

Trainees' and Trainers' Perspectives on Effectiveness of Clinical Training for Nursing Students in Kenya

¹Boibanda. F. Osotsi, ²Mutema.A, ¹Kangethe.S and ³Orodho.J.A

¹Moi University, box 4606 code 30100, Eldoret, Kenya.

²Kenya Methodist University, box 45240 code 0100, Nairobi

³Bureau of Educational Research,

Kenyatta University, box 43844 code 0100 Nairobi.

Corresponding Author: Boibanda. F. Osotsi.

Abstract

Although nurse training has been undertaken for over two decades, holistic evaluation of clinical teaching has not been documented. The purpose of the study was to determine students and trainers perspectives on effectiveness in clinical training of nurses in Kenya. This was a descriptive survey. The target population was third year Kenya Registered Community Health Nursing Students, lecturers and the supervisors in the clinical training sites. The study should have included the community who are the recipients of the services but because of finance and time limitations, it was not possible. Fourteen KMTCs and fifteen institutions where students are placed for clinical experience was selected for the study. Self administered questionnaires were utilized. Data entry was done in EPI-info and SPSS version 12.0 was used for data analysis. Clinical training in across the three specialty areas of nursing is effective (221) 79% students, (174) 69% clinical supervisors and teachers (29) 70%; effectiveness in midwifery was (244) 87% students (194) 77% clinical supervisors and teachers (32) 75%; effectiveness in Community health nursing was (238) 85% students, (194) 77% clinical supervisors and teachers (32) 77%. Clinical training is an effective method of skill acquisition in nurse training. Limited resources constrain clinical teaching

Keywords: trainees, trainers, clinical, nursing, Kenya.

INTRODUCTION

“Trainees and trainers perspectives on effectiveness of clinical training of nursing students in Kenya “arise out of the contention that developed and developing countries, Kenya included use clinical placement in training of their health professionals. Emerging trends in nursing education at diploma level suggest new paradigms in the overall approach to clinical skills acquisition. The nursing program lasts three and half years. However, with enlargement of the curriculum from general nursing to focus on three areas; general nursing, midwifery and community health nursing, the duration of the training remains the same. This poses challenges to acquisition and demonstration of competence expected of the nurse. Clinical training has been and still continues to be widely used in training for the purpose of acquisition of practical skills, (UHN 2004). Taylor in the period of industrial revolution used industrial attachment, which in essence is a form of understudying to boost productivity. When this is looked at traditionally, it can be labeled an “apprenticeship”.

Health care training for a long time has all over the World used apprenticeship for training of health personnel. Clinical placement in traditional medical education for doctors, nurses and other allied health professionals has always utilized the concept of

apprenticeship. This approach of training has been criticized for being opportunistic and unsystematic, (Harden, 1986). Much of the criticisms have tended to focus on unstructured nature of clinical placement since it is very hard to plan for the type of experience you are not sure the student will experience. The learning depends on availability of the relevant clinical cases. Increasing number of students is another challenge in placement for clinical experience as new training institutions are utilizing the same limited resources.

PURPOSE OF THE STUDY

The purpose of the study was to determine trainee/trainer perspectives on effectiveness of clinical training for nurses in Kenya. The primary concern of this study was to determine whether there is a significant difference in ranking between students, clinical supervisors and teachers regarding effectiveness according to the three specialty areas of nursing. Problems being encountered that interfere with effectiveness of clinical training of nurses should not escape the notice or attention of the policy makers; neither should that be left to chance.

OBJECTIVES OF THE STUDY

Determine trainees' and trainers perspectives on the effectiveness of clinical training in Reproductive Health Nursing as a specialty area of nursing.

Determine the relationship in trainer perspectives on effectiveness in clinical training of nurses in Kenya

OPERATIONAL DEFINITION OF TERMS

Effectiveness of Clinical Training: Shall refer to ability to perform 45 competencies derived from the three specialty areas of KRCHN programme.

Respondent: Shall refer to category as follows; student, clinical supervisor and teacher.

Clinical Training: shall refer to the extent to which there are adequate hospital wards, operating theatres, health centres, labour wards, Newborn special units, specialist clinics like surgical, medical, Ear Nose and throat, skills laboratory, learning resource centres just to name a few where students acquire practical experience in the three specialty areas of nursing.

Factors: Shall refer to curriculum, instructional technology, teaching/learning resources, assessment, and linkages of education to service, staffing, professional development, personal characteristics, organization and management.

Stakeholder: both internal and external shall refer to students, teachers, clinical supervisors, and the community, KMTC, Ministry of Health and others involved in training health care workers.

KMTC: Kenya Medical Training College

Linkages: shall refer to partnerships, collaboration, affiliations, and consortiums in providing clinical training for training health workers.

Nursing students: shall refer to third year student nurses in training in various KMTCs on KRCHN programme.

Agreement: extent to which respondents are satisfied with specific statements in the questionnaire or extent to which respondents are satisfied with the ability to demonstrate competence in performing specified skills or tasks.

Competence: ability of students to perform at an acceptable level

Trainee: Students who are undergoing KRCHN programme

Trainer: Teachers and clinical supervisor who have undergone a prescribed course in nursing and have been licensed to practice nursing

Perspectives:

Shall refer to opinion, dimension, perception, version or view of the teachers, students and clinical supervisors regarding effectiveness of clinical training for nurses in Kenya.

LIMITATIONS OF THE STUDY

These include resources especially finances as the study was self-financed. Perspectives of the society would have added value to the finding of the study but because of financial limitations it was not possible. The study targeted only Government sponsored colleges training nurses. It would have been better if private institutions training nurses would have been included. The study involved only third year student nurses it would have been better if

the sampling involved first years, second years and third years.

RESEARCH METHODOLOGY

The research methodology in this paper is organized as follows; study design, sampling technique, variables.

Study Design

This is a cross-sectional survey aimed at describing effectiveness in clinical training of nurses as relates to Reproductive Health Nursing as a specialty area of nursing and assessing factors that influence the effectiveness of the clinical training in Reproductive Health Nursing for a KRCHN trainee in Kenya.

Target Population

The subjects were all 3rd year nursing students currently in government training health institutions (K.M.T.C's), all registered nurses currently involved in clinical instruction in the institutions that offer clinical placement to students of K.M.T.C in Reproductive Health Nursing and all the teachers currently involved in teaching Reproductive Health Nursing in K.M.T.C.

Variables

The indicators are the curriculum, student assessment reports, teaching/learning calendar, evidence of continuous monitoring system and practical skills manuals, staffing rosters number of clinical sites and number of students.

Independent Variables: Effectiveness of 45 competencies in general nursing, reproductive health nursing and community health nursing, factors influencing clinical training of nurses; Curriculum, teaching/learning resources, Organization and management, Assessment of student Performance, Instruction Technology, Personal characteristics, Staffing and professional development and Integration of education to service.

Depended Variables: Provide reproductive health nursing service to the individual family and community.

SAMPLING TECHNIQUES

The study employed both probability and non probability methods. The study was interested in 3rd year nursing students as this group had almost cleared their clinical placements. There were also clinical supervisors who could be involved in the study but the study targeted only clinical supervisors who were currently working in specific areas as well as having supervised students for at least four months.

The study purposively sampled 14 out of 25 KMTC's as they had the characteristics the researcher was interested in. This represented 60% of all the KMTC's as other KMTC's have been in operation for very few years and so did not have students in their

third year in that discipline. The total sample contacted was five hundred and seventy four (574). This included two hundred and eighty students (280), two hundred and fifty two clinical supervisors (252) and forty two (42) teachers. Random sampling and purposive techniques was employed for students, clinical supervisors and teachers, respectively. Kenya Registered Community Nursing students were purposely targeted to be included in the study. The technique is justified because the study focuses on the effectiveness of clinical placement of the trainee in learning the clinical skills that will be called upon in delivering quality care to the patient and clients. Systematic random sampling was applied using the training site's list of third year students such that every third student in the sites list followed by the sixth, ninth, twelfth in that order until each site produced twenty respondents from each site.

Twenty students per KMTC in fourteen KMTC's sampled translated to 280 students who participated in the study. The total student population for all third year nursing students in KMTCS is 840. The student sample is 33% of the whole population of third year KRCHN. The sample size for trainees included in the study was determined by using the formula $N = \frac{\text{Mean of } X_1 - X_2}{\sqrt{\text{Var T} + \text{Var C}}}$ (difference between group means) over the square root of Var T+Var C (variability of groups). Where N= sample, P=percentage of trainees represented, Q= (1-n) degrees of freedom, D= required level of precision, 0.05 squared. Student t-test is justified as the researcher was interested in comparing the perspectives of trainees and trainers regarding effectiveness of clinical training of nurses in Kenya. Key informants were purposively and randomly sampled from clinical supervisors and lecturers and asked to fill the questionnaire and teachers were also subjected to interview schedule. Sample from students was limited to fourteen randomly sampled KMTC's that train Kenya Registered Community Nurses.

The sample of teachers was derived from the fourteen (14) identified K.M.T.C's through cluster sampling in the three-specialist sections namely general nursing, midwifery and community health. Each of the specialty areas was sampled through assigning numbers that respective teachers who are involved in a specific specialty randomly picked. One of the random numbers allowed the teacher to represent the respective K.M.T.C in the respective specialty whereas the other assigned numbers disqualified the teachers from representing KMTC in that specialty. A teacher represented each specialty translating to three (3) teachers representing each K.M.T.C in the study. The total sample of teachers was forty two (42).

For clinical supervisors cluster sampling was used. This was based on the nursing specialties and the sub-specialties within the specialties. Each of the sub-

specialties participated in the selection by allowing those to participate in the study to pick random numbers, which determined their participation. Where only one clinical supervisor participated in a sub-specialty the random numbers assigned only one number the permission to participate. Where a sub-specialty was represented by more than one participant in the study, the random numbers assigned catered for the number of clinical supervisors to participate in the study. Sample for clinical supervisors was derived from cluster sampling staff from specific specialty and sub-specialty as follows, General nursing-surgical wards both male and female (2), medical nursing wards both male and female (2), paediatric wards (nursing) both for between 0-2 years and from two years and a day to five years (2), gynaecological wards experience (1), this gave a total of seven (7) respondents. This translates to a total number of 98 respondents.

Midwifery –labour ward (1), ante-natal ward (1), post-natal ward (1), new born unit (1), this gives a total of four (4) respondents totals up to 56 respondents and Community Health Nursing (*Maternal child health and family planning clinic*)-immunization (1), screening-baby (1), screening-ante-natal (1), screening post-natal (1) and family planning both counselling and method choice (2), control of diarrhoeal diseases (1) this gives a total of seven (7) respondents. This totals to 98 respondents.

Students/Trainers Perspectives on Effectiveness of Clinical Training for Reproductive Health Nursing

Information from a sample of 280 students, 252 clinical supervisors and 42 teachers regarding ability of the trainee to demonstrate competence in specific competencies was analyzed and presented in **Figure 1.1**. Students, clinical supervisors and teachers were asked to rate the extent to which they considered clinical training in reproductive health effective.

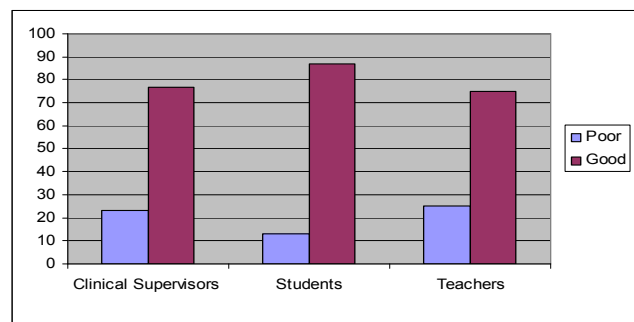


Figure 1.1 Students/Trainers Perspective on effectiveness of clinical training

Figure 1.1 shows mean ratings that clinical training in reproductive health nursing is good hence effective by 87% students, 77% clinical supervisors and 75%. Those who viewed clinical training in midwifery as

being poor comprised 13% students, 23% clinical supervisors and 25% teachers. The data demonstrates a tendency to highest rating by clinical supervisors followed by students then teachers hence an attribute of effectiveness in clinical training. Details in appendix 5.

Exceptions to the tendency include midwifery competence number five where students rated good by 93.3% followed by teachers 90.5% and clinical supervisors 84% which is as well an attribute of good organization and management of clinical training. Competency number thirteen though demonstrating good organization and management of clinical training across the respondents, revealed the lowest rating though demonstrating an attribute of well organized and managed clinical training sites. Highest rating was by clinical supervisors (71%), followed by students (69.2%) and then teachers (57.1%). The figure further shows that the students, clinical supervisors and teachers rated the trainee

performance in reproductive health nursing clinical training as good, hence effective. The data shows a tendency to highest rating in level of performance by clinical supervisors followed by students then teachers. Agreement on rating of the statement is an indicator of the clinical training being effective in reproductive health nursing as a specialty area of nursing. However, in competence number sixteen, students and clinical supervisor’s rating shows that they both were at par by 88.9%, each respectively followed by teachers (73%). The same competency received the lowest rating across the respondents though they rated good as the performance level. Competency number nineteen also varied in the order of rating as clinical supervisors were the highest by 99.5% followed by teachers (95.3%), then students a close (95.2%). These show that clinical training in reproductive health nursing is effective.

Table 1.2 Trainee/Trainer responses on effectiveness of clinical training in reproductive health nursing competencies

Reproductive Health Nursing Competencies	Students		Clinical Supervisors		Teachers	
	N=280		N=252		N=42	
	Poor	Good	Poor	Good	Poor	Good
1.Take and record a history of a pregnant woman	2.6	97.4	2	98	4.7	95.3
Examine each pregnant woman	7.2	92.8	5.2	94.8	26.2	73.8
2.Identify, counsel and refer high risk pregnant mother	7.1	92.9	4	96	7.1	92.9
3.Provide routine antenatal care	3.3	96.7	2	98	19.1	80.9
4.Provide care for conditions that complicate and also complicated by pregnancy	6.7	93.3	16	84	9.5	90.5
5.Take and record labour history of all women in labour	4.6	95.4	0	100	9.5	90.5
6.Give a woman in labour a complete physical examination	5	95	0.3	99.7	16.6	83.4
7.Check the progress of women in labour	6.1	93.9	0.7	99.3	7.2	92.8
8.Assist in delivery of a woman in labour	4	96	1.5	98.5	11.9	88.1
9.Provide care to mothers after delivery	4.3	95.7	0	100	9.5	90.5
10.Perform a first exam to a newborn baby	10	90	4	96	11.9	88.1
11.Manage common labour problems after delivery	14	86	8	92	23.8	76.2
12.Manage complications and emergencies during labour and delivery	30.8	69.2	29	71	42.9	57.1
13.Take and record medical history of a woman seeking post natal care	10.7	89.3	1.2	98.8	21.4	78.6
14.Perform and record a physical exam of a woman seeking post natal care	7.8	92	0.8	99.2	9.5	90.5
15.Provide routine post natal care	11.1	88.9	11.1	88.9	26.2	73.8
16.Perform and record physical exam on all new born	8.2	91.8	0.8	99.2	4.8	95.2
17.Recognize and manage complications of new borns	9.3	90.7	0	100	11.8	88.2
18.Share with women on care and prevention of newborn complications	4.8	95.2	0.5	99.5	4.7	95.3
19.Advise health workers on care and prevention of post natal problems	5.4	94.6	0.3	99.7	9.6	90.4

The data contained in **Table 1.3** shows mean rating that clinical training in reproductive health nursing is good hence effective by 87% students, 77% clinical supervisors and 75% lecturers. This leads to a conclusion that respondent’s perspective is, the clinical training in reproductive health nursing, as a specialty area, is effective. Teachers tended to rate performance in clinical training lower than the clinical supervisors. The rating by students tended to

lie between that of clinical supervisors, which was highest and that of teachers which was equally high.

Exceptions to the tendency include the ability to provide care to patients with conditions that complicate pregnancy and those that are complicated by pregnancy. Students rated good hence effective by 93.3% followed by lecturers 90.5% and clinical supervisors 84% which was as well an attribute of effective clinical training. The ability to manage

complications and emergencies during labour across the respondents was rated good hence effective though it revealed the lowest rating. Highest rating was by clinical supervisors 71%, followed by students 69.2% and then lecturers 57.1%.

However, in the ability of the trainee to provide routine post natal care results show, students and clinical supervisor’s was comparable by 88.9%,

respectively followed by lecturers 73%. The ability of the trainee to share with women on care and prevention of complications of a newborn also varied in the order of rating as clinical supervisors were the highest by 99.5% followed by lecturers 95.3%, then students a close 95.2%. These show that clinical training in reproductive health as a specialty area in a KRCHN curriculum is good hence effective.

Table 1.3 Correlation of student’s and teacher’s ranking on performance of specific skills in nursing

Trainee Trainer	General Nursing			Reproductive Health Nursing			Community Health Nursing		
	Mean	Var	SD	Mean	Var	SD	Mean	Var	SD
Students	79	110.30	10.50	85	43.08	6.56	85	31.77	5.64
Lecturers	70	231.38	15.21	75	46.15	6.79	77	28.54	5.34
Clinical Supervisors	69	162.07	12.73	77	46	6.78	77	46.23	6.79
Students Versus Lectures	74.5	Calculated P 0.3160	Critical P 2.064	Calcu.P 1.61	Crit.P 2.064			Calcu. P 1.5942	Crit. P 2.064
Students Versus Clinical Sup	74	Calculated P 0.4405	Critical P 2.064	Calcu.P 1.3471	Crit.P 2.064			Calcu.P 1.2322	Crit. P 2.064
Lectures Versus Clinical sup	69.5	Calculated P 0.0305	Critical P 2.064	Calcu. P 0.2664	Crit.P 2.064			Calcu. P 0.000	Critic P 2.064

Correlation of student’s and teacher’s ranking on performance of specific skills in Reproductive health nursing shows a loose positive correlation on effectiveness of clinical training as derived from the ranking of students versus the ranking of teachers.

Some of the student’s low ratings of ability to perform specific skills in Reproductive health nursing outcomes are associated with low rating by teachers on the specified skills in Reproductive health nursing outcomes. Some of the student’s high rating in skills is associated with high rating of the same by teachers. The f correlation coefficient was 0.324 whereas the coefficient of determination was 0.10. That is 10% of variation in the opinion of students regarding the ability of the clinical training sites to provide suitable experience to nursing students in Reproductive health nursing outcomes is coupled with variability with the teacher’s opinion regarding the same. Similarly 10% of the variance in teacher’s opinion is associated with variability in student’s opinion on the ability of the clinical training sites to empower performance of specific skills in Reproductive health nursing. Conversely 90% of students ranking is not coupled with variability in teacher’s ranking, similarly 90% of the variance in teacher’s ranking are not associated with variability in students ranking.

Correlation between students ranking and clinical supervisor ranking shows loose positive correlation between the students and the clinical supervisors. The correlation coefficient is 0.648 and the coefficient of determination is 0.42. Some low rating by students is associated with low rating by clinical supervisors. The degree of co-variation is 42% that is 42% of

variance in students student’s opinion is coupled with variability in clinical supervisor’s rating. Conversely,

58% of the variance in student’s opinion is not coupled with variability in the clinical supervisors rating and similarly that 58% of variance in clinical supervisors rating is not associated with student rating.

Correlation between teacher’s ranking and clinical supervisor’s ranking shows varied patterns ranging from perfect to curvilinear correlation. Some low rating by teachers is associated with low rating by teachers. The coefficient of correlation was 0.465 whereas the coefficient of determinism was 0.22. The degree of co-variation is 22% that’s 22% of the variance in teacher’s views is coupled with variation in clinical supervisor’s views; similarly 22% variance in clinical supervisor’s views is associated with variability in teacher’s views. Conversely 78% of variance in teacher’s views is not coupled with variability in the clinical supervisor’s views and similarly that 78% of the variance in clinical supervisor’s views is not associated with variability with teacher’s views.

Factors influencing Clinical Training

Information from the respondents on 1-5 rating scale regarding agreement to statements from number twelve to number nineteen on effectiveness in organization and management of clinical training was analyzed and presented in **Figure 1.4**.

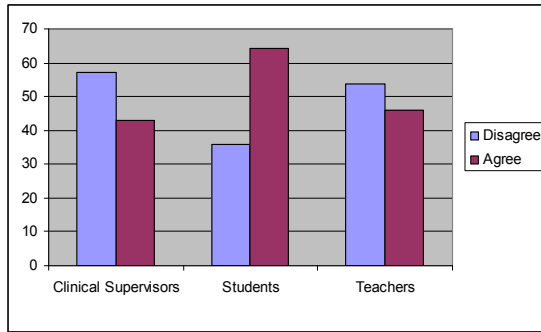


Figure 1.2 Students/Trainers Perspective on effectiveness of organization and management of clinical training

Figure 1.2 shows that overall, respondents agree by 51% that clinical training sites are well organized and also well managed hence an attribute of effectiveness in KRCHN clinical training. The respondents who agree that clinical training is well managed and also well organized comprised 64.1% students, 42.9% clinical supervisors and 46.1% teachers. Conversely

those who disagree comprised students by 35.9%, clinical supervisors by 57.1% and teachers by 53.9%. The table demonstrates that students agreed by rating highest by 64.1% followed by teachers 46.1% and finally the clinical supervisors by 42.9%. Details can be traced in appendix 5.

Trainers perspectives on Personal Factors Influencing Effectiveness in Clinical Training

This specific objective was addressed by analysis of a questionnaire for clinical supervisors and then a questionnaire for teachers. The first part of analysis comprised personal characteristics common to clinical supervisors and teachers in **table 1.4**. Clinical supervisors and teachers were asked to respond to items ranging from years of experience, last date of registration with nursing council of Kenya, participation in research activities, membership with Nurses Associations and additional training since basic.

Table 1.4 Trainer’s Perspective on Personal Characteristics in Effective Clinical Training

	Personal Characteristics	Clinical supervisors n=252		Teachers n=42	
		f	%	f	%
1	Years of experience: (i) 1-10 (ii) 11-20 (iii) 21-30 (iv) Above 31	66 78 95 -	26.1 30.9 37.6 -	2 14 22 4	4.8 33.4 52.3 9.5
2	Last date of registration with Nursing Council of Kenya (i) Between 1-5 years ago (ii) More than five years ago	75 169	33.4 63.2	3 39	7.2 92.8
3	Participation in research activities : (i) Yes (ii) No	101 151	40.1 59.9	19 23	45.2 54.8
4	Membership with Nurses Associations	252	100	42	100
5	Additional training since basic course: (i) Yes (ii) No	188 64	4.6 25.4	33 9	78.6 21.4

Experience is one critical factor that can greatly influence effectiveness of clinical training of KRCHNs and workers bring to their work place a variety of experiences. Studies have for long demonstrated that long years of experience contribute to effective performance of work. Data contained in **Table 1.4** demonstrates that clinical supervisors and teachers experience ranges from one year to above 31 years. There are no clinical supervisors with experience above 31 years whereas the teachers in that category constituted 9.5%. The mean in years of experience for clinical supervisors was 17 and that of teachers was 21. Teachers put in clinical training more years of experience than the clinical supervisors.

In order for the nurses to keep a breast of new development, nurses renew practice license every

three years and the criteria for renewal is demonstration of having participated in continuing

education. Data from **table 1.4** further shows that 92.8% of the teachers registered with NCK more than five years ago and 63.2% of clinical supervisors registered with NCK more than five years ago. This is contrary to other provisions such as failure to renew practice license within three years shall render the license inactive (NCK, 2009). According to the laws of Kenya, Nurses Act Cap 257 section 22 (1), any person who continues to employ a nurse whose license has expired shall be liable to disciplinary action as provided for in the Nurses Act. This could as well be concluded that if being up-to-date in registration with the regulation body would qualify one to be considered legible to teach or supervise nursing students then this is a negative attribute to effectiveness in the quality of clinical instruction.

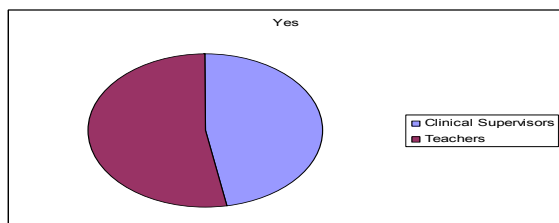


Figure 1.3 Trainers participation in Research Activities

Research has basically three purposes namely to generate knowledge, to solve problems and to both generate information and to solve problems (Kothari, 1985). Problems encountered in the society are partly due to behavior patterns which can be solved by ability to carry out a needs assessment. Figure 1.3 shows that both teachers and clinical supervisors have participated in research. However, only 40.1% of the clinical supervisors and 45.2% of teachers have participated in research activities.

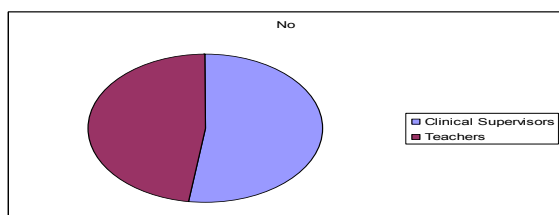


Figure 1.4 Trainers who have not participated in Research Activities

Figure 1.4 shows that trainers who have not participated in research are the majority as demonstrated by 59.9% of the clinical supervisors and 54.8% of the teachers. This is a negative attribute if participation in research can be used as an indicator in the quality of clinical instruction because most ailments in health can be attributed to inappropriate behaviours and so participation in research can greatly contribute to identifying factors underlying inappropriate behaviours with overall aim of modifying them to reduce disease incidences. Trainees who are under instruction by those who have not participated in research may not benefit from instruction (Kothari, 1985).

Table 1.4 shows that all teachers (100%) and clinical supervisors (100%) have membership with nurses associations. This is a positive attribute because of attendance of workshops organized by the said associations, hence, keeping the nurse abreast with current trends in nursing which greatly influence the quality of clinical training, KRCHNs programme included. This demonstrates that clinical supervisors and teachers through membership with nurses associations are likely to keep abreast with new developments in healthcare through workshops and journals in the respective associations hence effectiveness of in the clinical training of nurses.

Additional training can play a critical role on effectiveness in clinical training for KRCHNs. Majority of nurses have trained at diploma level and clinical supervisors and teachers who have been trained at diploma level supervise/instruct students who are to graduate at diploma level. A clinical supervisor trained at a higher level as well as teachers, can greatly influence the effectiveness of clinical training. Data from Table 1.4 further demonstrates that clinical supervisors and teachers have undertaken additional training since their first basic course. Majority of the clinical supervisors constituting 74.6% and teachers constituting 78.6%, have had an additional course since their basic training. This is a positive attribute as it demonstrates that clinical supervisors and teachers operate at a higher level than where their products are expected to operate.

DISCUSSIONS

The correlation on perspectives in midwifery between students and teachers was 0.324 (weak), between students and clinical supervisors was 0.648(strong) and between clinical supervisor and teacher was 0.465 (moderate). The correlation is significant at or below 0.368. Given the three correlations, the study can conclude that the odds are less than five out of a hundred that this is a chance occurrence it is not a chance finding hence rejection of the null hypothesis and accept the alternative hypothesis as relates trainee/trainer perspectives on effectiveness of clinical training in general nursing.

The correlation on perspectives in community health nursing between students and teachers was -0.372 (weak) and negative, between students and clinical supervisors were -0.087 (very weak) and negative. The correlation coefficient between clinical supervisor and teacher was 0.472 (moderate). The correlation is significant at or below 0.368. Given the three correlations, the study can conclude that the odds are less than five out of a hundred that this is a chance occurrence it is not a chance finding hence rejection of the null hypothesis and accept the alternative hypothesis as relates trainee/trainer perspectives on effectiveness of clinical training in general nursing. The fundamental meaning is that perspectives of students, teachers and clinical supervisors co-vary. The direction of covariance is positive for general nursing and reproductive health nursing but negative in community health nursing save for that between teachers and clinical supervisors. Low correlation account for very little variation. There is need to maintain a distinction between the amount of variation predicted by a correlation and statistical reliability (usually called the significance) of the correlation. A correlation that accounts for very little variation even 1% can be statistically significant.

Factors influencing clinical training of nurses vary from years of experience, participation in research, membership with professional organizations, curriculum, staffing, assessment and professional development among many others. Trainer's perspectives were compared on specific items on factors influencing clinical training of nurses. The factors comprised curriculum, monitoring systems, instructional approaches, staffing, assessment and professional development. Mean agreement on the factors was (71%) for teachers, variance was 138.66 and standard deviation was 11.7. For clinical supervisors, mean agreement on factors was 79%; variance was 110.5 and a standard deviation of 10.1898. Coefficient of correlation was 0.1139 and the Coefficient of determination was 0.0129. Calculated "P" was 0.2419 and the critical "P" was 2.2064. The critical "P" was greater than the calculated "P" demonstrating that the difference between the two means is statistically significant. Clinical supervisors and teachers are not up to date in terms of renewal of their license with the nurses regulatory body in other words are practicing nursing illegally. This is a negative attribute as there are chances that those who have not renewed their licenses are practicing nursing using what they learnt in training which may have been overtaken by events. Only a minority have renewed their practice licenses less than five years ago. Clinical supervisors and teachers are involved in research activities related to their areas of practice. Space for additional comments revealed that some clinical supervisors view trainees as additional workforce and are not available to guide them during some procedures. Teachers do not follow student's regularly in clinical areas and only appear at the time of clinical assessments. There was a significant correlation at 0.05 and 0.01 on twenty out of fifty two skills.

CONCLUSIONS AND RECOMMENDATION

Clinical placement is an effective way of training nurses to acquire the relevant skills to ensure quality nursing care across the three specialty areas of nursing, reproductive health nursing included.

Factors that influence clinical training at KMTC vary from years of experience, participation in research, membership with professional organizations, curriculum, staffing, assessment and professional development among many others.

There is need for further research to establish why trainee's perspectives varied from trainer's perspectives.

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