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Through the eyes of the nursing students: Best practices in clinical facilitation

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Background: Clinical teaching is considered an essential part of the undergraduate nursing curriculum. A number of studies address the issue of clinical teaching in South Africa, focusing on the experiences of nursing students during their clinical practicum, within these studies negative experiences by nursing students has been documented. There is a lack of knowledge regarding what students perceive as best practice in clinical facilitation of their learning.

Aim: The study aimed to explore and describe the perceptions of undergraduate nursing students, regarding the best practice of clinical facilitation of their learning, in clinical practicum.

Research Methodology: The research methodology includes a qualitative, descriptive and exploratory study, exploring the views of the undergraduate nursing students regarding best practice clinical facilitation of their learning in an academic hospital. Purposive sampling was used resulting in three focus groups of second, third and fourth year nursing students who were currently enrolled for their bachelor of nursing degree at a selected nursing education institution in Johannesburg. Interviews were recorded verbatim, field notes were made and thematic data analysis method was used.

Main Findings: Optimization of small groups during skills demonstrations was highlighted as best practices for clinical learning in the nursing skills laboratory. Standardization of procedures between the university and the clinical practice areas and availability of nurse educators from the university to support the nursing students in the clinical areas were identified as facilitating factors for learning in the patient care areas as well as the methods of learning such as nursing rounds and inter-professional discussion.

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The predictors of quality of life among selected adults with Chronic Kidney Disease on Hemodialysis

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Hemodialysis is both life-saving and life-altering, as it changes patients' patterns of daily living. The degrees of lifestyle change needed from adherence to diet and medications to the symptom burden affect patients' quality of life (QOL). For people living on hemodialysis, QOL scores become both a critical outcome as well as an indicator of morbidity and mortality. Therefore it is essential to examine the predictors that can affect QOL among HD patients in order to help improve their daily living and medical treatment. This study examined the relationship of predictors like age, weight, treatment adherence, social support and educational level on the QOL scores: Physical Composite Score (PCS), Mental Composite Score (MCS) & Kidney Disease Component Summary (KDCS). The respondents, adult CKD patients on hemodialysis in a private tertiary hospital in the Philippines were chosen through convenience sampling. A validated Filipino version of Kidney Disease Quality of Life Short Form Version 1.3 was utilized. Bivariate correlation and multiple linear regressions were then used in data analysis. It is concluded that PCS might be predicted by treatment adherence while social support and educational level could be predictors to MCS. In contrast with previous studies, it was found out that rare treatment adherence can seemingly have a positive effect with MCS. It might be due to fact that the treatment-related lifestyle restrictions could affect patients' personal illness beliefs, sense of control, leading to depression and in turn adversely influence coping and adjustment. For KDCS, treatment adherence and social support showed positive correlation, while age shown inverse relationship, unlike with previous studies. Nurses and other healthcare providers should consider the impact of these significant predictors when rendering care for adult HD patients in order to improve their quality of life.

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