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Innovation in Community Clinical Placements: A Canadian Survey

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Innovation in Community Clinical Placements: A Canadian Survey*

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Abstract

Ongoing restructuring within the health care system juxtaposed with mandated increased seats in nursing programs have taxed traditional clinical practice settings beyond their capacity. In the search for suitable clinical placements to meet learning objectives and fulfill required clinical hours, nursing program administrators are turning to various non-traditional settings. Yet limited research exists to describe the prevalence and types of 'innovative' clinical placements (ICPs) or the nature and quality of student learning in such settings. Described in this article are findings from a national survey of Canadian baccalaureate nursing programs completed by nurse educators and clinical placement coordinators regarding nursing student placements within ICPs. Participant survey responses provide a national snap-shot of ICPs, along with perspectives on pedagogy, strengths and weaknesses, capacity and sustainability issues, and ethical, legal and academic considerations associated with student placements in these settings.

KEYWORDS: clinical placements, nursing education, undergraduate nursing students, survey research

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Ongoing health care restructuring juxtaposed with mandated increases in enrolment have left nursing programs competing for clinical placements (Hall, 2006; MacFarlane et al., 2007). In the search for clinical placements suitable to equip students to meet evolving expectations of nurses in community settings and to fulfill the mandated number of clinical hours, nurse educators are turning to various non-traditional settings in a shift that is both philosophically and practically motivated. Despite an increasing reliance on non-traditional clinical placements in undergraduate nursing education, learning outcomes within such placements have not been extensively examined nor validated. This paper[1] highlights results of a national survey of Canadian baccalaureate nursing programs regarding utilization patterns and other critical aspects of non-traditional or, as termed in this study, 'innovative' clinical placements (ICPs).

BACKGROUND

The majority of Canadian provincial or territorial jurisdictions require a baccalaureate as entry to nursing practice. Reflecting Canada's bilingual status, nursing programs are predominantly English speaking, with French language programs in areas with Francophone populations. Nursing graduates sit a national registration examination; Quebec graduates write an equivalent examination.

The Canadian publicly funded health care system has shaped nursing education. For many decades nursing programs relied upon public health unit placements for community nursing courses. While historically placing students in non-traditional settings for enrichment experiences, only in the past decade have most Canadian nursing programs needed, for capacity reasons, to rely extensively upon such placements. Moreover, the shift from hospital to community as a key site of health care delivery resulted in the integration of community health concepts across nursing curricula (Young & Paterson, 2007). The term 'innovative' was purposefully selected in this study to describe non-traditional clinical sites. This term also captures the flexibility and creativity required of nurse educators to negotiate, implement and sustain student placements within a wider variation of community settings and nursing education courses.

LITERATURE REVIEW

The scarcity of clinical placements for nursing and allied health professional education and the saturation levels within traditional clinical

[1] This article represents a summary of research findings regarding **The Use of Innovative Clinical Placements in Nursing Education: A National Survey.** The complete survey report is available at: http://www.twu.ca/academics/science/nursing/research/innovative-clinical-placements.html

education placements has been widely acknowledged (Canadian Nurses Association (CNA), 2005; Cohen & Gregory, 2009a; Hall, 2006). Yet, nurse educators remain unanimously agreed upon the centrality of clinical practice for students' consolidation of nursing judgment, skills, and knowledge (MacFarlane et al., 2007; Myrick et al., 2006). The complex clinical learning environment was described as providing nursing students with problem-solving opportunities in conjunction with cognitive, psychomotor and affective skills (Chan, 2004). Field's (2004) review of clinical learning literature described that for learning to make sense, it must be situated in real life contexts. The CNA noted a dearth of data on the efficiency and effectiveness of non-traditional clinical education settings, and that factors such as a short supply of teaching resources, increased numbers of students, and reduced placement opportunities have exceeded the capacity of traditional placement settings. They concluded that opportunities exist for broadening community clinical education to reflect evolving nursing roles with greater emphasis on population-based health and collaboration with community groups.

This need for increased capacity through non-traditional clinical placements is reflected in anecdotal reports of clinical nursing education occurring in sites such as seniors' apartment complexes, children's camps or day centers, museums, fire departments, community centers, correctional institutions, churches, and even zoos (Brendtro & Leuning, 2000; Drevdahl, Dorcy, & Grevstand, 2001; Inskeep & Lisko, 2001; Joslyn, 2000; Kovalesky, 2005; MacFarlane et. al., 2007; Moll, Cook, & Saul, 2001; Totten & Fonnesbeck, 2002). Brendtro and Leuning, Moll et al., and Otterness, Gehrke, and Sener (2007) anecdotally described the parish or faith community as a positive clinical placement. Similarly, Ferszt, Richman, Held, and McGowman (2003) and Kovalesky endorsed student learning through interactions with clients in correctional settings. Eddy, Reinhart, and Warren (2005) and Neill and Taylor (2002) reported that rural clinical placements provided strong learning experiences for students. Van Hofwegen, Reimer Kirkham, and Hoe Harwood (2005) and Courtney, Edwards, Smith, and Finlayson (2002) typified rural nursing as distinct, diverse and challenging, while Paliadelis and Cruickshank (2003) presented the expert role of the rural nurse practitioner in student clinical placements. Little research related to clinical learning in Aboriginal communities was found, although reports of rural placements sometimes referenced Aboriginal populations. For example, Salvatori, Berry, and Eva's (2007) study of a rural inter-professional education initiative revealed that learning about Aboriginal culture was a highlight for most students.

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Several anecdotal reports extolled the benefits of international clinical experiences. Kollar and Ailinger (2002) noted that nursing students who had international experiences demonstrated increased substantive knowledge (e.g., cultural knowledge, global health issues, language), perceptual understanding, personal growth, and interpersonal skills. Walsh and DeJoseph (2003) described nursing students after an international placement, reporting learning about being 'other' or outsider, taking on the nurse role, and expanding their world view. Evanson and Zust (2004) reported that international service learning led to improved understanding of social justice, globalization, and motivation to continue service work.

Along with the general consensus of the quality of learning in non-traditional clinical settings, several recent studies revealed challenges that may arise, including student concerns regarding these placements, the lack of Registered Nurse (RN) preceptors in these sites, and insufficient time for application of theory (Cohen & Gregory, 2009b). Kenyon and Peckover (2008) found that hosting students in community settings required heightened nurse educator investment of time, balancing of client and student needs, flexibility, and judicious allocation of resources.

In summary, anecdotal reports emphasized benefits of non-traditional clinical settings, yet little research was found that examined the pedagogy, prevalence, and administrative issues impacting student learning in ICPs. The survey reported herein gained impetus from this gap in research-based knowledge, changes in nursing roles, and the practical pressures to find clinical placements. It built on a qualitative study (Phase I) exploring student learning in non-traditional community settings (Aboriginal, parish, rural, corrections, international) (Reimer Kirkham, Hoe Harwood, & Van Hofwegen, 2005a; Reimer Kirkham, Van Hofwegen, & Hoe Harwood, 2005b; Van Hofwegen et al., 2005). Drawing on interviews and focus groups with 65 students, clinical instructors, and nurses, the Phase I findings suggested that rich student learning offset the increased time and effort required to negotiate and maintain clinical placements in these 'innovative' settings. ICPs enabled students to grasp the scope of nursing practice and envision the possibilities and realities of community nursing. Learning was fostered by student engagement characterized by critical reflection, initiative, and service to the community. Curricular support (i.e., substantive content, curricular themes) and administrative details (e.g., organizational set-up, orientation, student selection) were aspects of the increased coordination required for transformative learning environments (Reimer Kirkham et al., 2005a).

METHODS

Study Purpose

The purpose of this survey was to describe non-traditional, or as termed in this study, 'innovative' clinical placements (ICPs) within Canadian nursing education programs from the perspectives of clinical placement coordinators and nurse educators. The objectives were to: (1) describe the reliance on various ICPs in nursing education programs; (2) elicit the perspectives of nurse educators regarding the nature of student learning in ICPs; (3) explore administrative matters regarding ICPs; (4) describe perceived strengths and weaknesses of clinical placements in these sites; and (5) identify ethical, legal, and academic issues associated with clinical education in these settings.

The following definitions were provided in the survey: (a) Innovative Clinical Placements (ICPs): less structured clinical environments, often multidisciplinary; typically outside the main health care delivery system (e.g., Aboriginal, rural, parish, international, correction settings, etc.), and (b) Traditional Clinical Placements (TCPs): structured clinical environments, typically within the main health care system (e.g., acute care settings; public health units, long-term care facilities).

Design

An online survey format expedited data collection from Canadian baccalaureate nursing programs situated over large geographic distances. The survey content was informed by the results of the preceding qualitative study (Reimer Kirkham et al., 2005a; Reimer Kirkham et al., 2005b; Van Hofwegen et al., 2005)[2]. Section A included four questions to obtain demographic information from all respondents. Section B (21 questions) asked clinical placement coordinators program-related questions such as number of students, reliance on ICPs compared to 5 years ago, courses with ICPs and respective sites, average number of hours in ICPs, and models of clinical supervision. Section C (40 questions) was completed only by nurse educators and contained questions related to student learning in ICPs as compared to TCPs, including questions about the effectiveness of students taking on professional attributes, the development of students' critical thinking capacity, initiative, professional relationships, community nursing concepts, and the perceived strengths and weaknesses of ICPs. Two rating scales (*strongly agree* (1) to *strongly disagree* (4) (16 items),

[2] Full survey available online at: http://www.twu.ca/academics/science/nursing/research/innovative-clinical-placements.html

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and *could not be more important* (1) to *not at all important* (5) (10 items) were used to elicit responses to statements about student learning, supervision, and the administration of ICPs. Open-ended questions were used throughout the survey to obtain more in-depth information about ICPs. Exit items were used to find out why ICPs were not relied upon in some programs (if respondents had indicated their program did not use ICPs), to elicit comments about the survey itself, and to invite participation in a follow-up focus group. Pilot-testing by five nurse educators with expertise in coordinating or teaching in ICPs confirmed survey content and clarity, ease of use of technology, and face validity.

Survey invitations were emailed to program deans or chairs at every Canadian baccalaureate nursing program identified from a public listing on the Canadian Association of Schools of Nursing (CASN) website. The program administrators were requested to forward the survey invitation to: (a) their program's clinical placement coordinator(s) or an equivalent person(s) arranging clinical placements, and (b) at least one nurse educator teaching in a senior-level community health course or another course with ICPs, or supervising preceptorships in ICPs. Survey data collection took place from December 2005 to February 2006. As the survey was written in English, the predominantly French language programs were phoned by a bilingual research assistant to explain the survey and invite the participation of bilingual individuals within their programs. One hundred and forty seven respondents from 74 nursing programs (out of 90 eligible programs for an 82% program response rate) completed the survey. Of the 74 programs, 40 were represented by both nurse educator(s) and clinical placement coordinator(s). Responses were obtained from every Canadian province and territory. A focus group was held in November 2006 to validate and extend the survey findings. Following the presentation of initial findings at a national nursing research conference, ten focus group participants were recruited. Research Ethics Board approval was obtained and informed consent surmised through voluntary participation in the survey or focus group.

Data Analysis Procedures

Descriptive analyses were conducted to provide an overview of the types and prevalence of ICPs and describe student learning and administrative considerations. Because of small numbers of responses for some questions, the Fisher's exact test was used to determine the significance of group comparisons (Agresti, 2002). The survey respondents took full opportunity of the survey comment boxes, adding a depth of detail and richness not characteristic of survey research. Content analysis of the open-ended survey responses and focus group

transcript was conducted using NVivo™. A codebook was established to facilitate unitization of data and subsequent identification of shared themes.

RESULTS

Of the 147 respondents, 88 were clinical placement coordinators, 36 of whom were in a dual role as nurse educators who supervised student placements in ICPs. Another 59 respondents were nurse educators who did not have a coordination role, 47 of whom relied upon ICPs in their courses. There were a total of 83 nurse educators who reportedly used ICPs, 71 of whom completed section C of the survey (12 nurse educators who reportedly used ICPs did not complete this section). The majority were female (n = 140), masters-prepared (n = 92), and some (n = 12) had completed a PhD. The nursing programs varied by student enrolment, average age of student and type of degrees offered (see Table 1). The focus group included ten participants from across the country, including three nursing program administrators, one clinical placement coordinator, four nurse educators, and two in dual roles.

Table 1

Description of Programs Included in the Survey

Variable	*N (%)*
Student enrolment	
100 or less	11 (15%)
Between 101 and 300	26 (35%)
Between 301 and 400	13 (18%)
More than 400	19 (26%)
Don't know or missing	5 (7%)
Average age of students	
21 to 25 years	26 (35%)
26 to 30 years	20 (27%)
Don't know or missing	28 (38%)
Type of degree offered	
Diploma	10 (14%)
Generic baccalaureate	67 (91%)
Post-RN baccalaureate	30 (41%)
Masters degree	18 (24%)
Doctorate	10 (14%)
Other	28 (38%)
Don't know or missing	5 (7%)
Used ICPs	
Yes	71 (96%)
No	3 (4%)

Note. N = 74 nursing programs.

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Description of ICPs in Canadian Nursing Education (Objective 1)

ICPs were widely relied upon; seventy-one (96%) of the 74 programs reported using ICPs, and 45 (63%) reported that their reliance on ICPs to accommodate their need for student placements increased over the past five years. Of the 71 programs, twenty-nine (41%) relied upon ICPs for most of their community placements. Most programs (55%) relied on ICPs for 50 or more clinical placement hours per undergraduate student. While ICPs were used for beginning level students in some nursing programs (20 programs or 30%), they were relatively more frequently used for intermediate students (53 programs or 80%) and senior level students (47 programs or 71%) (N = 66; this information about level of student was not provided by five nursing programs).

ICPs were used in a variety of courses (see Figure 1). The most commonly reported ICP sites included community support groups (e.g., seniors' groups, community addictions programs), schools, rural settings (e.g., rural community health centers), Aboriginal communities, corrections (e.g., healthcare units in prisons, transition houses), and inner city settings (see Figure 2).

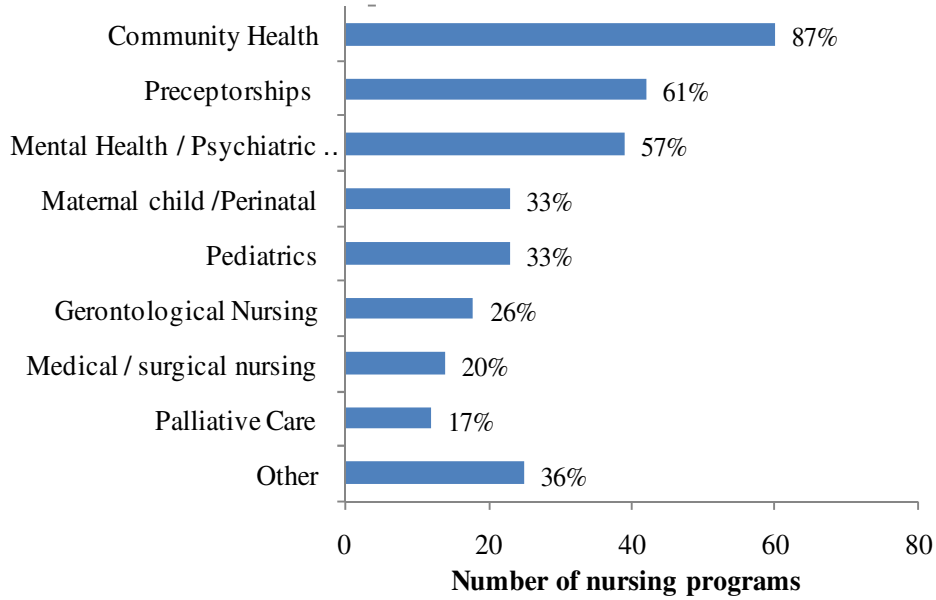

Figure 1. Use of ICPs for clinical courses in nursing program. N = 69 nursing programs that used ICPs (data about the use of ICP sites was not available for two additional nursing programs).

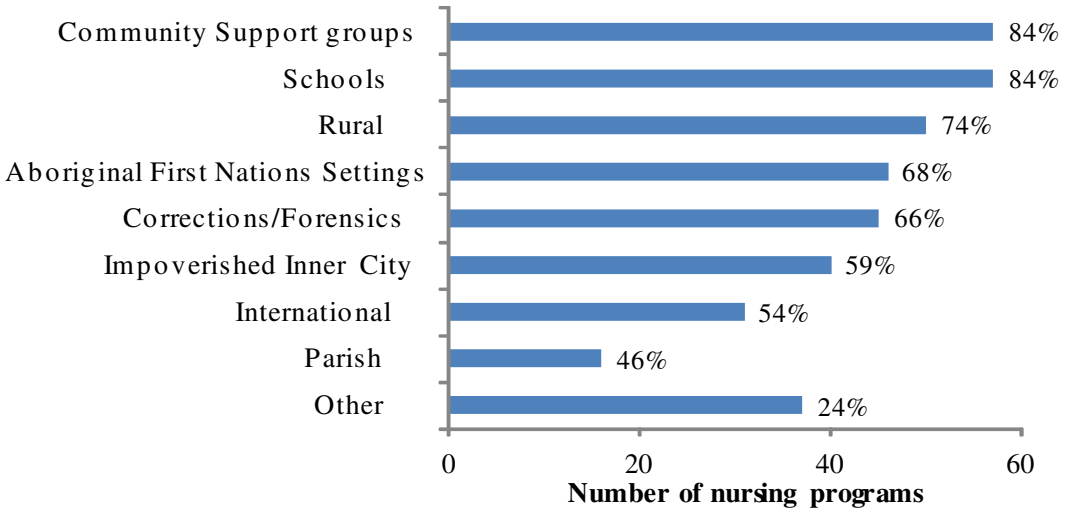

Figure 2. ICP sites used in nursing programs. N = 68 nursing programs that used ICPs (data about the use of ICP sites was not obtained for 3 additional nursing programs).

International placements were noted for almost half of the programs, while parish nursing settings were reported by only 16 programs. Other sites included places of religious gathering (e.g., Sikh temple), occupational health sites (e.g., Canada Post, industrial settings), fitness groups, summer camps, daycares, community housing coalitions, university residences, and community aggregates such as bus drivers, taxi drivers, and hotel staff.

Of the 71 nursing programs that placed students in ICPs, 28 (39%) reported having partnerships with community agencies, 32 (45%) indicated having no partnerships, and 11 (16%) programs did not provide this information. Programs that had partnerships with community agencies reported more student hours in ICP placements than those that did not have partnerships. This difference, however, was not statistically significant (two-tailed p Fisher's exact > 0.05).

Student Learning in ICPs (Objective 2)

There was general agreement among nurse educators that clinical practice in ICPs promoted student initiative, engagement, creativity in decision-making, critical thinking, and professional relationships with communities. One nurse educator reported that: "students usually have the greatest personal and professional growth in these sites".

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The majority of nurse educators agreed strongly that, relative to traditional clinical placements, students' learning in ICPs was more effective with respect to concepts such as community development, social determinants of health, social justice and equity, poverty, and cultural diversity (see Table 2). Several nurse educators elaborated on the strengths of ICPs in fostering learning regarding population health concepts with comments such as: "ICPs sensitize students to the health needs of marginalized populations with whom they otherwise would have no contact", "…as they move out from under the medical model as dominant ideology they see how social determinants work", and "ICPs provide amazing learning opportunities, particularly in areas of interprofessional collaboration and community development".

Table 2

Effectiveness of ICPs Compared to TCPs for Student Learning of Nursing Concepts

In comparison to traditional clinical placements, ICPs are more effective for promoting student learning:	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
Community Development	**49 (69%)**	17 (24%)	3 (4%)	0 (0%)	2 (3%)
Social Determinants of Health	**46 (65%)**	19 (27%)	2 (3%)	1 (1%)	3 (4%)
Social Justice and Equity	**42 (59%)**	21 (30%)	4 (6%)	2 (3%)	2 (3%)
Poverty	**44 (62%)**	19 (27%)	4 (6%)	1 (1%)	3 (4%)
Culture & Diversity	**40 (56%)**	20 (28%)	6 (8%)	1 (1%)	4 (6%)

Note. $N = 71$ nurse educators that used ICPs. Percentages may not add to 100% due to rounding. Bolded values indicate the mode.

The majority of nurse educators agreed (*strongly* or *somewhat*) with the following statements about student attributes demonstrated in ICPs in comparison with TCPs: (a) stronger professional relationships with the communities in which the ICPs were located (82%), (b) more initiative toward engaging in clinical learning opportunities (70%), (c) more creativity in clinical decision-making (77%), and (d) more critical thinking by identifying appropriate nursing assessments and interventions (63%).

The nurse educators' ratings of factors deemed most important to facilitate student learning in ICPs are reported in Table 3. Factors that were most highly rated included those pertaining to "student initiative" and "the clarity of course and clinical placement objectives". Although most factors were rated as *could not be more important* or *very important*, the following two factors were rated as relatively less important (i.e., rated as *somewhat important*, *slightly important*, or *not at all important*): (a) the presence of other students, and (b) school assisting with logistics. Narrative comments reinforced survey findings: "It is important to have very clear course objectives and structured learning activities. Otherwise the students just wander around being bored or having inappropriate conversations with clients and wasting time. They need strong direction".

Table 3

Factors Facilitating Learning in ICPs

How important are the following factors in facilitating learning in ICPs?	Could not be more important	Very important	Somewhat important	Slightly important	Not important at all	Don't know
Well established partnership	**30 (42%)**	**30 (42%)**	8 (11%)	0 (0%)	1 (1%)	2 (3%)
Ongoing clinical instructor presence	14 (20%)	**32 (45%)**	17 (24%)	6 (8%)	1 (1%)	1 (1%)
Role modeling and mentoring by RNs	24 (34%)	**30 (42%)**	8 (11%)	5 (7%)	2 (3%)	2 (3%)
Student initiative	24 (34%)	**44 (62%)**	2 (3%)	0 (0%)	0 (0%)	1 (1%)
Clarity of course and placement objectives	27 (38%)	**40 (56%)**	2 (3%)	0 (0%)	0 (0%)	2 (3%)
'Fit' between curricular themes and clinical placement	26 (37%)	**35 (49%)**	8 (11%)	1 (1%)	0 (0%)	1 (1%)
Presence of other students	4 (6%)	19 (27%)	**20 (28%)**	12 (17%)	13 (18%)	3 (4%)
Orientation to the setting	19 (27%)	**44 (63%)**	4 (6 %)	2 (3%)	0 (0%)	2 (3%)
School assisting logistics	10 (14%)	**19 (27%)**	15 (21%)	13 (18%)	7 (10%)	7 (10%)

Note. $N = 71$ nurse educators. Bolded values indicate the mode.

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Supervision of students in ICPs was emphasized. Along with site visits, nurse educators reported contact with students via a variety of electronic modalities and on-campus seminars. The respondents emphasized that clinical instructors served as catalysts to ensure optimal learning and that requirement for nurse educator supervision was dependent upon student and agency factors. Student factors included the level of the student (e.g., first year vs. senior consolidation), initiative and strengths of the students, and whether students were alone or in a group. Agency factors included the relationship between the student and the agency personnel, and the availability of nurse mentors. Some educators commented that geographical distance from the nursing program to the agency influenced the type of contact and the extent of supervision that could be established.

Administrative Matters (Objective 3)

Despite the widespread use of ICPs and the rich learning reported, there were several reported administrative challenges. There was strong consensus that ICPs require increased coordination. Most of the nurse educators (72%) reported agreement or strong agreement with the statement that the time required for coordination and setting up ICPs is greatly increased compared to TCPs. One respondent wrote:

> The numbers of agencies and individual students can be overwhelming to the clinical placement coordinator when we are looking at the numbers of agencies, students, preceptors and faculty persons involved. Each one involves different players, policies, procedures and communication factors. A challenge indeed!

Coordinating logistics such as tracking numbers of students, agencies, and clinical instructors presented significant challenges and more time and coordination is needed to identify, negotiate and maintain ICPs. Additional complicating factors included: (a) competition for sites among other nursing and allied health programs, (b) efforts to gain 'buy in' from all stakeholders, (c) a breadth of communication expectations, and (d) agency specific requirements such as additional criminal record checks, liability coverage, a service agreement between the agency and educational institution, and the time involved to navigate multiple bureaucratic layers in larger organizations.

Strategies to negotiate ICPs varied. The clinical placement coordinators from 60 nursing programs provided information about the negotiation of ICPs (this information was not provided for 11 nursing programs). Of these, ICPs were

negotiated exclusively by clinical placement coordinators in 24 (40%) programs, exclusively by nursing faculty in 13 (22%) program, and by both in 21 programs (35%), (2 programs did not rely on clinical placement coordinators or nursing faculty). In nine programs (15%), students were expected to negotiate their own ICPs. In contrast, in 17 programs (28%), students were not allowed to directly approach ICPs. Several respondents commented that students suggest an ICP to the clinical placement coordinator, who would then make formal arrangements. Twenty-eight of the 60 programs (47%) identified the relevance of partnerships in negotiating ICPs. One participant stated: "Without collaborative relationships, these projects don't work." The point was made in the focus group that each institution must discern the best approach for negotiating ICPs.

The respondents drew attention to the challenges of maintaining ICPs. One nurse educator wrote: "development and maintenance of ICPs is very faculty/resource intensive and difficult to sustain". Sustaining placements and finding appropriate field guides were frequently described challenges. Faculty experience in ICPs, with proficiency to navigate the complexities and distinctiveness of unique settings, "faculty who 'get' teaching in a non-traditional setting", was identified as a key factor. Assignment of inexperienced faculty or frequent changes in assigned faculty could result in the loss of a placement. Faculty workload, particularly with students scattered across many sites, added to the resource-intensiveness of ICPs.

Overall, administrative challenges in the negotiation and coordination of ICPs did not appear to be insurmountable. As one respondent wrote: "on occasion we have had difficulties—but generally much fewer challenges than dealing with the usual health care system".

Strengths and Challenges of ICPs (Objective 4)

Most of the reported strengths pertaining to ICPs related to student learning. Comments indicated that rich learning occurs in IPCs: "Life altering experiences for students" and "ICPs have a huge effect on students, often opening their eyes to a part of society unknown to them". Another respondent wrote:

> ICPs are excellent for the depth, diversity and complexity they allow our students to encounter. It also allows them to see how health care is not just for formalized systems. They tend to promote independency for our students and open up experiences that change life views.

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Many participants emphasized that ICPs facilitate learning of population-based health and the social determinants of health, and that these placements foster intersectoral team collaboration and partnerships between universities and community agencies.

The predominant challenges resulting from the use of ICPs were in regard to the administrative issues discussed above (see Objective 3). Other challenges related to: (a) the visibility and availability of RN mentors in ICPs and (b) student concerns. As highlighted in Table 3, 'role modeling and mentoring by RNs' was rated as *very important* by 42% of respondents, and as *could not be more important* by 34%. Several nurse educators wrote that the lack of RN role models in clinical settings was a concern, as reflected in the observation that "gleaning the role of the nurse within agencies that do not have a nursing presence is a challenge". Another respondent noted that students themselves prefer placements "where RNs are visible in the daily work". Not all agreed that the agency preceptor needed to be a RN. One respondent indicated: "the school has the fixed idea that RNs only may preceptor students". Another fundamental concern related to misperceptions or lack of knowledge regarding the RN role and student abilities.

> Challenges reflect the agencies' understanding of what skills and abilities nursing students bring with them to the placement. I believe this reflects the overall lack of public understanding of registered nurses' abilities; many believe that nurses work in hospitals only!

In response to such concerns and misconceptions, the nurse educators suggested that clarifying perceptions on the part of all stakeholders was important. One nurse educator wrote: "Since many of the innovative community placements don't have nurses, I spend a great deal of time explaining the role of the nurse and the purpose of the student engaging in the practicum".

Further challenges related to the impact of ICPs on the daily lives of students, and included additional costs, transportation and scheduling challenges, as well as influence on family and/or work commitments. Some students could reportedly not afford the time or finances required to participate in these placements. However, there was no indication that the challenges or limitations were so great that a program would no longer use ICPs. Overall, the majority of the narrative responses spoke to benefits rather than challenges or limitations of ICPs.

Safety, Ethical, and Legal Concerns in ICPs (Objective 5)

The majority of nurse educators disagreed with the survey statements about ethical (60%) and legal (66%) concerns being greater in ICPs in comparison with TCPs. It is notable that while the survey's comment boxes were used extensively, no mention was made regarding ethical and legal issues. Regarding safety concerns, 16% of the respondents agreed strongly and 36% agreed somewhat that safety concerns for students were much greater in ICP settings compared to TCPs. The majority of respondents (75%) disagreed that safety concerns for instructors are much greater for ICPs compared to TCPs.

DISCUSSION

The growing dependence upon ICPs is a topic that resonates with nurse educators and clinical placement coordinators. The majority of the Canadian nursing programs surveyed are using these types of settings to some extent, reflecting a new reality (Hall, 2006). The study findings point to the importance of building capacity, maximizing learning opportunities, and enhancing sustainability of these placements.

Building Capacity

This study indicates that clinical placement capacity in ICPs may be increased by identifying under-utilized sites, targeting population groups not typically served by traditional health care services, and identifying and overcoming barriers. Community ICPs are reportedly less frequently used in pediatric, obstetrics/maternity, gerontology and medical/surgical courses. Greater capacity may also be achieved by expanding the vision from agency-focused to project-based targeting of population groups not typically served as a 'group' by health care services (e.g., health promotion activities such as testicular cancer education with taxi drivers and snowmobile safety education targeting elementary and high school youth in Northern climes). While some barriers to student placements in ICPs are beyond the influence of nursing programs (e.g., lack of agency funding or high agency staff turnover), there are other barriers modifiable through improved communication and/or negotiation. Two such barriers were a lack of understanding regarding the community-based role of nurses and the lack of RNs available to mentor nursing students.

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Maximizing Learning

The nature of student learning derived in these placements (i.e., integrating concepts related to social justice and social determinants of health, higher level problem-solving, and increased creativity and independence) translates well into all arenas of nursing practice and characterizes the type of practitioner required for today's complex health care environments. Nursing program administrators and educators should seek to maximize the pedagogical strengths of ICPs. While many ICPs represent unstructured environments, building structure into the learning process through clear, specific expectations and objectives, careful orientation, and supportive supervision will enrich the learning experience. Clinical instructor availability to facilitate learning outcomes and maintain good communication directly impacts the quality of the learning climate. Concerns regarding consistency in assigned faculty and their preparedness to supervise students suggest the need for careful selection of qualified faculty. Nurse educators require theoretical knowledge, cultural awareness and practical skills regarding the populations served by healthcare agencies, as well as thorough orientation to the nature and purposes of ICPs.

Ensuring Sustainability

Despite their benefits, student placements in ICPs may not be sustainable given their labour-intensive demands, including the translation of agency-based opportunities into student learning outcomes in line with educational objectives, and multiple pressures experienced by some host agencies. The potential for overloading host sites and the need for ongoing assessment regarding the impact of student placements, especially within smaller community agencies, requires careful monitoring to forestall burn-out and loss of placements. The data suggest that the steady presence of students may strain some agencies, such that agency personnel need a break. Alternatively, in other situations the consistent presence of students may contribute to sustainability because agencies are better able to plan for service delivery knowing students will be present. Partnerships between community agencies and educational institutions are one way of ensuring continuity, facilitating administration and communication, and hence sustainability of ICPs. Achieving balanced, equitable partnerships may require that stakeholders re-think university-practice relations. For example, the language of 'using' clinical placements on the part of educators suggests an instrumentalism rather than a true partnership. Community agencies may need to revise their mandates to reflect their role in contributing to nursing education.

Further research is required regarding the factors that may facilitate successful partnerships and the issues that agency stakeholders perceive in hosting students. This project has also revealed a lack of consistency regarding terminology describing these placements with terms such as alternative, non-traditional, innovative, community or non-health sector sites (Cohen & Gregory, 2009a & b). Consensus regarding terminology is needed to advance nursing education scholarship and return the focus to examining student learning outcomes. Indeed, the term 'innovative' may well say more about how community health, in the case of health services delivery, and community placements, in the case of nursing education, reflect constructed boundaries on the concept of community and, in turn, notions of what constitutes an acceptable community placement.

LIMITATIONS

As with any convenience sample, this study is limited by partial representation and the consequent possibility of selection bias. Due to financial constraints, the survey was not translated into French, and care is advised in generalizing findings to all Canadian undergraduate nursing programs. Although the reliability of survey items was not examined statistically, the results of the pilot test and the concrete nature of the survey questions provide reasonable assurance that the participants responded in a reliable fashion.

CONCLUSION

The trend within Canadian undergraduate baccalaureate nursing programs toward greater reliance on non-traditional clinical placements emerges both from necessity and philosophy. Placements in a wide range of ICPs were relied upon by most Canadian nursing programs. Nurse educators reported that these settings fostered students to broaden their views of nursing and nursing roles. In comparison to traditional clinical placements, ICPs were considered more effective in promoting student learning of concepts such as community development, social determinants of health, social justice and equity, and issues surrounding poverty, culture and diversity. Such learning aligns with nursing's renewed commitment to its social mandate and suggests the long-term relevance of student learning in ICPs. Although widely used, ICPs present certain challenges that potentially affect the sustainability of these placements and require innovative strategizing, administrative support, and development of partnerships.

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