

# Creative Use of College Laboratory in Nursing Education

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## I. Introduction

Clinical learning or field experience is a necessary part in the preparation of any practice profession. Therefore, it is natural that clinical teaching has been considered as the core of all nursing education in order to produce a competent professional nurse. However, as Infante(1975) asserts, nursing education has had a historical difficulty in identifying what clinical teaching consist of. Traditionally the clinical experience was a work instead of a learning situation, and the nursing student was actually considered as a worker or an apprentice instead of a learner. There has been the apparent misuse of the clinical laboratory activities in nursing education with the historical development of the clinical laboratory in the hospital setting.

With the founding of baccalaureate programs in nursing, many changes and improvements have been made in clinical teaching methods and patterns over the period of several decades, but it is still at the center of debate and discussion in nursing education. Especially at

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\*\* The Publication Manual of the American Psychological Association was used as the Footnote and Reference style in this paper.

a time when public is increasingly aware of client's rights in health care system, and nursing is increasingly aware of the ethical issues involved in its practice, the clinical learning and teaching face often very delicate problems and vulnerable situations in nursing education.

The nursing educator today is being held for two-way accountability. The nursing student demands good-quality education in intellectually stimulating and safe environment. The client in health care service demands safe and quality care. Infante(1981) insists that a competent teacher should make certain that the student enters the clinical laboratory with full ability to carry out the practice expectation there.

Corcoran(1977) raises an ethical question about using a service setting as a learning laboratory. She states that the service setting does not provide an environment for growth-conducive experiences for learners, because there are three major differences--in purposes, priorities, and time reference--between a service setting and a learning laboratory.

The service setting is to provide quality service to clients effectively and efficiently at present in time. Meanwhile, the learning laboratory is to promote student's learning with the ultimate goal of producing a professional practitioner who is efficient and effective in providing quality service to the future clients. Because of these differences, student's learning priority is often subordinated to immediate client needs, or client's rights to receive quality care is exploited in this environment (Corcoran, 1977, p.773).

However, one can not deny the value of clinical learning experience, because such a service setting provides opportunities for the student to reinforce the learnings that have taken place in the classroom. The student encounters a wide variety of similar problems, and this should promote restructuring of knowledge, and transferring of learning and skills into the real world of practice. Corcoran(1977) states that a service setting may stimulate the student to develop a sensitivity to and an understanding of the human conditions involved, and a chance to analyze and interpret the subculture of nursing within the health care system and society in general(p.774). These empirical exposure to variations and complexities can not be easily simulated or procurable other than in the actual setting.

In order to eliminate the conflicts and maintain balance between the client's rights and providing essential learning experiences for the student, as Infante(1981) claims, the student needs to gain adequate knowledge about how to care in both classroom and college laboratory setting before the student is invested with the responsibility of giving care. Giving care. Giving care to client is an integrative activity which should be reserved until later part of the program of study, when the student has acquired knowledge and skills in the various components of that care. Therefore, the effective and efficient use of a properly equipped college laboratory in nursing education, and several innovative teaching strategies in the setting will be discussed.

## II. Effective Uses of College Laboratory.

Laboratory teaching assumes that first-hand experience in observation and manipulation

of the materials of a science is superior to other methods of developing understanding and appreciation of research methods. Laboratory training is also used to develop complex skills necessary for more advanced study or research and to develop familiarity with equipment, measures, and research tools. The activity of the student, the sensorimotor nature of the experience should contribute positively to learning. However, information which cannot be obtained by direct experience alone should be supplemented with films, tapes, demonstrations, or simulations.(McKeachie, 1978, pp.83~84).

Infante(1981) defines college laboratory as a "a Place on the college campus that is equipped with simulated materials for the nursing student to practice aspects of care in an artificial instead of a real situation. No clients are available in this setting" (p.17) Like the 'Learning Resource Center' at the School of Nursing in the City University of New York, a college laboratory in nursing education should have facilities such as fundamental skills lab., physical assessment lab., and simulation lab. equipped with all of the materials needed to practice the development of nursing skills. Lecture rooms with audiovisual materials such as slide, audiotape, and television would be convenient. A video library for viewing televised materials, and synchronized slide sets and audiotapes for an independent study basis would be very useful. The use of college laboratory with multimedia materials should be an integrated part of total teaching-learning process in any nursing curriculum.

The use of audiovisual materials in clinical teaching, according to Schweer and Gebbie(1976), has two purposes. First they complement the teacher's use of selected teaching methods by clarifying and simplifying the communications, /arousing interest and attention leading to motivation for learning, and providing auditory, visual and other sensory experiences leading to/increased concrete understanding and reinforcement of communicated information. They are not meant to be used as a substitute for the teacher or for those teaching a given course. Second, they serve as the means of providing the selected factual information and directing the routine student activities in the teaching-learning situation. This systematic approach to learning provides optimal opportunities for students to learn through the use of multimedia devices within a minimal amount of personal involvement by the teacher (pp.130~131).

Bauman and Larson(1981) present a very creative and effective use of a college laboratory in a nursing curriculum in the School of Nursing, University of North Carolina. The purposes of a college laboratory is to provide students with the materials, atmosphere, and guidance needed to systematically acquire motor and psychosocial skills in preparation for clinical practice. Also the laboratory can promote the coordination of skills learning in the laboratory with theoretical nursing content presented in the classroom, therefore comprehensive and quality practice-learning may occur in the clinical area.

A laboratory provides a nonthreatening atmosphere in which students can learn appropriate knowledge and skills, get constructive feedback and nonjudgemental guidance, and begin to transfer their new knowledge and skills to patient care. A major advantage of a college laboratory over a clinical area is freedom to experiment and explore, freedom to make trial

and error, freedom to work at own pace and time. Being free from the traditional high pressured laboratory condition such as time limitations and competition with others, students will make progress at their own rate and feel comfortable in discussing their learning needs with the instructors.

Students can practice the most of skills activities in partners or a small group. They can view the modules together and practice the skill, taking as much practice time as they need. The partner system provides each pair or group of students with a built in feedback system and encourages students to help each other. These partners or a small group should be assigned to the same clinical group unless they have problems within the group. Thus the system of peer support originating in the laboratory is carried into the clinical setting and provides each student with additional support and feedback when coping with new situations.

The modules are to be made in order to provide fundamental information about concept principles and skills. The procedure manuals with a performance check list which explains the steps and sequences for each skill, and behavioral objectives should be given to each student. Thus the student will be aware of what are the expected outcomes in learning the activities. The manuals guide the students to practice the skills activities and they can be used as the basis for evaluation of the performances. Instructors can help students to correct when they are unable to perform the skill correctly while encourage them to think logically and critically. Then the students can try again until they feel competent and comfortable. Simulated patient situations should be used as often as possible to help the students set priorities, challenge traditional approaches, and adopt skills to special situation.

Bauman and et. al.(1981) point out some of the benefits of using an audiovisual approach in the laboratory from their own experiences. They are; 1) Since the instructors are freed from repetitious demonstrations and presentations, they have more time to help individual student on applying, and transferring knowledge by adopting skills safely to special situations; 2) Certain techniques in audiovisual approach such as close-up and time-lapse photography are often better than live demonstration, because all students can see them properly and they do not have to wait a long time to see results; 3) The approach also can combine such things as live photography, laboratory data, X-rays, labelled anatomical figures, and maps; 4) Since a self-paced or self-instructional learning is possible, students can view, stop, and start them as their needs and convenience; 5) Also students can decide when they are ready to be tested. Then instructors can evaluate students' performances before they start learning activities on clinical setting. Even when they are on clinical setting already, if students feel incompetent and uncomfortable about applying certain skills or procedures they have already learned, they can come back to the laboratory for help and further practice(p.29). Therefore abcollege laboratory should be opened all the time and instructors should be available at any time by a rotation schedule.

Since student-instructor interaction is important for teaching-learning process, and since teaching and learning process involves constant observation and modification of behavior

both on the part of the teacher and the learner, audiovisual program should not be a substitute for a teacher. One new graduate nurse once mentioned that she had the physical assessment course as a solely self-instructional program at the college laboratory in her school of nursing. Students viewed the film with synchronized audiotape and practiced each other at their own without any structured instructions. Many students who are not disciplined or not motivated well failed to go to the laboratory for the course. Therefore it was not much advantage to have the audiovisual materials in the laboratory. It is important to realize that the best effect in using a college laboratory can be achieved when there are maximal use of technological resources combined with a systematic presentation and help by a competent and creative teacher.

### III. Creative Teaching Strategies in College Laboratory

a creative teacher should be able to devise methods of teaching appropriate to the course objectives, content and materials to be presented and levels of student ability. Especially in laboratory teaching, it is important for a teacher to acknowledge the fact that individual learners differ in their rates of learning, in their attitudes toward learning, and motivations to learn. The teacher, therefore, has to make effort to contact with the individual learner in order to help the students achieve the behavioral objectives more efficiently in the course.

According to Gronlund(1974), the individualized instruction can be achieved effectively when the teacher utilizes the following characteristics of individualized instructional programs;

- 1) make a series of units (or modules) of instruction;
- 2) state instructional objectives in measurable terms;
- 3) make self-paced instructional procedures;
- 4) make a wide range of instructional materials available;
- 5) design a well-developed testing and evaluation system;
- 6) have an institutional setting that provides easy access to learning resources;
- 7) have flexible time scheduling;
- 8) have a systematic procedure for managing the program. (pp21~31)

#### a. Small Group Instruction.

The individualized study does not mean that a student works alone. The teacher can work with each individual even when each one is part of a group. Small groups of students provide opportunities for students interaction. According to Guinee(1978), students often feel more secure in smaller groups because of the more personalized teacher-learner contacts. The students often concentrate on their contributions and assume more active roles with increased motivation. They develop a sense of importance because they listen to one another and share ideas and opinions. The small group is best suitable when there is a demonstration by a teacher of a laboratory procedure because the learner can see the demonstration and they can work together to practice the procedure and supporting each other's perform-

ance. Therefore, they may reach their objectives more efficiently and effectively.

#### b. Demonstration.

A demonstration is a visual presentation for the purpose of teaching using the actual objects, or the actual situation with all of its visible parts. It is much more interesting to see something happen than to listen to an explanation of it. Naturally more learning takes place by seeing and hearing than by hearing only. Acquisition of psychomotor skills require demonstration, return demonstration with corrective feedback, and skill development through practice(Stevens, 1979, p.164).

Some educators are not favorable to demonstration method of teaching. They argue that use of this method of instruction for teaching nursing techniques promote rote behavior on the part of the students. They claim that the demonstration method tends to inhibit creative exploration of different ways of providing nursing intervention and stifles the student's ability to inquire and discover(Carpenito and Dueapohl, 1981, p.51).

On the other hand, Guinee(1978) writes that the dominant domain of psychomotor skills is cognitive with the affective domain as secondary. The demonstration provides an opportunity for the learner to speculate on what will happen, how it will happen. This involves students in applying and practicing skills in higher levels of cognitive learning, including hypothesizing and predicting. Both sides present very valid points. By the appropriate use of demonstration with careful planning, it can effectively show to students how something can be done by applying principles or rules to the operation in college laboratory, thus it facilitates in preparing students to deal with real situations eventually.

#### c. Role Playing.

A creative nursing instructor must provide opportunities for students to develop their creative learning talent, and assist them in seeking new avenues of learning. Creative teaching is utilizing the process of exploration to facilitate active learning. Role playing will be one of the attempts to seek answers to posed problems or questions in disciplines, such as social works or nursing which deal with human interactions and therapeutic communication skills.

According to McKeachie(1978), role playing as a teaching device has been developed from the psychodramatists centered around Moreno and the group dynamicists. Role playing is the setting up of more or less unstructured situations in which students' behaviors are improvised to fit in with their conceptions of roles to which they have been assigned. The individuals portraying specific roles improvise their responses to the situation.

McKeachie points out several purposes of role playing as;

1. To give students practice in using what they've learned.
2. To illustrate principles from the course content.
3. To develop insight into human relations problems.
4. To provide a concrete basis for discussion.

5. To maintain or arouse interest.

6. To provide a channel in which feelings can be expressed under the guise of make-believe.

7. To develop increased awareness of one's own and others' feelings.(1978, pp.136~137).

Carpenito and Duespohl(1981) also mention the benefits of role playing as a teaching strategy. Students who are in role playing usually take more active parts in their learning process than other traditional teaching methods. Students, in general exhibit a sense of warmth and trust in the group when role playing occurs effectively. The students are personally involved in the activity, thus they tend to concentrate more on the learning situation and remain attentive to the educational experience.

Stevens(1979) points out another aspect of role playing, the systematic exploration of the value system attached to that role. "If the student is not able to fully accept those values, she will not be able to live easily with the role", Stevens(1979, p.174) asserts. In nursing education the value system is often assumed rather than explored, inculcated rather than examined. Value conflicts, real or imagined, should be explored if the student is to make the necessary emotional and intellectual adjustments in the actual interactions.

In role playing, the students become involved in the examination of their values and how to negotiate and compromise. The students act and react spontaneously as they interact with one another. These interactions involve ideas, feelings, and attitudes. Such experiences help students become more self-reliant, and to develop affective behaviors. Role playing with a problem situation provides the students with direct examples of human interaction, and they can examine the process. There could be several solutions to a problem and the students can see the impact of their emotions on the solutions that evolve. This experience helps the students develop a sensitivity for the feelings of others and relate it to ethical standards.

Carpenito and Duespohl(1981) suggest that this technique can be used very effectively in pre-and post-conferences, when discussing therapeutic approaches to client intervention. For example, the students could role play the approach to a client and the family who are facing a death and dying situation. The role play allows the student a practice session before discussing with the client and the family in the crisis situation. It could effectively reduce the student's anxiety since they had the opportunity to try out certain communication skills and they have come out with the best possible answers to the situation from the group interaction. The clients would also be benefited from the student's calm and affective approach rather than any unprepared and anxious attitudes. The outcomes should be discussed and evaluated during the post-conferences.

Role playing can involve a few of the group or all of the members depends on the situation and the size of the group. After the session is over, the onlookers can offer suggestions for improvement or support the manner in which the performers used in the exercise if a few students have role play the situation while the rest of the group watches the interaction. If the entire group was divided into small groups and role play the same situation, a student from each group should report to the whole about their feelings and

responses to the interaction after the session is over. Role playing by a few or the entire group will promote understanding of the human relations and provides better learning experience for the students.

For the most effective learning outcome in role playing method, Guinee(1978) suggests a set of criteria which a creative teacher should aware and do in preparation of role playing. They are:

1. Explain the behavioral objectives
2. Explain the process involved in role playing and procedures.
3. Identify the characters in the situation.
4. Identify the observers.
5. Describe the role of the characters in the role play.
6. Describe the role of the observers.
7. Explain that the characters never rehearse for role playing. The reaction is to be spontaneous.
8. Explain that at any point during the dramatization, the participants may hold a short conference to clarify the problem under study.
9. Explain that the discussion that follows the presentation of the solutions to the problems will be on the learning outcomes that helped students achieve the behavioral objectives of the lesson.
10. Indicate that the tape recording that will be made, and will be available for review by the students (p.149).

#### **d. Simulations and Instructional Games.**

Simulations and games attempt to model some real-life problem situation or to replicate essential aspects of reality, so that the actual situation may be better understood and/or controlled. Wolf and Coggins(1981) claim that the use of simulations and gaming is one of the most flexible and creative approach in maximizing student learning. They claim that the chief advantage of the approach is that the students are active participants rather than passive observers. The students must make decisions, solve problems, and react to the results of their decisions.

Research literature on simulations/games in higher education, according to McKeachie(1978), is surprisingly sparse and lacking in support for educational superiority over other methods, although students' evaluations of it were very favorable. On the contrary, according to Wolf and Coggins(1981), the literatures reveal that the use of this educational strategy increases motivation and interest, positively influences learning, and encourages a systematic and analytic approach.

In simulations and games, the students respond as if they were in the actual system of interaction being simulated. The interaction is structured by rules and physical circumstances, combining competitive aspects of gaming with the reality of simulation. It is relatively non-threatening approach to learning and generally requires participation of the learners as



mentioned earlier. It also lends itself to cognitive, affective, and psychomotor materials in learning. It allows not only the acquisition of knowledge but synthesis and application of knowledge and psychomotor skills building confidence in learners.

For instance, a student is taking care of a post-abdominal surgery patient in a actual clinical setting. The patient has a nasogastric tube, a Foley's catheter inserted, intravenous infusions via a central venous catheter which needs a periodic central venous pressure, and the patient is moaning with pain. The patient's husband is looking at the patient and the student with very anxious expression. The student who has learned all the necessary knowledge to take care of this type of patients from textbooks and in classroom, it could still be overwhelming and anxiety producing situation if the student did not have an exposure and a practice experience in the similar situation previously. In the simulation games in a college laboratory, the student can deal the replicated situation with a mannequin patient while classmates may play the family member roles and the other hospital members. She can initiate conversations as if the mannequin or the classmates be real characters in the clinic. She pretends to assess the patient's status and needs. She pretends to take necessary steps to help the patient toward positive adaptation physiologically and emotionally. She can actually manipulate equipment attached to the mannequin, and think critically what to be done, what are the priorities, why certain complications can occur, and how can they be avoided, and how things are to be done most effectively and efficiently toward desirable adaptation for the patients while conserving the patient's energy and meeting her needs. She will think what kind of attitudes will be appropriate for the patient and the family to give comfort and assurance in the situation. It will allow the student to apply knowledge and skills in all three domains. Suggestions and recommendations should be freely discussed during and after the session among groups, and the instructor's advice and opinions should be available. When the student faces a similar situation in an actual clinical setting after this experience, she would certainly able to deal with the situation with competent manner since she has explored and practiced the best possible avenues to take care of patients in this situation in college laboratory learning. Simulations/games, therefore, seem to be most effective methods of teaching along with role playing in college laboratory teaching in nursing, because it will help to build self-confidence in learners. It prepares the students for actual clinical situation with less anxiety and more competence.

Although recently nurse educators have become interested in these strategies, simulations and games seem to be entering the classroom very slowly. Wolf and Coggins(1981) assume the several reasons for this. One reason may be that they are not widely available in all fields, and experience with them is still quite limited. Other reasons are the lack of objective information, the lack of faculty exposure to these techniques during their own educational experiences, and the paucity of appropriate commercial simulation/games(p.32).

Whipple(1975) suggests a plan to overcome these traditional problems, so that the instructors can utilize the equipment and materials of the technology effectively and efficiently in improving instructions. That is hiring a well-qualified instructional media specialist who

can work with the faculty and the students in media application for specific courses and projects for the improvement of instruction. The faculty will consult with the instructional specialist in the selection, production, utilization, and evaluation of software used in instruction and in the utilizing media hardware. The media specialist can work with students on the operation of equipment and help them to develop their own projects for use in class presentations and for their own future use. The Learning Resources Center in the City college of New York and the School of Nursing at Skidmore College both have such an instructional media specialist available for the students and the faculty in the college laboratories. The students benefit in that they can work at their own rate, have materials available at all times and can utilize self-evaluation techniques.

**e. Team teaching.**

The concept of team teaching refers to use of two or more teachers, each having special competencies and knowledge in the cooperative planning, teaching, supervision, and evaluation of a given group of students (Schweer and Gebbie, 1976). Smith(1981) states that faculty in most schools offering integrated curriculum use team teaching method in which courses are designed and structured to encourage collaboration across lines of specialization.

The both schools of nursing where I have visited, the City College and the Skidmore College offer integrated curricula and the faculty implement the team teaching approach. The faculty member whom I have interviewed at the Skidmore College states that the approach seems to be favorable for both the faculty and the students. This approach involves cooperative planning by the team teachers in terms of material to be taught to the total group of students, which teacher can teach best each aspects of content, material to be taught by group discussion within the clinical setting, kinds of clinical experiences needed to apply the theoretical information, and evaluation of the student's progress in class, and college laboratory and clinical learning, and group discussion. This team teaching method implies a sharing of knowledge among faculty as well as students. This educational strategy does not expect all faculty to be experts in all subjects related to nursing and in all clinical settings. Therefore, the teachers will be assigned to subject areas that they have the sound theoretical knowledge background and the clinical expertise. The clinical instructor who lacks appropriate nursing skills for nursing intervention is in a very risky position. In order to perform in situations that are life-threatening for the client and function as a role model to the nursing students, the nursing educator should have developed competencies in clinical area as well as theoretical knowledge basis. A nursing educator lacking competencies may jeopardize the health and well-being of the clients as well as hinder the education of the students. Therefore, in team teaching approach, the clinical teacher will be an expert in a clinical specialty in addition to function creatively as a nurse educator.

#### IV. Conclusion

The possibilities of transfer of learning are improved when the learner has a general comprehension of the topic, and a knowledge of facts, principles of learning, factors that influence learning, and the ability to apply them. Naturally, after the students gain adequate knowledge and skills about how to apply knowledge to care clients both in classrooms and in a college laboratory with multimedia approach with various effective instructional strategies used by the creative teachers, the students will be ready to use clinical settings as the learning laboratories effectively and efficiently.

The selection of appropriate clinical agencies which provide adequate facilities and learning-conducive atmospheres is another essential factor assuring students' quality educational experience in the clinical nursing. Also the teacher should develop a set of clearly delineated objectives for each laboratory session, ordering them to provide a systematic and progressive study of nursing behaviors. The teacher should guide the students toward achieving the objectives, considering individual student's needs and motivation and ability. The students need to receive feedback on each objectives. In addition to knowing the goal one is trying to reach, the exercise of skill is governed by an intention and feedback mechanism whereby the learner knows what he has achieved thus far. The creative teacher should be flexible and open-minded in order to accomplish the objectives and goals without imposing a forced structure. The teacher should allow students freedom to express ideas and feelings, encourage them questioning of subject material, techniques, methods, and procedures. The teacher should encourage them to use creative abilities, problem solving methods so that the students can discover creative modes of practice. The teacher should emphasize that student learning instead of patient care is the priority in clinical laboratory activities. The teacher should analyze the length of the clinical laboratory sessions that would provide optimal learning. The clinical learning in undergraduate program is aimed toward the preparation of a student at the level of competence, not mastery in his area of practice. Therefore, rapidity and repetitiveness are not valid objectives.

Assuring prior learning of all intellectual and psychomotor skills in college laboratory will facilitate quicker and effective learning in the clinical laboratory. It will reduce the number of hours both the faculty and the students in the clinical laboratory, while achieving the goals and objectives more effectively.

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## 간호교육에 있어서 창의적인 대학 실습실의 이용에 관한 고찰

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실행(practice)을 위주로 하는 전문직 교육은 실지 실습이나 임상교육등이 필수적이며 중요한 것은 주지의 사실이다. 그러나 전통적으로 대부분의 간호학교가 병원에 소속되어 있어서 간호 임상교육은 그 본 목적인 학생들의 학습보다는 오히려 병원 업무를 돕는 방향으로 잘못 전개되어왔다.

간호교육이 병원에 소속된 간호학교로부터 학문의 전당인 대학안으로 옮겨지면서 많은 뜻있는 간호교육자들의 노력과 시도로 학생들이 고용인으로 이용되는 상황에서 탈피하여 임상교육이 학생들에게 이론적인 지식을 실지로 응용할 수 있는 복합적이고 통합적인 배운의 경험이 되도록 조금씩 발전해 가고는 있지만 아직도 마라는 만큼 이루어지지는 못하는 실정이다.

현재는 임상실습에 임하는 학생들이 기능적인 일을 반복하며 주어진 시간만을 채우는 경향이 많고 배운 이론을 대학 실습실에서 응용해 보지 못한채 직접 환자 간호에 적용하려면 지나친 불안과 긴장으로 오히려 학습에 장애가 오기도 한다. 또한 환자의 입장을 고려해 보면 그들은 안전하고 완벽한 간호를 받을 권리가 있음에도 불구하고 때로 서투른 학생들의 실습의 대상으로 노출되어 불안을 느끼고 바람직한 간호를 받지 못하는 경우가 많다. 따라서 몇 뜻있는 간호 교육자들은 임상들의 실습장소로 택하는 것은 학생에게는 부적절한 학습 환경이 될 뿐 아니라 환자에게는 도덕적, 윤리적으로 부당하다고 주장한다.

본 연구는 좀 더 잘 설비된 대학의 실습실이 급선무이고 또한 효과적이고 창의적인 실습실의 이용으로 반복적인 임상 실습의 양은 줄이는 한편 학생들의 실력이나 적용 능력의 토대를 탄탄히하는 몇가지 교육방법을 제시하였다. 물론 제시된 시범이나 작은 그룹별 학습등은 기초 간호학실에서 많이 이용된 방법이기도 하지만 더욱 잘 응용되어야하겠고 역할 재현(role play)이나 유사 상황(simulation) 조성등의 학습 방법으로 기술적인면 뿐만 아니라 개인 관계나 면담기술 및 창의적이며 논리적인 사고의 발달등도 이루어 지리라 기대된다.

학생들이 적정량의 기술과 지식을 익힌 후에 좀 더 복합적이고 통괄적인 지식의 응용 및 평가가 필요할 때 실지 임상 실습을 시도하는 것이 바람직한 것이다.