will I fail my clinical rotation as a result. I have also been told that I am free to withdraw from the study at any time without penalty.

I understand that my name will not appear on the journal entries or on the questionnaires, and journal entries will be typed in order to maintain student anonymity. All of my specific answers from the questionnaires and from the interview will remain strictly confidential. I have been told that all appropriate measures to ensure the confidentiality of any information about me will remain confidential. All data gathered during the study will be locked in the independent facilitator's office at John Abbott College and will be destroyed at the completion of the research. I will not be identified in any report or presentation that may arise from the study. It has also been explained to me that the data gathered may be used for other research studies in the future. If this is done, the same practices to ensure confidentiality will be observed as within this study.

While I may not receive direct benefit from participating in the study, the information gained may assist and enhance future nursing students learning.

I have read the contents of this consent form and the above research procedures have been explained to me. I have been encouraged to ask questions and any questions have been answered to my satisfaction. I give my consent to participate in this study. I have been given a copy of this form for my records and future reference.

(Signature of Participant)

(Date)

(Printed Name)

