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## SUMMARY CLINIC PLACEMENT EVALUATIONS

4 FEBRUARY – 1 MARCH

MALUTI SCHOOL OF NURSING

SUMMARY PRIMARY HEALTH CARE CLINIC PLACEMENTS EVALUATIONS  
MIDWIFERY STUDENTS, MALUTI SON, 4 FEBRUARY – 1 MARCH

## INTRODUCTION

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Maluti School of Nursing (SON) offers a three year program leading to a Diploma in General Nursing and an additional one-year program leading to a Diploma in Midwifery. The school is located in the remote foothills of Berea District and owned by the Seventh Day Adventist (SDA) Church under the overall management of the Christian Health Association of Lesotho (CHAL).

MCHIP/Jhpiego Lesotho is supporting the placement of nurse and midwife students into primary health care clinics. The rationale being that these clinical placements will provide and enhance the clinical experience of the students, addressing the fundamental healthcare needs of the people of Lesotho. The goal of these placements is to ensure students' meet their clinical competencies in health promotion/disease prevention and curative services in the primary care setting.

MCHIP/ Jhpiego is supporting Maluti SON to assist with the placement of Nursing and Midwifery Students in primary care clinics in order to enhance their clinical learning experience. Between 4<sup>th</sup> February and 1<sup>st</sup> March, a total of 10 midwifery students were placed for a 2-week clinical rotation in primary health care clinics. The remaining 23 midwifery students were placed at primary health care clinics earlier in the academic year.

## SELECTION OF HEALTH CENTERS

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Health centers (HC) were selected by Maluti SON that incorporated site assessment recommendations completed in November 2012 by the SON in collaboration with MCHIP/Jhpiego (see Maluti SON trip and event report, November 2012). The November site assessments identified several clinics for student placements; unfortunately not all of them could be used due to ongoing construction and lack of accommodation. As a result of this, the school placed students at clinics where accommodation with family members was available. In the next Academic year, the school is expected to use the additional identified clinics that can accommodate students on the clinic premises in order for the students to get a more intensive primary health care experience. For this placement, 10 midwifery students were placed at Emmanuel HC (n=2), Maputsoe Filter Clinic (FC)(n=1) and Maseru SDA clinic (n=7).

Emmanuel HC is a semi-rural health centre owned by the SDA and located 59 km from Maluti SON in Leribe district. The HC has been extensively renovated by the Millennium Challenge Account (MCA) but the clinic has not been officially handed over and is therefore operating from a private house opposite the clinic building. There is no running water in the temporary building. One of the nurses is trained in preceptorship. Students allocated at this health centre stayed at relatives' houses in the village.

Maputsoe Filter Clinic is owned by the Government of Lesotho (GOL) and located in Maputsoe town, an urban area at the border with South Africa. Although this clinic was not included in the assessment done in November 2012, 1 student requested to be placed at this clinic due to close proximity of family members.

The clinic has been renovated by MCA and the new structure has recently been handed over. One of the nurse midwives in the clinic has attended Jpiego preceptorship training.

Maseru SDA is an urban clinic in Maseru owned by SDA church. It is operating from temporary structures while the clinic is renovated by MCA. This has resulted in interruption of running water in the clinic as well as electricity. At the clinic premises, there is a pre-fabricated building owned by Maluti SON which is used for outreach eye-clinics as well as accommodating nurse and midwifery students during clinical placements. One of the nurse-midwives at the clinic is trained in preceptorship skills.

## METHODOLOGY

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10 Students, 7 clinic nurses and 2 nurse educators (NE) were given an anonymous evaluation tool.

The objectives of the evaluation are:

- To evaluate rural clinic venues providing placements to nursing students
- To identify strengths and/ or limitations of clinical placement venues
- To provide an opportunity for students, clinic staff and faculty staff to comment on their perception of clinical learning and on rural clinical placements
- To assist clinical venues in improving and enhancing the learning environment they provide students

The NEs filled out individual evaluations for each clinic they went to for supervision. The tool uses a Likert scale, a series of questions with five response alternatives: strongly disagree (1), disagree (2), neutral (3), agree (4), strongly agree (5). In addition to the Likert scale, there are select open-ended questions..

There was a response rate of 100% for students, NEs and Clinic staff, although some of the questions were left incomplete. Quantitative data from the Likert scale was analyzed by comparing the percentage of students responding to different alternatives of each statement. For clinic and faculty staff, individual scores are compared between different HCs. A summary is provided of the most common responses to the short open-ended questions.

## LIMITATIONS

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A known disadvantage of use of the Likert scale is that respondents may interpret the scale differently from each another, such that one person's four might equal to another's 5. To limit bias, the total % of students agreeing to statements has been calculated, regardless if they agreed or strongly agreed.

## SUMMARY OF STUDENT PERCEPTIONS

The following figure shows the total percentage of students for each clinic that agrees with the statement, regardless whether they indicated “agree” or “strongly agree”. The total number of student for each clinic is indicated in the legend. A detailed breakdown of all scores can be found in Appendix 1.

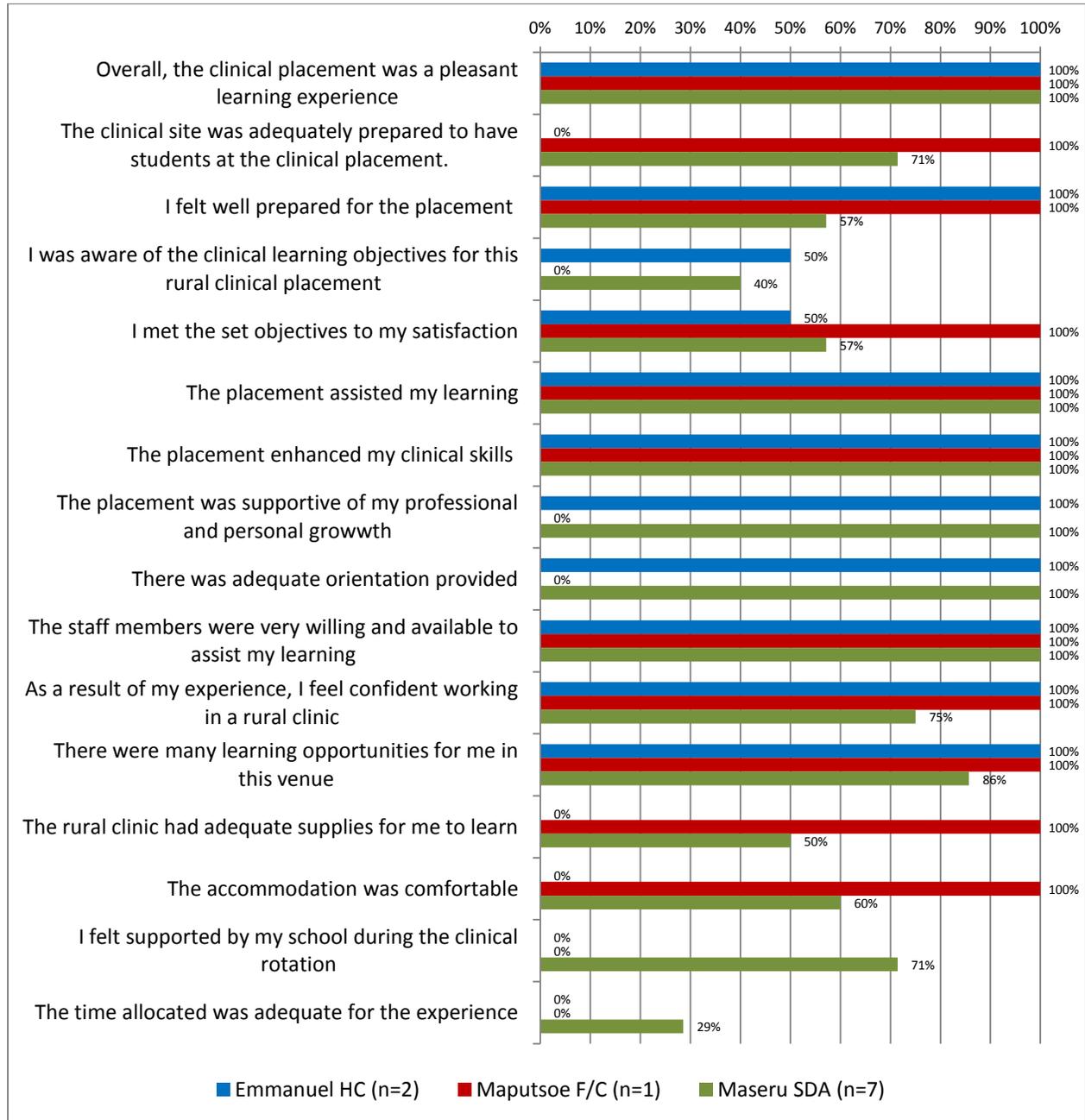


Figure 1: Comparison of the total % students per clinic that agrees with statements (either agree or strongly agree)

### The three best experiences of the placement- student perspectives

Emmanuel HC	Maputsoe FC	Maseru SDA Clinic
<ul style="list-style-type: none"> <li>Enhanced experience in Health education</li> <li>Team work</li> <li>Managing ante-natal, post-natal and under-five clinics</li> </ul>	<ul style="list-style-type: none"> <li>Enhance family planning (FP) distribution experience, including opportunity to insert IUCD</li> <li>Opportunity to do PAP smear</li> </ul>	<ul style="list-style-type: none"> <li>Getting experience to fill in different registers (LOR, ANC, FP, &lt;5) and to do data collection</li> <li>Enhanced health education experience</li> <li>Learning to get more responsibility and be more independent</li> <li>Team work</li> </ul>

### Areas that need improvement – student perspectives

Emmanuel HC	Maputsoe FC	Maseru SDA Clinic
<ul style="list-style-type: none"> <li>Time for placement is too short and should be extended</li> <li>More equipment should be supplied to clinic in order to meet objectives</li> <li>Clinical instructor should be available to assist students during placement</li> </ul>	<ul style="list-style-type: none"> <li>Shortage of equipment, including sterile equipment</li> <li>No curtains in the clinic</li> </ul>	<ul style="list-style-type: none"> <li>Proper planning of placement, e.g. information to clinic staff that students are coming</li> <li>Inadequate environment due to temporary building that clinic is operating from</li> <li>Better school follow-up visits</li> <li>Students need to be limited according to available space at HC</li> <li>Students should be allocated for 3-4 weeks to enhance better learning experience</li> </ul>

### Most improved clinical skills

Emmanuel HC	Maputsoe FC	Maseru SDA Clinic
<ul style="list-style-type: none"> <li>Managing ante-and-post natal clinics and &lt;5 clinic</li> <li>Filling in different registers</li> <li>Providing FP services including insertion of IUCD</li> </ul>	<ul style="list-style-type: none"> <li>Use of different registers</li> <li>Use of FP commodities, including IUD</li> <li>Full patient examination</li> </ul>	<ul style="list-style-type: none"> <li>Palpation of pregnant women</li> <li>Recording and reporting, use of different registers</li> <li>FP commodities</li> <li>Immunization and storage of vaccines</li> </ul>

### **Would students like to work in a similar clinic after completing their training?**

90% of the students answered this question despite the fact that Maputsoe FC and Maseru SDA Clinic are urban clinics.

Both students from Emmanuel HC replied that they would be willing to work in a rural clinic after graduations giving challenging work and independency as a reasons for this.

The student from Maputsoe FC replied "maybe", giving the fact that surgical procedures are not done due to lack of equipment as a factor influencing the decision.

Six students that went to Maseru SDA Clinic replied to the question. 67% (n=4) replied that they would be willing to work in a rural clinic, while 33% (n=2) replied maybe. The main explanations given were that there is an opportunity for enhanced skills and practical knowledge but that the availability of electricity and water as well as drugs and equipment are pre-requisites in order to be willing in primary care clinics.

### **Additional comments from students about clinical placements**

- Support needed from lecturer/ nurse educator during the clinical placement experience
- Two weeks is not enough for clinical placement, minimum of four weeks is needed.
- "I wish the time allocated could be extended up to a month"
- Equipment is needed for smooth functioning of the clinic

SUMMARY OF CLINIC STAFF PERCEPTIONS

The following figure shows the individual responses of nurses from the clinics that hosted students.

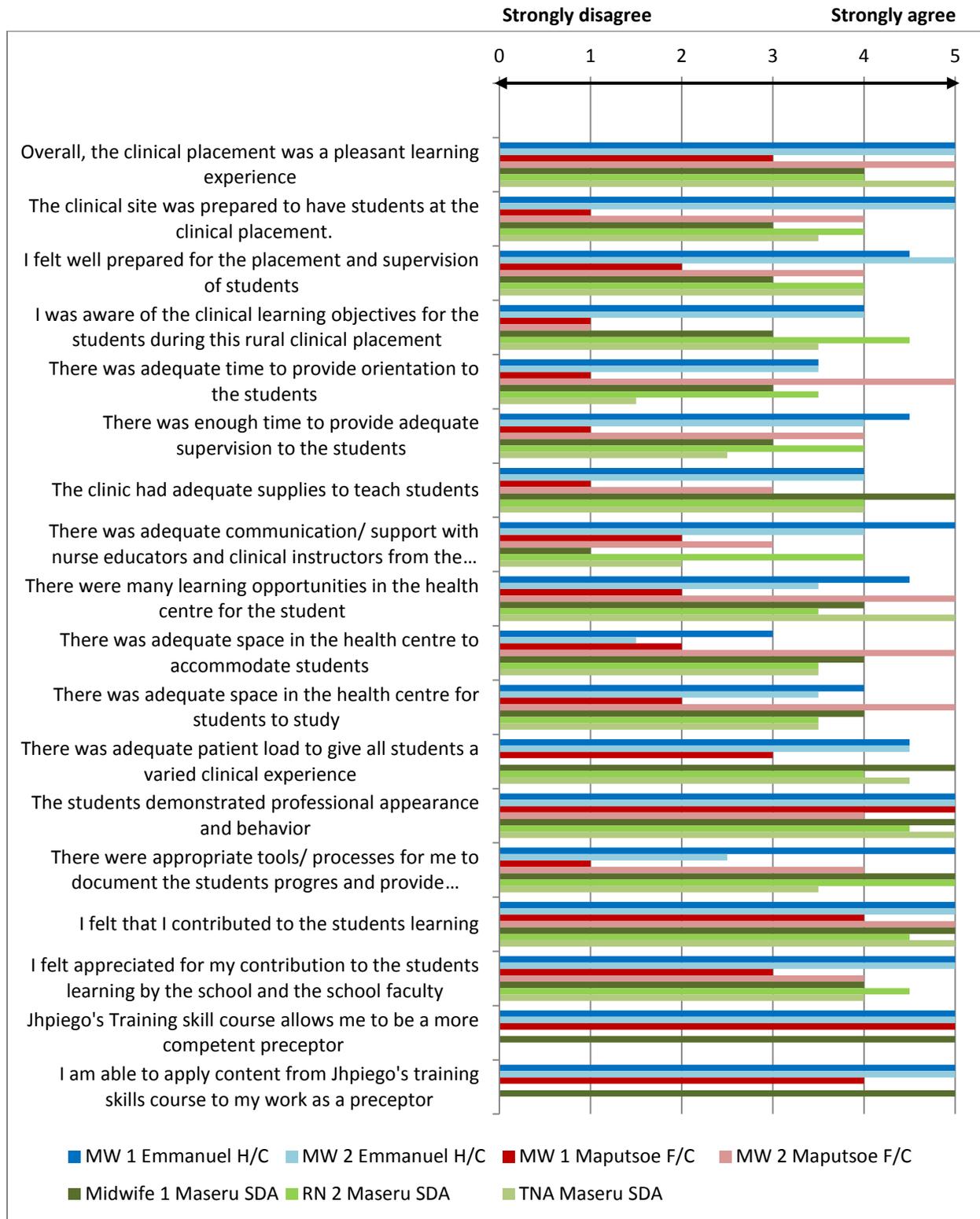


Figure 2: Comparison of responses from nursing staff of three different clinics hosting 3<sup>rd</sup> year students

### The three best experiences of the placement- clinic staff perception

Emmanuel HC	Maputsoe FC	Maseru SDA Clinic
<ul style="list-style-type: none"> <li>• Students were eager to learn and willing to perform tasks</li> <li>• Students demonstrated confidence in knowledge and skills learned from class</li> <li>• Students demonstrated professional behavior and appearance, e.g. showed positive attitude when given feedback</li> </ul>	<ul style="list-style-type: none"> <li>• If taught well, they reduce the work load</li> <li>• FP distribution</li> </ul>	<ul style="list-style-type: none"> <li>• Students enable me to implement my training skills</li> <li>• They help in reducing the work load</li> <li>• They give us more experience in supervision</li> <li>• Students showed good communication skills with patients</li> </ul>

### Areas that need improvement- clinic staff perspectives

Emmanuel HC	Maputsoe FC	Maseru SDA Clinic
<ul style="list-style-type: none"> <li>• Accommodation currently not available for students</li> <li>• Visits by tutors prior to placement</li> <li>• Provision of learning objectives prior to placement</li> <li>• Provision of procedure file at health facility</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting with clinic staff and school prior to placement</li> <li>• Procedure files need to be at clinic</li> <li>• No learning objectives were shared with the clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Communication between school faculty and clinic staff</li> <li>• Clinical learning objectives should be clearly given</li> <li>• Appreciation from school department- just thank you</li> <li>• Information when students are coming in advance</li> <li>• More time is needed for clinical placement</li> </ul>

### Would you like to have students on a regular basis to your facility?

Emmanuel HC: Yes 100% (n=2):

- "their presence motivates us to research more and read and thus increasing our knowledge
- To work in a learning institution keeps us up-to-date with recent information

Maputsoe FC: Yes 50% (n=1); maybe 50% (n=1):

- We would like to have students in small numbers only due to staff shortage and lack of equipment
- If students are many, it is impossible to supervise

Maseru SDA Clinic: Yes 100% (n=3)

- Students should get used to work in primary care clinics before graduating; they gain a lot of experience
- "they reduce the workload"

### Additional comments given by nursing staff:

- Length of the time for placement should be increased to one month
- Preceptors should be standardized for every session in order to get uniformity in assessment
- N/E should come along with students and should come early in the morning hours
- Tutors should be involved in meeting with health centre staff
- " I would like to have some training on Jhpiego's training skills so that I can perfectly supervise students"

The following figure shows individual scores of NEs for each of the three clinics supervised.

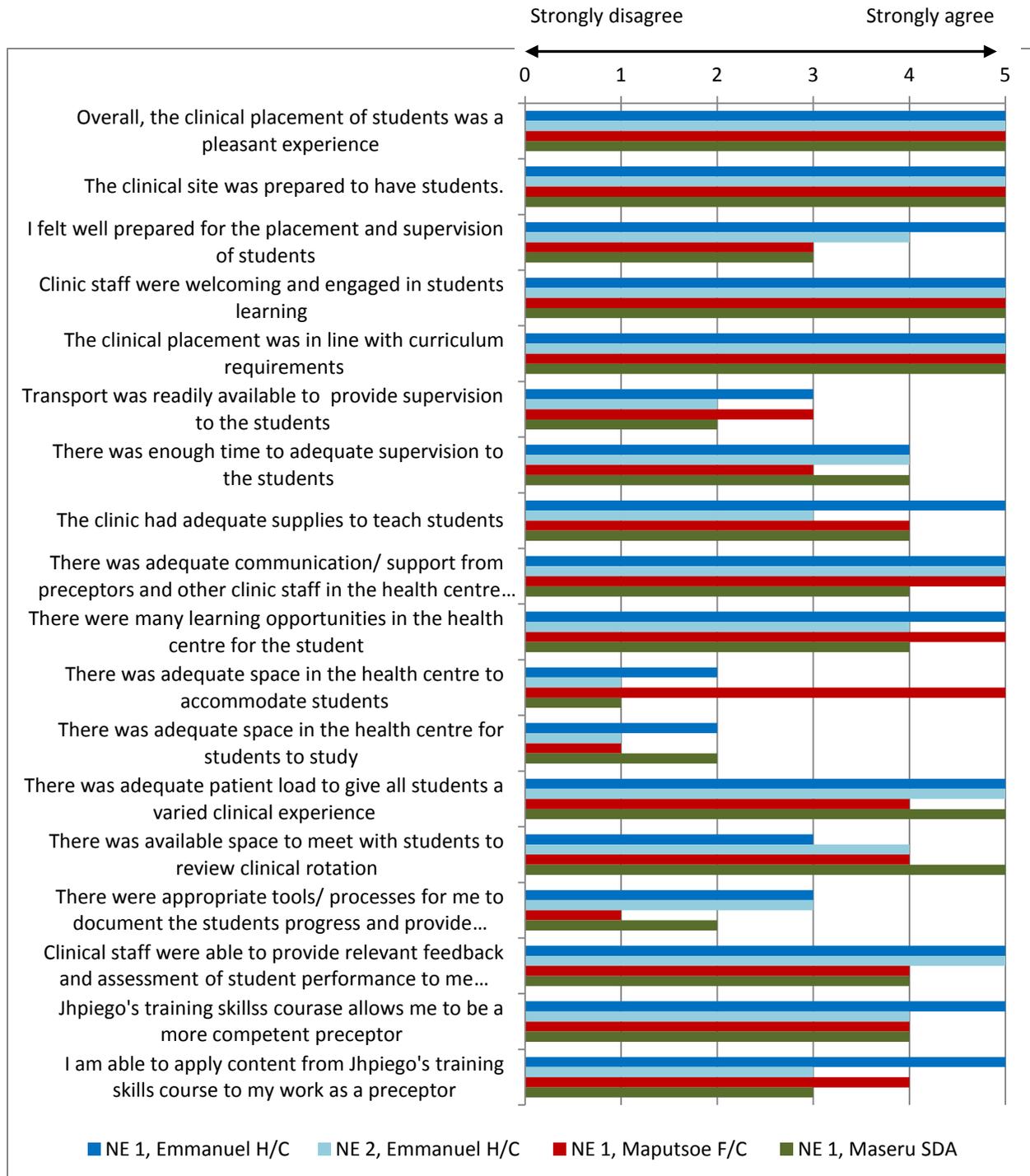


Figure 3: Comparison of individual scores from faculty staff between different clinics

### The three best experiences of the placement- faculty perception

Emmanuel HC	Maputsoe FC	Maseru SDA Clinic
<ul style="list-style-type: none"> <li>• Students are exposed to different activities</li> <li>• Students gain decision making skills and independency</li> <li>• Students learn to provide patient care in clinics with limited resources</li> </ul>	<ul style="list-style-type: none"> <li>• Students are exposed to different activities</li> <li>• Preceptors are available to students at all times</li> </ul>	<ul style="list-style-type: none"> <li>• Good communication between preceptors and students</li> <li>• Students get better motivated working at the clinic</li> </ul>

### Areas that need improvement- faculty perspectives

Emmanuel HC	Maputsoe FC	Maseru SDA Clinic
<ul style="list-style-type: none"> <li>• Space in adequate to have students</li> <li>• More equipment is needed for students</li> </ul>	<ul style="list-style-type: none"> <li>• Time for clinical placement is not enough</li> <li>• Students should be exposed earlier in their training</li> <li>• Equipment should be available for students</li> <li>• Nurse educators must be exposed to clinic work</li> </ul>	<ul style="list-style-type: none"> <li>• Length of placement should be increased</li> <li>• Increase clinic services like PAP smear and inserting IUDs to increase exposure for students.</li> <li>• Students need to be exposed earlier in their training.</li> </ul>

#### Clinics that are recommended for future placements by NE and CIs:

All three clinics used during the placement of students were recommended by the NE for future placement of students. Reasons for the recommendation included:

- Willingness of clinic staff to supervise students
- Good exposure of students to different categories of patients.

#### Additional comment given by nurse educator for Emmanuel HC:

Student is relaxed and encouraged by the good atmosphere in the clinic. Student demonstrated a lot of confidence.

## CONCLUSIONS

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Overall the placements of ten midwifery students has been a positive experience for the majority of students (100%), clinic staff (100%), nurse educators and clinical instructors (100%).

100% of students felt that clinic staff was very supportive and assisted their learning. This is similar to the findings of NEs where 100% replied that the clinic staff were welcoming and engaged in the students learning.

100% of students agreed that the placement assisted their learning and enhanced clinical skills while 92% replied that as a result of the experience, they feel more confident working in a primary care clinic.

Overall only 57% of students felt that the clinical site was adequately prepared to host student at the HC. However, there are major differences between the three clinics (Emmanuel HC: 0%; Maputsoe FC: 100%; Maseru SDA Clinic: 71%). These findings are similar to the responses of the clinic staff where overall only 60% stated that the clinic was prepared to have students compared to 100% of the faculty staff.

All students stayed at relatives as accommodation at HC level was not yet available.

Only 30% of all students agreed or strongly agreed that they were aware of the clinical learning objectives for the placement. 53% of the nurses from the three different health centers agreed or strongly agreed that they were aware of the clinical learning objectives. In the open questions for clinic staff clarifying objectives with clinic nurses was mentioned as a necessary point of improvement by nurses from all three involved clinics.

67% of students either agreed or strongly agreed that there was adequate orientation provided while only 40% of nursing staff agreed that there was adequate time to provide orientation. Despite the limited time to provide orientation, 77% of clinic nurses replied that there was adequate time for supervision of students.

For Emmanuel HC and Maputsoe FC, only one supervision visit was provided for each student placement period. 0% of students stated they felt supported by the school. For Maseru SDA, two supervision visits were provided for each group of students and 71% of students stated they did feel supported by the school. This is similar to the responses of the nursing staff as only nurses in Emmanuel HC reported they felt there was adequate communication and support from the nursing school during the clinical placement compared to 0% of nurses from Maputsoe FC and 33% of nurses from Maseru SDA agreeing with the statement. Despite those low scores, 83% of nursing staff felt appreciated by the SON and faculty staff for their contribution to the students learning.

Overall 95% of students felt there were many learning opportunities for them in the clinic. This score is in line with the score of the faculty staff were 100% agreed that there were many learning opportunities for the students and 100% agreed that there was an adequate patient load in all three clinics to give a varied clinical experience. Although 100% of staff nurses from Emmanuel HC and Maseru SDA agreed that there was an adequate patient load for the students, Maputsoe nurses did not agree with the statement and overall only 68% of nurses from the different clinics agreed there were many learning opportunities for the students.

Students, clinic staff as well as the nurse educators and clinical instructor have all expressed the need to extend the time for clinical placements.

In all the three clinics hosting students there was a nurse trained in preceptorship skills although in the remarks part of the questionnaire it was mentioned that more nurses should be invited to attend the training. There is no significant difference in the scores between nurses that were trained in preceptorship and those that were not.

Two of the clinics mentioned in the open questions that the lack of procedure files was a point that needed improvements.

As the number of students that went for clinical rotations is small (n=10) and comprises of only 30.3% of the total year of midwifery students, the conclusions are not representing perceptions of all midwifery students from Maluti SON.

## RECOMMENDATIONS

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In light of this evaluation, the following recommendations can be made:

1. Increased length of primary health care clinic placements from 2 weeks to one month during next academic year.
2. Increase the number of clinic staff trained in preceptorship
3. Ensure timely preparation of clinics/ accommodation for placement of students
4. Use additional clinics to accommodate students after completion of MCA construction and handing over of buildings
5. Budget for more frequent supervision visits by nurse educators and clinical instructors
6. School should provide clear communication to clinic staff about set objectives for the placement. Printing out objectives for the placements and distributing them to clinic staff at the beginning of the placement.
7. Distribution of procedure files to all health centers.
8. MCHIP/Jhpiego to provide feedback and sharing of evaluation reports with involved clinics

APPENDIX 1: Student responses per health centre in percentages (%)

	HEALTH CENTRE	NO. OF STUDENTS	STRONGLY DISAGREE (1)	DISAGREE (2)	NEUTRAL (3)	AGREE (4)	STRONGLY AGREE (5)
Overall, the clinical placement was a pleasant learning experience	Emmanuel HC	2	0%	0%	0%	0%	100%
	Maputsoe F/C	1	0%	0%	0%	0%	100%
	Maseru SDA	7	0%	0%	0%	29%	71%
The clinical site was adequately prepared to have students.	Emmanuel HC	2	0%	50%	50%	0%	0%
	Maputsoe F/C	1	0%	0%	0%	100%	0%
	Maseru SDA	7	0%	14%	14%	29%	43%
I felt well prepared for the placement	Emmanuel HC	2	0%	0%	0%	50%	50%
	Maputsoe F/C	1	0%	0%	0%	100%	0%
	Maseru SDA	7	0%	0%	43%	29%	29%
I was aware of the clinical learning objectives for this rural clinical placement	Emmanuel HC	2	0%	50%	0%	50%	0%
	Maputsoe F/C	1	100%	0%	0%	0%	0%
	Maseru SDA	5	0%	0%	60%	20%	20%
I met the set objectives to my satisfaction	Emmanuel HC	2	0%	0%	50%	50%	0%
	Maputsoe F/C	1	0%	0%	0%	0%	100%
	Maseru SDA	7	0%	14%	29%	0%	57%
The placement assisted my learning	Emmanuel HC	2	0%	0%	0%	0%	100%
	Maputsoe F/C	1	0%	0%	0%	0%	100%
	Maseru SDA	7	0%	0%	0%	0%	100%
The placement enhanced my clinical skills	Emmanuel HC	2	0%	0%	0%	100%	0%
	Maputsoe F/C	1	0%	0%	0%	100%	0%
	Maseru SDA	7	0%	0%	0%	14%	86%
The placement was supportive of my professional and personal growth	Emmanuel HC	2	0%	0%	0%	50%	50%
	Maputsoe F/C	1	100%	0%	0%	0%	0%
	Maseru SDA	7	0%	0%	0%	0%	100%
There was adequate orientation provided	Emmanuel HC	2	0%	0%	0%	50%	50%
	Maputsoe F/C	1	0%	0%	100%	0%	0%
	Maseru SDA	7	0%	0%	0%	14%	86%
The staff members were very willing and available to assist my learning	Emmanuel HC	2	0%	0%	0%	0%	100%
	Maputsoe F/C	1	0%	0%	0%	0%	100%
	Maseru SDA	7	0%	0%	0%	14%	86%
As a result of my experience, I feel confident working in a rural clinic	Emmanuel HC	2	0%	0%	0%	100%	0%
	Maputsoe F/C	1	0%	0%	0%	0%	100%
	Maseru SDA	4	0%	0%	25%	25%	50%
There were many learning opportunities for me in this venue	Emmanuel HC	2	0%	0%	0%	100%	0%
	Maputsoe F/C	1	0%	0%	0%	0%	100%
	Maseru SDA	7	0%	0%	14%	43%	43%
The rural clinic had adequate supplies for me to learn	Emmanuel HC	2	0%	50%	50%	0%	0%
	Maputsoe F/C	1	0%	0%	0%	100%	0%
	Maseru SDA	4	0%	25%	25%	25%	25%
I felt supported by my school during the clinical rotation	Emmanuel HC	2	0%	0%	100%	0%	0%
	Maputsoe F/C	1	100%	0%	0%	0%	0%
	Maseru SDA	7	0%	0%	29%	14%	57%
The time allocated was adequate for the experience	Emmanuel HC	2	100%	0%	0%	0%	0%
	Maputsoe F/C	1	0%	0%	100%	0%	0%
	Maseru SDA	7	43%	29%	0%	29%	0%

