Productivity in clinical education from the nursing and midwifery students’ viewpoint

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Abstract

Aims: Determining negative and positive factors that affect learning clinical skills, is of great importance. Since the viewpoints of students as the main part of education can pave the way for future programs, this study was designed to detect the efficiency rate of clinical education from the viewpoint of nursing and midwifery students in Shahrekord University of Medical Sciences.

Methods: This descriptive cross-sectional study was carried out on 150 senior nursing and midwifery students who were selected by census method in the second academic semester of 2006-2007. Data collection was done by a researcher-made questionnaire including individual characteristics and efficiency criteria. Five domains of educational aims and programs, trainer, behavior with students, educational environment and finally supervision and evaluation were assessed. Data were analyzed by SPSS 13 software using descriptive statistical methods and one-sample T-test.

Results: The mean scores of efficiency in clinical education was 20.5±4.5 in the domain of educational aims and programs, 15±4.6 in the trainer domain, 8.4±2 in behavior with students, 10.1±1.6 in the domain of environment and 7.9±1.9 in supervision and evaluation. The highest and lowest efficiency rates were respectively observed in educational aims and programs and the supervision and evaluation domains.

Conclusion: The efficiency rate in clinical education is “moderate” in five clinical education domains from the viewpoint of midwifery and nursing students studying in the Shahrekord University of Medical Sciences. Increasing the motivation of the personnel of healthcare centers in order to cooperate in clinical education is suggested.

Keywords: Clinical Education, Efficiency, Nursing and Midwifery Students
مدیره: پرسنل و سازمان‌های عمومی در انتخاب و اجرای برنامه‌های بهبود سلامتی، به عنوان یکی از اهداف اصلی این منابع، به ویژه در ارائه داده‌های آماری و نظرسنجی و بررسی آماری از جمله می‌توان به موارد زیر اشاره کرد:

1. بررسی وضعیت سلامتی جلابی
2. تحلیل داده‌های آماری
3. بررسی نتایج نظرسنجی
4. بررسی نتایج آزمون‌های آماری

این داده‌ها به عنوان پایه‌های اصلی برای بررسی اهداف اصلی برنامه‌های بهبود سلامتی استفاده می‌شوند.


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