A good beginning: an evaluation of the long-term effects of a clinical communication programme for students from culturally and linguistically diverse backgrounds

ABSTRACT

Students from culturally and linguistically diverse backgrounds play a valuable role in meeting the health care needs of multi-ethnic and multi-lingual societies. However, such students may face challenges during clinical placements due to difficulties with spoken communication. This paper is a report of an evaluation of the long-term effects of a language programme that aimed to improve students' spoken communication on clinical placements. Final year students who had completed the programme in the first year of their undergraduate degree were interviewed about their experiences of clinical placements and their perceptions of any long-term effects of the programme. The results suggest that early intervention language programmes may contribute to greater confidence and success for students. However, there is a need for further language programmes for some students as well as institutional changes to improve students' clinical learning experiences.

Key words: nursing, clinical placement, cultural and linguistic diversity, communication, nurse education, international students

INTRODUCTION

Improving the success rate of nursing students from culturally and linguistically diverse backgrounds, specifically students for whom English is a second language

(ESL)[1], is essential in creating a culturally diverse nursing workforce able to meet the health care needs of increasingly multiethnic and multilingual populations in countries such as Australia, New Zealand, the UK and the USA (Caputi, Englemann and Stasinopoulos 2006; Darr 2004; Guhde 2003; Klisch 2000; Abriam-Yago, Yoder & Kataoka-Yahiro 1999; Zollo 1998; Memmer & Worth 1991). However, although nursing programmes have increased enrolment of students from diverse cultural and linguistic backgrounds, they have not necessarily increased the graduation of these students (Cherry 2002). ESL students often have higher attrition rates than students with English as a first language (Symes *et al* 2002; Klisch 2000; Jalili Grenier & Chase 1997) and it has been argued that specific strategies need to be developed to help ESL students succeed (Zollo 1998). Cherry (2002: 250) argues that once students have enrolled in nursing degrees, it is the educators' responsibility to help students achieve success by making changes to curriculum, teaching and support systems. Such changes include "a strong academic support and advising system that is aggressive in outreach, follow-up, and highly structured orientations to classroom and clinical learning experiences". This paper is a report on an evaluation of the long-term benefits of such an initiative, *[name of programme]*, a programme designed to improve the success rate of ESL nursing students on clinical placements by improving their communication skills.

BACKGROUND

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[1] In previous papers we have used the term commonly used in Australia, 'NESB' (non English speaking background). ESL is a term more broadly recognized internationally.

[name of programme] has been offered at the University of X since 2004. It identifies those students needing language development and provides a systematic and structured language programme to help students communicate effectively on clinical placements. The programme, a collaborative venture between the Faculty of Nursing, Midwifery and Health (FNMH) and the university language and literacy centre, is embedded into the first year undergraduate nursing curriculum. During the first clinical placement, particular attention is paid to students' communication skills such as the ability to introduce oneself to patients, make small talk and explain healthcare procedures such as taking vital signs. The assessment is carried out by clinical facilitators, Registered Nurses (RNs) employed by the university to both support and assess students on clinical placement. Students assessed as needing to improve their clinical communication skills are advised by the FNMH to undertake the 20-hour language programme, which is taught by an academic with expertise in language teaching. Following the programme, students are reassessed on clinical placement by a clinical facilitator. The process of assessment and enrolment in the language programme is managed by academics in the FNMH (see author a (2006) for a detailed description of the programme).

An extensive short-term evaluation of the programme was carried out in 2004, which showed that the programme appears to be an effective learning strategy. Most students gained a satisfactory grade for their clinical assessment immediately after the programme. Students said that [*name of programme]* had improved their knowledge and understanding of expectations on clinical practice and developed their spoken communication skills so that they felt better prepared to interact with nurses and patients (author b 2006).

Whilst the programme is offered to first year students each year, no further clinical language skills programmes had been offered during subsequent years of the degree at the time of this study. Given the reported difficulties faced by some ESL students on clinical placements (see below), a 20-hour programme appeared inadequate for some students. Furthermore, there was only anecdotal evidence of the students' experiences of clinical placements in subsequent years. Chant *et al* (2002) argue that short-term evaluations need to be enriched by longitudinal research investigating students' development of communication skills. The research presented in this paper investigated students' experiences of clinical placements in hospitals during the two years following *[name of programme]* to find out about their clinical experiences and whether they thought the early intervention language programme provided adequate support for their ongoing clinical placements.

CLINICAL PLACEMENTS AND ESL STUDENTS

Clinical placements are an essential part of undergraduate nursing degrees. However, placements can be particularly challenging for many ESL students, particularly those recently arrived in the country of study, who may not yet have developed the specific linguistic and cultural skills required to successfully interact with patients and staff. During clinical placements, nursing students need to talk about nursing and medical information with patients and staff and to make social talk to establish rapport. This complex interaction of two very different kinds of language can be challenging for ESL students (Malthus, Holmes & Major 2005). Particular language difficulties students may face include understanding colloquial language (Gonda *et al* 1995) and staff instructions (Bosher & Smalkowski 2002); making small talk and giving

instructions and explanations to patients (author a 2006); and using professional language (Malu & Figlear 1998). These difficulties can lead to students feeling "different" and not "fitting in" in the clinical environment (Brown 2005: 117).

Students also need to negotiate relationships with their clinical facilitators and with RNs with whom they work. Establishing positive relationships with RNs improves students' access to clinical learning opportunities (Brammer 2006). However, establishing such relationships requires students to build rapport by using communication strategies that require not only linguistic ability but also socio-cultural understandings of the kinds of relationships students might have with their supervisors and colleagues.

Much of the nursing literature focuses on teaching communication skills in the sense of assertiveness training (Mc Cabe & Timmins 2003) or therapeutic communication (Kluge *et al* 2007) rather than, for example, focusing on how language is used to achieve therapeutic communication with patients or effective interaction with RNs. However, the increasing numbers of ESL students undertaking nursing degrees has led to a variety of programmes addressing clinical language issues (Seibold, Rolls & Campbell 2007; Bosher & Smalkoski 2002; Gunn-Lewis & Smith 1999; Hussin 1999). In the short term, these programmes have been shown to provide opportunities for students to reflect on cultural differences in communication (Malthus *et al* 2005) and increase students' confidence and communication with patients (author b 2006). However, many of these language programmes are in early stages of development and there are no studies of their potential long-term effects.

METHOD

Participants

The study used a descriptive interpretive design (Thorne, Kirkham & MacDonald-Emes 1997). All students (n=15) who had participated in the language programme in 2004 were sent letters and emails inviting them to participate in the research. Ten students responded and participated, nine female students and one male. Students were from China, Vietnam, Taiwan and Hong Kong.

This study was approved by the university ethics committee. Information about the study was provided to students in a written letter and clarified before each interview. Students were told that the research was confidential and they were invited to provide a pseudonym to be used in publications. As well as attending an interview, students' permission was sought to collect their clinical and academic results. Although both researchers were known to students as former teachers, neither of the researchers had taught the students in the previous two years and had had little contact with them during that time. It was also made clear to students in the letter and email and prior to the interview that the research was voluntary and they were under no obligation to respond.

Interviews

The main data used to find out about students' perceptions of the programme were individual semi-structured interviews with students. Each student was interviewed for half to one hour. In the interviews, students were asked to talk about their clinical placement experiences during their degree. They were also asked what they remembered about *[name of programme]* and what improvements they could suggest

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to the programme. These questions were similar to the questions students were posed in the short term evaluations two and a half years previously, allowing us to compare responses of the two evaluations. The interviews were audio recorded and transcribed.

The researcher who had taught the language programme conducted the interviews. This decision was deliberate as this researcher's familiarity with the language programme would allow her to better probe issues raised by students during the interview. The researchers were confident that students would be comfortable talking to their former teacher for several reasons. Firstly, her role as an academic is within the university's language and literacy centre, which is not part of the students' own faculty. Students regard this centre as a place to seek help with their studies. Furthermore, in teaching the language programme, the researcher had never been in the role of their assessor. Secondly, when undertaking the language programme, she had developed a positive relationship with students who had been encouraged to contribute to the development of the programme and to provide critical feedback during and following the programme. Finally, it was made clear to the students that their feedback was being sought so the programme could be improved

Data analysis

After the interviews had been transcribed, a thematic analysis of the interview data was carried out. The researchers independently read and reread the transcripts intensively, using the questions 'what is happening here?' and 'what am I learning about the students' experience?' (Thorne *et al* 1997: 174) to guide them in identifying key themes. These initial themes were then grouped under major categories. To

verify the themes, analyses were compared and where differences arose transcripts were reread and reanalyzed until agreement on the themes was reached.

Other data collected included *Clinical assessment documents.* From these data a profile of each student's academic and clinical performance throughout their degree was developed, leading to a greater understanding of each student's experiences.

RESULTS

As can be seen in Table 1, seven students graduated on time, one six months late and two remained in the degree programme and were repeating subjects they had failed. The seven who graduated on time had found full time positions in Australian hospitals (Although these students were fee paying international students, they were seeking permanent residency). The student who graduated late was planning to migrate to another country. The two students still in the degree programme at the time of the study had each failed a number of subjects and were facing difficulties with their academic work as well as on clinical placement.

Insert Table 1: Student profiles

Categories

The students' perceptions of [*name of programme*]

When interviewed, students talked about their clinical experience before and after the communication programme. Figure 1 illustrates the two main categories which describe these experiences. Students said that, prior to the programme, they had felt a

sense of 'not knowing' and recalled negative emotions towards their clinical placement. However, after the programme, students recalled feeling a sense of 'knowing' and positive emotions towards their placement, which they said resulted in them doing better.

Insert: Figure 1: A good beginning: Students' perceptions of the effects of [*name of programme*]

Not knowing

 Although interviewed two and a half years after their first clinical placement, many students had vivid recollections of the placement which had taken place prior to *[name of programme]*, as well as their emotions at that time. Students described their placement as a period where they did not know what to do or say. Themes in this category included not knowing what to say to patients, what to do, nor what to ask. According to the clinical subject assessment criteria, students in their first clinical placement are expected to make small talk to patients with the aim of establishing rapport; start to collect health information; and explain and carry out simple procedures. However, this group of students did not know how to initiate and continue a conversation. They also did not know what they were supposed to do on clinical nor what to ask, in order to get some guidance. One student summed up her feelings of her first clinical as *when I was in first year I was just like a blank paper* (Annie). Not knowing contributed to negative emotions such as feeling embarrassed, shy, scared, afraid and hating clinical.

Knowing

Many students recalled how the programme had helped them to know what to say and what to do on clinical practice. Themes in this category included: how to begin clinical placement; how to engage in basic communication with patients; how to use language to promote patient comfort; how to ask for clarification; how to manage relationships with RNs; and how to recognize when it is appropriate 'not to know'.

The programme helped students to know how to begin clinical practice, as Ying said, *how can I start my first step because the first step is very important for me.* This first step included how to interact with patients such as introducing themselves, making small talk, keeping a conversation flowing and giving patients instructions. Students also said they learned vocabulary for everyday items in hospitals such as 'gowns' and 'blankets'. They recognised the importance of learning how to communicate in this way because *it's basic but it lasts for the whole career, we use it every day. I'm saying we have to use that basic communication for our whole career* (Hanna).

Learning to communicate with patients helped students build up relationships with patients, which in turn helped them carry out patient assessments. Kris said:
after … this … you're getting an idea of how you're going to break the ice … when the patient is not feeling so well [they are not] *willing to talk to you … well, you need to do a physical assessment but one* [aspect] *of the physical assessment is you talk to the patient and you see their reaction; you can tell whether they are mentally alert or they're orientated or anything. So* [if] *you can't really break the ice you're not going to get a contact idea with your patient. So I think this programme really helps me a lot about it.*

One interesting aspect students recalled from the programme was learning when and how to say that they did not know. Prior to the programme students said they felt 'bad' if they did not know something. However Kris said that the programme was useful

… especially for answering patients' questions because a lot of the patients ask you 'okay what's going on with me? Why I have to take this medication?' … Well, at some stage we are not appropriate person to give the answers, whereas before [the programme]*, you probably think well I know a little bit about that medication probably I can tell the patient* [but we learned how to say] *well 'I'm just a student … I'm not fully competent to answer your questions but I will inform the RN' … But before* [the programme]*, you won't know that, you just think okay just tell them, but you don't really know about them.*

One of the challenges for students on clinical practice is managing relationships with other hospital staff (this challenge is discussed in more detail below). Students described some strategies they had developed during *[name of programme]* to help them communicate more effectively with staff. These strategies included finding the right time and right way to ask questions, *how do you ask the question if you don't understand?* [I learned] *for example like 'do you have a second? ...like yeah, how do you ask politely, like some of the terminology'* (Julia)*.*

This sense of knowing led to students' growth in confidence and a reduction in stress because, as Cherry said, *you know what we're going to do and what you can say*.

This sense of confidence made it easier for students to speak with hospital staff and patients, which helped students enjoy their following clinical placements. The language classes helped reduce students' anxiety by giving them the opportunity to practise interacting with patients and staff in a safe environment. Classes frequently involved simulations where students took turns to play the role of patient and nurse in clinical scenarios. Students evaluated these simulations positively, *the more important thing would be the role-play, … you're all like students, you're more relaxed when you're doing it … you're thinking okay so you kind of slow down your speaking; you got your mind clear, your thinking okay my brains are not frozen, you kind of relax yourself as well, get less stressed.* [This is important] *because you got really anxious doing activities, especially in the first year* (Kris).

Feeling confident is associated with learning and doing better, *like we did the programme and it really helped and then we feel better in the clinical and then we did better (Cherry).* Some students talked about how they still, in the third year of their degree, used things they had learned in the programme and how that initial growth in confidence continued to increase. Angela told how the programme helped her be more confident on clinical placements throughout her degree *because for example if I go to a new place I don't know how to begin with my sentence. I can think about* [what I learnt in the programme] *I can first introduce myself and tell them where I come from, you know what I've come here, what I am doing here* (Angela). Likewise, Annie talked about the ongoing usefulness of the programme, *it still gives me a lot of like the new words and structure of sentences, … how to communicate with the patient and how to introduce myself …how to ask a patient and to keep a conversation running … I think that's very good and I need to keep the patient keep communicating*

and I still using that in interviewing the patients now … I am very confident now in speaking … (Annie).

Overall students found the programme a positive experience. However, they also acknowledged the limitations of the programme, stating that the programme **and** clinical experience are important in helping develop oral communication, *actually, I think the programme is one part and … the other part is like the experience and to keep working and build up confidence (Annie).* Although the safe environment of the classroom was positive in raising confidence, it was limited because it was 'not real', *in the class we do role- play, but it's still different for the real person, real patient, because they're reactions are different* (Ying).

Human relationships: The critical role of clinical facilitators and registered nurses

Apart from the influence of *[name of programme]* on students' clinical experiences, there are two additional categories that capture other major influences on students' experiences. These categories are the roles played by clinical facilitators and the roles played by RNs. Charlie sums up the influence facilitators can have on students' experience of clinical placements:

Actually … I think the clinical placement is also based on the facilitator … if you met a facilitator who is really kind and really help you to learn something and you feel very confident. And also, you never feel like there too much pressure on you, so you can perform, I think, better. But if you met a facilitator you know who's very strict … like some facilitators they maybe overact so I just feel so much pressure on you and it

also decrease your confidence (Charlie).

Major themes in the category of the role of facilitators were helping students' learning and hindering students' learning. Students reported that positive experiences with facilitators contributed to their learning. Students want facilitators who are kind, helpful, who teach rather than judge them. *Good facilitators … introduce their staff and give you their number, so that you can call them and they will help you* (Charlie). Kind facilitators made students feel confident, comfortable and more able to learn *you got a better facilitator you feel more confident, you can more achievement, you get more from clinical* (Angela).

In contrast students described negative experiences with facilitators which hindered their learning. They talked about facilitators who were aggressive, put too much pressure on them, judged rather than taught them, were not encouraging and criticised but did not teach them. Some students felt they were placed under particular pressure to perform well because English was not their first language. These experiences left students feeling stressed which resulted in their poor performance:
I try to learn everything but she still like picking up your speaking or interpersonal skills and then I was very stressful … they didn't encourage you like how do you say like I learn in the [name of programme] they didn't teach you how to deal with that situation or how to involve in conversation with the patient and the staff. They just said 'You can't do it that way' like made you more stressful (Julia).

RNs also greatly influenced students' experiences. Students spend much of their time with RNs when they are on clinical practice, working alongside them as students in

the wards. Themes in this category were feeling like a stranger and feeling at ease.

Despite students' increased confidence, they still at times felt like a stranger, which stemmed from being sometimes ignored by staff, both socially and professionally, and from what students perceived as discrimination. Socially, students talked about being ignored in the tearoom *I feel like a stranger and they don't want to speak to me* (Angela) but perhaps more important was the feeling of not being included professionally, which stemmed from nurses giving them menial tasks to complete all the time so that students did not feel valued *you know the nurse just say ok ... you can just help ... you have to help all the simple things* (Jenni) and from being told what to do rather than being included in discussions on patient care. Some students felt this was because nurses were busy and under pressure to complete their own work. However other students felt they were being discriminated against *sometimes discrimination because you're not Australian your first language not English and people don't want to talk with you ... some nurses* (Jenni).

Although some students had negative experiences, others had positive encounters with RNs, resulting in students *feeling at ease*. Students talked about nurses who were nice and younger nurses with whom they felt they had more in common *who really share their work with you and because they understand as a student, your feelings. They won't ignore you and also they explain and tell you during the procedure* (Charlie). Being able to talk to the RNs they were working with helped students feel better *I think it's very good to work with the nurse if the nurse is nice and even talk with them ... I think it's very good you know we can practise our English yeah* (Jenni).

Improvements

Finally we asked students what improvements they would make to *[name of programme]*. These improvements reflect a further category of institutional factors that affect students' clinical experiences. Most students were happy with the content of the programme. However, most thought at least some aspects of it would be better placed before their first clinical placement so they could be better prepared for clinical, just *to give you an idea what the clinical looks like because you don't really know what's going on* (Kris). A second reason students wanted the programme before the first clinical was to avoid the *'bad experience'* of their first clinical placement

Some students suggested there was a need for ongoing workshops throughout their degree to address issues that they still found difficult on clinical placement such as talking on the phone, talking to very ill patients, handovers and communicating with patients and staff from culturally and linguistically diverse backgrounds. Students also thought ongoing workshops would be a 'debriefing opportunity' to just ask students *what's your fears, and what are you afraid and what you want really to talk about to the patients, that you didn't know how to say* (Kris).

Further suggestions of change included institutional changes, such as lengthier orientations to the clinical environment and time for nurses and facilitators to get to know students:
for us it's really difficult to say something first to your RN because you never know this person before … but I think like during the first clinical, and RNs and the new students can sit down in the tea room and introduce yourselves and maybe you start

to feel more comfortable, and also yeah the facilitator ... (Charlie).

They also felt that consistency of placement and hospital staff would be useful

the most important things is if you can work with the nurse for the whole day and if you can work with that nurse for a whole week you know you build up a relationship, you will talk with her more (Jenni).

DISCUSSION

Students' recollections of *[name of programme]* are remarkably similar to the comments they made immediately following the programme in 2004. In 2004 they moved from 'feeling excluded' to a sense of 'finding themselves' based on their growth in confidence and knowledge of what to do and say on clinical practice (author b 2006). Likewise, in this study, students recall the shift from 'not knowing' in their first placement to 'knowing' after completing *[name of programme]*. The sense of not belonging and not knowing is not exclusive to ESL students (Levett-Jones *et al* 2007). However the feeling of not belonging may be exacerbated for such students who need to adapt to the unfamiliar cultural, social and linguistic environments of clinical placements (author b 2006).

Students' recollections of specific communication skills they had learned and their comments that they were able to draw on some of these skills throughout their degree suggest that initial explicit attention to language is of benefit in the long-term. One of the benefits is that by knowing what to do and what to say on clinical placements, students can become more confident. This study shows that the workshop style of the classes, with many opportunities for practising in clinical simulations with direct

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feedback from other students and the language lecturer, helped students grow in confidence and reduced their levels of stress.

Reducing stress can help students have positive experiences on clinical placements. Gibbons *et al.* (2008) argue that if students enter the clinical environment with a positive and optimistic attitude they are more likely to be able to cope with and learn from that clinical experience. This seems to be what is happening in this study where students' growth in confidence enabled them to participate more fully in their clinical placement and to continue to learn from staff in hospitals. Whilst clinical practice can be stressful for all students, it is perhaps even more stressful for students who may still be developing the linguistic skills required to interact with patients, families hospital staff. Paying explicit attention to what to do and what to say on clinical can help alleviate this stress.

The results of this study show, however, that [name of programme] is only a 'good beginning' because, as illustrated in Figure 2, the programme is only one part of students' overall clinical experience. Other factors that students considered important in helping them succeed were beyond the scope of the language programme. These factors included relationships with RNs and facilitators, institutional factors related to the organization of students' clinical placements and the experiences gained from practicing in an authentic setting with 'real' patients.

Insert Figure 2: Factors influencing student success on clinical placement

One of the key influences on students' perceptions of their clinical experience is the interpersonal relationships they develop with RNs and facilitators (Dunn & Hansford 1997). In particular, the relationship students do or do not develop with RNs contributes to their sense of belonging (Levett-Jones *et al.* 2007). RNs have been described as gatekeepers (Dunn & Hansford 1997, Brammer 2006) in that they determine whether students gain access to clinical knowledge and whether a positive learning environment is developed (Shen & Spouse 2007). Brammer (2006) found that RNs who did not communicate with students, showed no interest in them did not include them in activities and gave them only menial tasks to do were seen by students to be blocking access to learning. Brammer's results are similar to the students' comments in this study where students felt ignored professionally and socially, which left them 'feeling like a stranger'. In contrast in both this study and Brammer's study, RNs who talked socially and professionally with students helped them to feel at ease and promoted their access to learning.

In Brammer's (2006) study, many students developed strategies to use with RNs when they felt they were not being given access to learning. These strategies included introducing themselves to RNs even when they were not welcomed, smiling, focusing on what is of interest to the RN and flattering the RN by asking questions, even if students already know the answers. Clearly, *[name of programme]* helped some of the students in our study to develop similar strategies. Some students mentioned specific strategies they learned which helped them talk to RNs and facilitators. One student, for example, recalled learning to ask questions politely. Nevertheless, it is clear that students' clinical placements varied according to the relationship they developed with RNs. Whilst *[name of programme]* helped students develop

strategies to improve these relationships, there is a need for professional development programmes for RNs to enhance their role as teachers (Atack *et al.* 2000, Brammer 2006). RNs themselves have expressed a need support and training when supervising students (Grealish & Trevitt 2005). Professional development may be even more important for RNs working with students from linguistically and culturally diverse backgrounds.

The relationship students develop with their clinical facilitators is built on certain tensions as facilitators need to negotiate the roles of helping and supporting students and at the same time assessing them (Bray & Nettleton 2007). Students in our study wanted facilitators who were kind and helpful and this desire is widespread amongst students. A large study of nursing students (Yoder & Saylor 2002), 34% of whom had a language background other than English, found that students most wanted instructors who showed concern for students, that is they were caring, kind, compassionate and non judgemental. However, facilitators do need to assess students. One of the crucial differences between students' perceptions of good facilitators and poor facilitators in our study is the way in which they teach students. If criticism of students' behaviour is accompanied by teaching students how to improve the situation then it is viewed positively. However, if students are criticized without being taught how to change, then students view their facilitators in a negative light. Whilst *[name of programme]* is beneficial to students' clinical experiences, there is also a need for professional development and support for facilitators to assist them in supervising culturally and linguistically diverse students.

Timing and relevance are important aspects of communication workshops. Students in this study suggested that at least some of the programme take place before the first clinical practice so that students are better prepared to interact with patients and staff. In recent years, in response to student evaluations, we have responded to this need by implementing *[name of programme]* prior to the first clinical placement. Students also discussed the need for institutional changes to provide more effective clinical practice placements. These changes included longer orientations for nurses and students to get to know each other, keeping students with the same facilitator and, where possible, the same hospital and maintaining student and RN partnerships for longer periods of time. Orientations seem to be an important issue. Clinicians expect students to be familiar with the clinical sites and learning opportunities before beginning their clinical practice and expect students to have clear realistic objectives for their clinical placements (Grealish & Trevitt 2005). As well as being oriented to the clinical setting and objectives, the students in our study stress the need for time to develop interpersonal relationships with their facilitators. Finding effective and sustainable ways to provide this opportunity would be an important contribution to establishing the "highly structured orientations to … clinical learning experiences" that Cherry (2002 p. 250) calls for.

CONCLUSION

This early intervention communication programme seems to be beneficial to students and is a 'good beginning' in providing the academic support and advising system that Cherry (2002) calls for. It is a good beginning in the sense that it helps students know what to say and do in their early clinical placements, which in turn helps them develop confidence and profit from learning opportunities on clinical placements.

Furthermore, students seem to be able to draw on strategies and language they learn early on in their degree to help them in later clinical placements.

However, the programme needs extending in three ways. Firstly, some students need further workshops during their degree to help them to continue developing communication for challenging situations such as completing verbal handovers and talking to patients with severe illnesses. Secondly, the responsibility for students' success cannot rest with students alone. In order to increase the success rate of ESL students, institutional changes are also needed. Lengthier orientations and consistency in placement may help such students to feel less stressed in the clinical environment. Finally, professional development is needed for RNs and facilitators to assist them in teaching and working with ESL students.

Given the small number of students interviewed and the fact that this study was carried out within one university, these findings are not intended to represent all students' experiences. However the results provide insights into important aspects of some students' learning experiences on clinical placements and valuable student perceptions on the potential long-term benefits of clinical language programmes. The finding of this study also suggest there is a need for research in the clinical setting to find out more about the ways in which ESL students, facilitators and RNs interact so that strategies can be developed to help staff create more effective learning environments on clinical placements for students.

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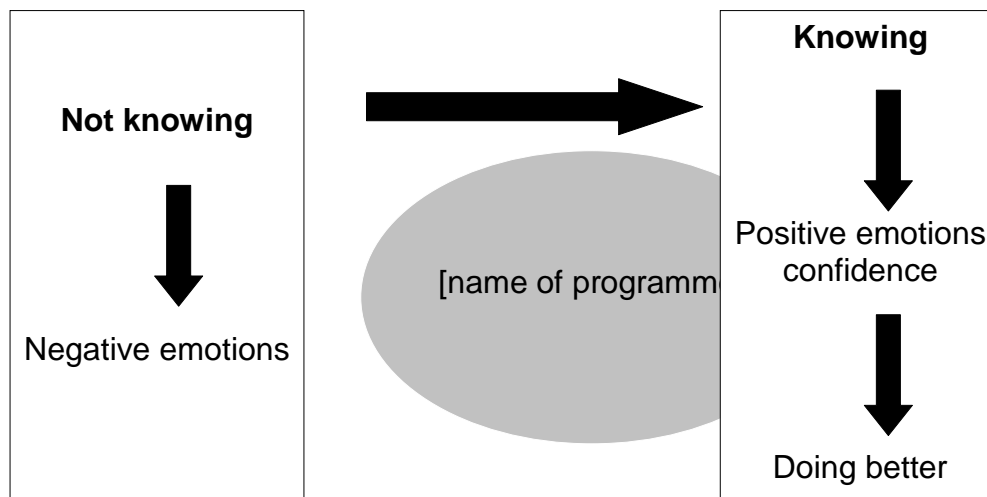
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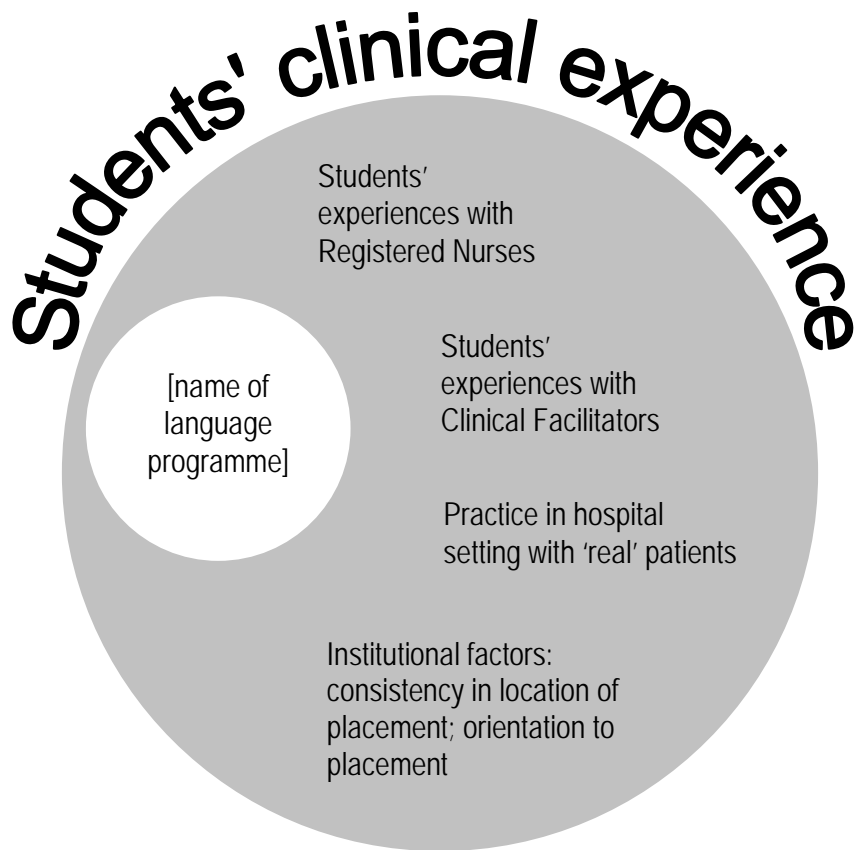
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Figure 1: A good beginning: Students' perceptions of the effects of [name of programme]

Not knowing

↓

Negative emotions

[name of programme]

Knowing

↓

Positive emotions confidence

↓

Doing better

Figure 2: Factors influencing student success on clinical placement

Students' clinical experience

Students' experiences with Registered Nurses

[name of language programme]

Students' experiences with Clinical Facilitators

Practice in hospital setting with 'real' patients

Institutional factors: consistency in location of placement; orientation to placement

Table 1: Student profiles

Student name	Grade average	Failed clinical placements	Failed academic subjects	Graduated status 2007
Annie	P 63.73	1	0	graduated (6 months late)
Angela	P 58	3	4	not yet graduated
Charlie	P 61.5	2	4	not yet graduated
Cherry	C 68.45	0	0	graduated
Hanna	C 65.54	0	1	graduated
Jenni	C 68.41	0	0	graduated
Julia	P 64.12	1	0	graduated
Kris	67.35	1	1	graduated
Nelson	C 66.73	1	1	graduated
Ying	P 59.33	0	1	graduated

P = pass C = credit