

How should clinical education be in nursing education?

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The most important part of nursing education is the continuing education process in clinical practice (1). This process is defined as the clinical education. Clinical education is a patient-centered, targeted, interview-specific three-part educational interaction between a trainer, students, and a patient (2). In the clinical setting, education is challenging, complex and often daunting. In this setting, nursing students learn what real nursing means (3).

Clinical education provides reality, complexity, and unstructured data that are not easily encountered in other educational interactions. Clinical reasoning develops students' critical thinking and problem solving skills. Besides, in clinical education, it is possible to train on the basis of skills such as social skills, professional attitude and ethics, transaction-initiatives, communication-history taking, diagnosis-therapy. In addition, it is possible to develop upper cognitive functions such as advanced-level thinking and achieving knowledge in this education. High-level thinking skills include cognitive functions such as critical thinking, creative thinking, reflective thinking, problem solving. Clinical reasoning is essential for clinical decision-making and diagnostic thinking skills (2,4).

Clinical education is threatening nursing education in cases where the aims, objectives and expectations of clinical education are not adequately defined, the standardization is not achieved due to the number of patients and the length of hospital stay. (5) studies on clinical education show that clinical education is not very variable, unexpected and continuous, and that students see a limited number of patients and often do not receive feedback. The student has the ability to acquire anamnesis and physical examination skills as well as communication skills, clinical decision making skills in the context of "patient centered care" in a real patient setting (2).

It also increases the awareness of patient safety, professional attitudes, respect for patient confidentiality and comfort, empathy development, information about medical equipment, the importance of holistic approach to patient care, appropriate attitudes and ethics. The basic knowledge of the students is strengthened by linking the clinical data obtained from the patient with the basic sciences. In addition, when clinical data are obtained, communication, problem solving, decision making and integration of ethical skills are performed (6). In order for the clinical training to be delivered

effectively, the clinical trainer must conduct patient-specific discussions with the student nurse and equally dividing time for each student.

Since it involves clinical education patients, it is important to determine the patient's point of view regarding clinical teaching participation. Patients prefer to present their story outside of the door with pleasure of participating in the teaching process of the patients. If not managed in a careful manner, patients may be adversely affected from teaching, especially if their rights are not respected. The discussion environment may surprise or worry patients. In particular, when clinical trainer gives negative feedback to students, the perception of the competence of the students can be affected (2).

In clinical education, the student is in transition from novice to expertise. This process is described by (7) as a gradual continuity in the acquisition of professional nursing. The clinical trainer should knowingly and at all stages support these steps so that student nurses are well trained in the clinical training process.

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