



## Exploring the Challenges of Nursing Students in Clinical Practice and Their Impact on Learning

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### Abstract

**Background:** The phenomenon of interest in Nursing education is the conflict of interest that arises from the transmission of knowledge on the one hand and its application in clinical environments which interferes with students' learning and or confidence.

**Aim:** This study aims to identify the implementation approaches of the translation of theory into practice with the emphasis on clinical practicum, simulation, as well as interprofessional education.

**Methods:** Therefore, a review of related literature was undertaken to identify improvement approaches that can be used to strengthen link between theory and practice in nurse education.

**Results:** Clinical practicum, role play and OPP enhance students' clinical reasoning skills in actual practice, that in return improves their knowledge in practice arena.

**Conclusion:** This process involves an enhancement of the link between clinical reasons and theories, with a view of enhancing the experiences of learners, the clinical placements, simulants and patient care.

**Keywords:** Post basic nursing education, clinical practice, theory and practice, simulation based learning, IPE.

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### Introduction

General nursing education involved stand out as having a critical part in preparing students to deliver optimal quality of care to patients. Nonetheless, one of the major areas of concern in nursing education is the issue on the relationship between classroom experience or lecture and practice. While participating in class and using literature, nursing students acquire certain knowledge that they have to apply in clinical settings. As part of the clinical component it is evident that the clinical affords the students skills, , thinking and decision making skills under conditions of a simulation practical environment that has been simulated. Even as Human Subject emphasizes clinical practice, learners encounter difficulties to apply theoretical concepts properly in clinical environments. These difficulties can slow their learning and undermine their confidence, and the quality of care they are delivering to patients. The following paper aims at identifying ways of reducing the existing gap between classroom learning and practice mainly; the use of clinical sites, simulations, IPE, and faculty influence in the improvement of the nursing students 'learning experience and their readiness to practice.[1,2]

### Key Challenges Faced by Nursing Students in Clinical Practice

Enrolled nursing students experience several issues while on their clinical practice which is an essential facet of the program. There are a number of obstacles inside the organization, but the main one, in my point

of view, is that it is difficult to adapt to the rate and the pressure typical for healthcare facilities. Clinical practice involves a student being attached to a clinical site where he or she is expected to handle actual patients and apply knowledge in clinical situations many of which might be stressful. From the confines of the classroom to interacting with patients as doctors, there is a lot of pressure placed into these students since they are supposed to assume numerous roles such as that of a prescriber of medicines, a watcher, and an actor, whose actions must be in bounds with practice and policies. The decentralized structure, the emergence of new technologies and the sheer speed of the modern environment and the care processes can generate stress to the nursing students who are newcomers to clinical practice.[3,4] The other difficulty nursing students is the dearth of adequate opportunities to practice interactively with real-life patients and with members of different categories of population. Clinical placements may be constrained by issues of health facilities, specialization of the hospitals or clinics, types of patients students encounter among others. Thus, the students may fail to practice in diverse clinical contexts; or, may not be able to gain a vast repertoire of competencies indispensable for the effective practice of the nurse. Limited practicum reduces their chances of mastering appropriate confidence and competency to deal with different healthcare scenarios; they stand limited in handling various real life nursing tasks.[5] Interdisciplinary and Cross-cultural communication also as a sizable issue in clinical practice. To this end, nursing students are required to interact with patients and their families and with other care givers; this is sometimes more challenging since most patients and their families are emotionally charged, and the language used in medical practice is replete with medical terms. Lack of effective or impaired communications may cause patient deterioration and adverse outcomes, thus, area where nursing students must concentrate their personal and professional efforts. Moreover, students can perceive difficulties with being assertive in the context of multidisciplinary teams when other team members – experienced nurses or doctors – can take charge. This challenge can cause feelings of student demoralization or lethargy because students feel their contributions are not accepted.[6,7] However, time management is one of the most important issues that nursing students experience while on clinical practice. They are required to multitask in several ways in their work, including, doing assessments on patients, charting the care given out to patients, comforting the patients, among other things they have to do all this while being confined to the period of time the patient has been assigned to them. These expectations can sometime prove to be a concern differentiating between quality and competent care for the clients especially in the patients attending classes from schools as the students in the process of sharpening their abilities. Failure to manage time wastes more time, and causes stress leading to low confidence when learning added to the difficulties in learning.[8,9]

### **Effects of Clinical Emergencies on Students Learning Processes in Nursing**

The clinical issues they experience influence their learning, including their course and career paths, so it is crucial to review them. Interesting the critical impact of these challenges is the delayed ability of developing skills in the learners. These are difficult, complex clinical skills, which the nursing students are expected to accomplish after learning, and these skills include patient's assessment, wound care, administration of prescription drugs, and carrying out diagnostic tests. But when a student fails to receive adequate supervision from the legal practicing authorities, gets fewer practice sessions or exercises or limited interaction with different patients, then their ability for gaining such skills may get hampered. Thus, students may finish clinical placements with inadequate skills to practice nursing as required in the real world environments, lack of self-confidence and adopt a lower level of perceived competence.[10,11] Again, the pressures and pressures resulting from clinical difficulties are generally capable of reducing the functionality of the nursing student psychologically. What has been witnessed is that healthcare facilities are normally challenging and VUCA environments that demand quick decision making and meeting and, therefore, proper sequencing of tasks. When students are overwhelmed by the environment, when they are overwhelmed by their expectations to succeed, they lose their cognition. Stress always impacts on one's memory, concentrating ability and problem solving skills all of which are essential in handling patients. Therefore, nursing students can find it complicated to transfer knowledge from classroom to practice or may not identify important /significant signs and signs of danger-mistakes or lost learning engagement.[12] Clinical difficulties can also affect Emotionally and psychologically with improvement

concerning learning for nursing students. Interacting with patients in emergent states, patient death, and managing patient's families all have high stress levels that may interrupt the learning process. Stress may make student become emotionally overwhelmed they may not been able to concentrate in caring for the patients or even in assimilating new knowledge. Further it undermines students' interest and willingness to learn hence making students end up disengaging totally or experience burnout. Lacking support structure and coping skills may make it difficult for students to become emotionally healthy and stable and indeed exacerbate a situation whereby their clinical lessons are not integrated efficiently into their knowledge base.[13]

Besides immediate clinical aptitudes and general psychological well-being, the absence of systems and controls and adequate mentorship during clinical models might also affect the leaning of the nursing students. This implies that clinical instructors and preceptors rely so much on feedback in giving feedback, demonstrating expectations and offering advice during clinical practice.. Students may learn that without support from adequate numbers of experienced practitioners, they may not benefit from the critical feedback that helps them improve. Lack of care from such mentors result to instances of confusion, frustration and lack of direction which on top of the complications they have. Besides, directions given by the mentor are important to ensure the student does not make wrong decisions in future clinical situations since they do not have knowledge on why clinical decisions are made or why certain clinical practices are relevant.[14] According to the above clinical challenges these outcomes are not just limited to the learning ability of the student but can also impact the student's total performance. Challenging clinical placements could have an adverse impact on performance and consequently dull, something which is partially derived from clinics. In addition, students who fail their clinical expectations may be discouraged and may also reduce their performance and other parts of their nursing curriculum. Thus, a significant number of negative clinical experiences hinder the development of self-confidence while learning, which, in turn, affects students' self-efficacy and becomes an impediment to evolvement of actual confident and competent nurses.[15,16] Though the harder work is done, clinical practice is one of the most valuable clinical proficiencies of nursing education where students put their knowledge into practice, enhancing thought processes and clinical reasoning. Clinical demands require solving on many levels than providing better clinical support systems, structured and guided mentorship, opportunities to work with diverse ethical patient, and effective approach to stress and difficult emotions. Nursing educators need to identify and work through these challenges to make sure students leave their classes being adequately prepared to be healthcare providers.

### **Factors Influencing Nursing Students' Clinical Experience**

These circumstances include factors that affect learning, skill acquisition and perception of nursing students during their clinical practice. However, one of the most relevant aspects is the quality of the clinical place where the student revolves. Clinical site is one of the most important components within students' learning process due to the fact that students perform clinical hours there. In regard to resources, sum, patient groups, and organizational climate, healthcare facilities differ from one another.]: Students studying in hospitals and clinics that have access to modern technology, patients of varying diversity and quality healthcare delivery have the chance of sharpening more competencies. Of course, placements in understaffed or under-resourced environments may restrict students' experiences in various degrees from encountering more complicated cases to independent practice. Patient mix or absence of specialty zones in the clinical environment may also limit the depth of learning because students can seldom interact with numerous types of patients or apply complex nursing skills.[17,18] The availability of clinical Instructors and preceptors is the other important factors affecting the experiences of nursing students in clinical areas. Extensive and qualified trainers play a significant role in the personalities' formation of students and their professional development. In a positive manner, clinical instructors are to give feedback which enhances positive thinking, shape critical thinking and provide support hence enhancing students' perceived competence. Alternatively, in the absence of proper role models, budding talent feels lost and lonely as well as directionless. Sometimes, negative rapport between learners and teachers leads to the failure of delivering learning goals and to personal development. Lecturers who often are not readily available for

reinforcement or who seldom get involved with the students during clinical training will definitely make the learning of the various skills a nightmare. Mentorship increases accountability for student on where and how to ask questions so as to be able improve their learning process in clinical areas of practice.[19]

Another important consideration in generating clinical experience is the level of learning that students arrive at their clinical practicum with. This seems to suggest that students who practice what they are taught in class and this is enhanced through theoretical training are better placed to deal with challenges that come with clinical practice. For instance, those students who have comprehensively understood pathophysiology, pharmacology and theories in nursing are more likely to apply it properly among instead patients. Still, students who are challenged in the area of synthesing theory to practice may feel clinical exposures to be very challenging. Lack of knowledge may result to confusion or wrong understanding in the handling of the patients since the students are not able to make decisions with adequate information as required. Moreover, stress and intensity in terms of clinical settings may hinder highlighted information understanding as well as students' abilities to revise and recall studied materials, and these issues may become even more critical for less prepared persons.[20] The interactions that are established in the particular Healthcare Team also bear significant influence on the clinical learning process of nursing students. History of interactions with nurses, physicians, allied health students and staff forms part of the students' perception of the expanded nursing role and interprofessional collaboration. The use of group work means that good working relations between team members can give students exposure to positive interactions or communication. Team approach provides an environment of respect, provide the students with understanding of working with other professionals and also allow them to make immediate contributions to patient care. At the same time, negative dynamics – ineffective communication, the presence of power hierarchies, or inter-professional conflict – can erode students' confidence, limit their actual opportunity to engage in shared patient care, and produce stressful learning environments. It was found that the culture of the healthcare team influences student learning and how they are accommodated within the team.[21,22]

Clinical experience is also determined by picture properties of students or personal factors of students as well. These personality traits like personality type, communication skills, emotional intelligence, and coping ability which a student possess affects the way they can cope with all the rigorous laid down by the course delivery system of clinical courses. For instance, those with good communication skills and interpersonal mature can easily cultivate good relationship with patients and effective relationship with the multi-disciplinary teams thus enriching their clinical training. On the other hand, the students with high level of anxiety, low self esteem or poor stress coping skills may be challenged when handling clinical exercises. The self-compassion that is important for the protection against the stressors inherent in clinical work like handling surly clients or working through traumatic material. Students' who do not possess the above personal coping resources may find the 'emotional' requirements of the clinical setting to be overwhelming that may interfere with ability to learn as well as provide quality care.[23] Appropriate time management as well as organizational skills also influence the clinical experiences. The challenges that the nursing learners face are handling of the multifaceted tasks such as patient admission, prescription distribution, record keeping and teamwork in addition to the regular assignments in a short span of time. Delayed people may end up having much work to do, experience stress and burnout and take much time to complete the work. It also means students can use so little time to reflect, practice the skills acquired, or consult the instructors, losing many learning chances. Clinical time management is a way to co-ordinate how students complete their required clinical tasks, priorities what must be done and feel in control overall which should lead to a better clinical learning experience.[24] the counselling and encouragement that students are afforded during their clinical practicum are in order. Students are often deeply concerned after interacting with clients who are in different health states, and this makes clinical practice very demanding. If the need of support is not being met children can suffer from stress, burnout or another form of emotional exhaustion that counteracts any learning activity. Active and passive group, individual counseling, peer support, stress management seminars organized by different levels of the educational process and involving various types of activity can prepare students emotionally to the challenges of clinics. Education

sessions about mental health paired with the general conversation about students' mental state can assist them at handling the emotional toll of the practice and guarantee that students' experience at the clinical site is the most positive if could be.[25,26] there are many aspects that contributes to nursing student's clinical experiences, encompassing the clinical placement quality and the role of clinical preceptor, the characteristics of the nurse, team environment and others. It was imperative to consider the above factors in order to promote a successful clinical learning environment. If positively guided and empowered with essential resources both students and healthcare institutions can overcome clinical practice hitches and foster the students to develop adequate knowledge, skills, and appropriate maneuver to achieve their nursing goals.

### **Proposed Strategies to Support Nursing Students in Clinical Environments**

That is why it is important for faculty to support nursing students within clinical settings, to prepare individual nurse graduates for autonomous, competent practice within this challenging and often demanding area of health care. Different approaches that can be adopted by the nursing programs as well as other health facilities include the following in order to offer the needed direction and assistance in order for the students to succeed while undergoing their clinical practices. One of the greatest measures is to provide the student with some forms of structured and systematic counseling throughout the clinical process. Clinical supervision by tutors or clinical experts is important to the students because it allows the students to ask questions, receive constructive criticism from their teachers or supervisors and illuminate them to the modern practice in clinical settings. Supervisors should provide an affective support, discuss practical situations and demonstrate professional behaviour beside clinical training. Clinical affiliates use proper positioned professionals as their preceptors in order to provide special sections for every mentee and as the result – the students are prepared to enhance both their practice and personality outlook within clinical circumstances.[27,28] Besides mentorship, another area of focus for nursing program should be ways to provide students' practice in clinical situations in as many areas as possible. Variety and flexibility of the clinical practice placements are two primary reasons for ensuring students encounter a diverse population and different types of health states. It is the responsibility of the nursing schools to make agreements with the various health facilities to ensure that students are posted to the various facilities that will expose them to various specialties, different ages patients and different health problems. This variation in clinical practice is beneficial as it allows students, to gain diverse experience from the different setting they encounter. Furthermore, raising the total clinical hours as well as enhancing the number of student contacts to patients enables them to develop skills in clinical practice and gain the confidence of clients they serve. If students are placed in facilities that offer limited diversity or facilities and equipment's then their experiences mainly in terms of issues they encounter and the health care practices can be very much compromised which put lot of question mark on overall education.[30]

In order to help students to handle the stress and related demands from clinical experiences, more stress management and coping skills education and training should be incorporated into students' curriculum. Student emotional demands are met frequently within the clinical setting exposing them to stressful situations such as suffering, trauma or death. Hence, we should help students get equipped with measures of handling the pressure they face. Such measures may comprise of awareness on self, stress, coping strategies to handling work related stress, and balancing of work and family. Sending counseling services and reminder of the peers' support groups and other mental health support may also help students to find the space to talk about their emotional problems and to get a piece of advice. Further, nursing education students should be encouraged to participate in a discussion of mental health since an understanding of their problems should be a part of the nursing profession, and students should be made to understand that, there is always assistance available for them if they need it. Indeed, when nursing programs take time to address the pressure of clinical practice on the learners, it will be easier to prepare them to be caring but strong willed to handle any pressure they might face in practice.[31]

One of them is to improve interaction between students and the healthcare teams with whom they engage during practice placements. Effective communication as a nursing student since they regularly have to deal

with patients, their families as well as other health care givers. There is a need to encourage the use of team work that comes with project based task such that students are forced to work in teams across their various disciplines. Through attending team meetings and case conferences, undertaking role plays and problem solving in teams, student can be exposed to the kind of care that is provided by different types of health care workers and how they inter-relate. Furthermore, the students should be encouraged to reason in the classrooms and ask questions from other healthcare team members. Allowing students an opportunity to voice opinions, ask questions and participate in patient care discussions provides them with ready confidence in their roles and also fosters their realization of the roles of communication in outcome focused patient care.[32,33] Also, greater availability of simulations can quite improve students' clinical studies. It is effected as the students receive professional practice relating to treatments on patients in a more familiar and less risky setting to that found in hospitals. Through the use of lifelike mannequins, virtual reality and simulation patients, the students can practice on emergent clinically related scenarios that they will for sure not meet in clinics. Simulation also allows for learning from the mistakes to be made as the student does not harm real life patients. The kind of practice develops confidence, strengthens analytical sense, and makes the learner capable of honing technical skills. In particular, simulation can have strong impact on educating intricate actions, crises operations, and interaction tactics which are critical for nursing profession.[34,35]

Second, for effective assuring of nursing students, another solution could be applied, which involves giving feedback to students as often as possible during their clinical practice. This is important in the teaching process so as to enable students to know where to find the most of their capabilities and where they lack. Nevertheless, feedback is supposed to be given on time, refers to something specific and done in a constructive manner. The outcomes for students should be Extracurricular activities or positive comments and Critique with recommendations. In addition to nerving the learning process, this procedure helps students to develop reflectiveness, thus making them always evaluate their practice and moving to improvement. This form of feedback can also help to decrease student stress and increase their self-esteem because it enables them to come to realize they are making improvement and meeting the requirements of their clinical instructors. Also, to provide students with the opportunity to self-evaluate and evaluate their peers makes them active reflective learners which is an important factor of making efficient and compassionate nurse.[36]

The second suggested plan is to work on the practical issues that can appear during practice among the nursing students. Such difficulties may range from working for many hours, transportation problems, or absence of adequate clinical attire. It is from this premise that I argue that nursing programs should equip the students with everything they need so that they can participate in clinical rotations unfettered. This could include helping students to fuel by offering cash to spend on transport, clothes or scrubs if necessary and available members convenient break areas during those long extended shifts. This enables students to manage these practical issues and thus relieve pressure off their learning process. In addition there should be availability of online platforms or mobile applications to track the students clinical hour, communicate with the instructor and have access to the educational materials reducing the clutter of clinical experience.[37]

Last, but not the least, awareness of culturally sensitive environment for all students across race, color, gender, age, disability and employment status is vital for all the nursing students in clinical settings. This is because when culture and diversity is valued, the students feel welcome in clinical area contrary to the perceptions indicated above. Culture, race, and ethnicity and indeed the SES status of the students are likely to present various challenges in clinical settings. There is nothing wrong with wanting to become more culturally competent so that our students can provide quality and sensitive care for all individuals in clinical setting. Furthermore, it should be stressed that learners with disabilities or other possible difficulties should be offered reasonable academic accommodations permitting them prepare for and perform successfully in clinical practice.[38,39] Thus, development of the collaborative support model to prepare nursing students for clinical practice involves various interrelated components, such as mentorship, the

variety of clinical settings, stress management, communication, simulation based education, feedback and regularity, organizational support, and culture. These presented approaches can serve as a guide to enhance the positive experience of students as well as their knowledge and emotion coping abilities for dealing with current clinical practicum trials and thereafter in their profession as a nurse.[40]

### **Enhancing Excellence for the Implementation of the Learning Outcomes of Nursing Courses**

The most daunting task on the part of nursing education in contemporary education world is perhaps the challenge of closing the theory-practice divide. Nursing students are exposed to theoretical concepts, anatomical information, physiological information, information regarding drugs, and any aspects regarding the treatment and care of patients through normal lecturing, classroom work, and text books. Nevertheless, clinical practice is a different world altogether with different problems and where practical skills, good judgment, and the application of theoretical concepts are essential and on the go in press briefing situations. As a result nursing education has the challenge of determining how to best facilitate and organize theory practice combination to ensure that students will be ready for the intricacies of patient care.[41,42] For one, one of the ways that have been used to address the shortfall in this area is through clinical placements and internship. These afford students a chance to use the information they have learnt in class on real life practices, gain practical experiences, practice on patients and interact with other healthcare workers. Another component of practice is the place of the student in clinical, as, indeed, the connection between theory and practice allows students to see the theoretical concept of how they are implemented in their intervention in relation to the patient. Thus, development of the collaborative support model to prepare nursing students for clinical practice involves various interrelated components, such as mentorship, the variety of clinical settings, stress management, communication, simulation based education, feedback and regularity, organizational support, and culture. That way nursing programs are able to ensure students overcome the odds they experience, and prepare oneself academically and emotionally to embrace clinical and their overall nursing practice.

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Moreover, it is also understood that the staff and clinical supervising teachers provide the last link in the chain of theory and practice. Teachers are therefore required to have embedded not only knowledge that is theoretical, theoretical content but also application of knowledge that has clinical practice practical sense. This can be done by ensuring that the coursework presented to the students presents case studies for the students to solve using the theory learnt in class. For instance, it is possible and desirable, for example, case studies, clinical situations and problem-solving, which involves the formation of the student standard care plans, making diagnostic and therapeutic decisions, taking into account the needs of patients. This also

implies that faculty members should support students in their clinical settings to inform clinical decision making and to assess how best theory can be implemented by students in practice settings. Clinical preceptors consist of skilled nurses who are assigned to teach students in clinical areas; these preceptors should be prepared to offer both professional knowledge lessons of practice whereas students exhibit skills, professionalism, and confidence.[23] The next thing that should be pointed out for bridging the gap between theoretical work and its real application is the flexibility of the curriculum. All the knowledge explored at the concept acquirement stage, in nursing education should respond to the modern tendencies in the sphere of healthcare and reflect modern tendencies in the application of technologies, scientific evidences, and new findings in the sphere of nursing research. As opposed to traditional health care setting, current health care setting, current patient population, technology, legislation, and evidence based practices demand flexibility, computational savvy, and current knowledgebase from registered nurses. Therefore, nursing programs should ensure that they review their set curriculum with intentions of placing a new developments in the field of medicine and nursing. In addition, students' clinical practice should be applicable being in their clinical rotations where they apply what they learn in nursing practice and come across new patterns of client-centred care based on up-to-date research evidence. Such a philosophical approach ensures that students graduate with the best competencies that address the current health care systems.[24] Of all the issues that can impair the gap between the theory and practice the maturity and confidence of the student to perform clinical skills in real-life situations. In class, clients are taught on certain principles in a controlled classroom, unlike in clinical practice where they have to learn the unpredictable and ever changing art of attending to patients. To deal with this problem, it is recommended that heads of nursing programs organize clinical skill labs and practice sessions where students master technical skills they use while operating their clinical assignment or a particular technicality of a machine. The particular activity of clinical skills like injections, the assessment of the patients' condition, blood pressure, pulse, the examination of patients, etc. can be mastered through repeated practice, and this will enable students to execute such practices effect very fast as well as with a lot of ease in real clinical fields. More coursework ought to permit intentional, proficient practice and regular critique by the instructors to make sure that students can perform those particular skills proficiently and securely.[25,26]

enhancing the students' critical thinking means how to develop a culture of reflexivity as a way of closing the gap between their academic learning and professional practice. Reflective practice means students analyzing their experiences in clinical setting, and evaluating how their theoretical knowledge translates to practice, and whether they require improving on. Nursing school should promote reflective writing, group discussions, case study analysis to help students increase their self-animations and personal development. Students are encouraged to use learned theories within their field and recall that knowledge from practice and compare or contrast different experiences which in return enhance future performance.[27,28]

## **Conclusion**

All in all, the continuity between theory and practice will help to guarantee that student nurses are ready for practice the realities encountered in delivery of nursing services. Use of clinical places, simulation, interprofessional relations, and self-reflection are important teaching approaches which assist learners in making connections between theoretical concepts learned in class and actual practice in clinical settings. These strategies can therefore promote an integrated approach of nursing education, prepare students for clinical practice through generation of practical skills, critical thinking approaches, and overall competency. Explicit support refers to the need for nursing programs to change and modify the courses and instructional methods they use in education to meet the ever-changing healthcare need and prepare nursing students for the rigorous demand they are likely to encounter on the job. Considering the approaches to remedying the lack of clinical experience, the feeling is that if nursing students are provided necessary support, they can effectively build the bridge between the theory and practice that in turn will gradually lead to improved quality of patient care delivery.

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**"استكشاف التحديات التي يواجهها طلاب التمريض في التدريب السريري وتأثيرها على عملية التعلم"**

#### الملخص

**الخلفية:** الظاهرة التي تحظى بالاهتمام في تعليم التمريض هي الصراع الذي ينشأ من نقل المعرفة من جهة وتطبيقها في البيئات السريرية من جهة أخرى، مما يتداخل مع تعلم الطلاب أو ثقتهم بأنفسهم.

**الهدف:** تهدف هذه الدراسة إلى تحديد طرق تطبيق تحويل النظرية إلى ممارسة، مع التركيز على التدريب السريري، والمحاكاة، والتعليم المهني المشترك.

**المنهج:** لذلك، تم إجراء مراجعة للأدبيات ذات الصلة لتحديد الأساليب التي يمكن استخدامها لتحسين العلاقة بين النظرية والممارسة في تعليم التمريض.

**النتائج:** يعزز التدريب السريري، ولعب الأدوار، والتعلم القائم على المحاكاة مهارات التفكير السريري لدى الطلاب في الممارسة الفعلية، مما يحسن بدوره معرفتهم في مجال الممارسة.

**الخلاصة:** تنطوي هذه العملية على تعزيز الرابط بين الأسباب السريرية والنظريات، بهدف تحسين تجارب المتعلمين، والتدريب السريري، والمحاكاة، ورعاية المرضى.

**الكلمات المفتاحية:** التعليم التمريضي ما بعد التخرج، الممارسة السريرية، النظرية والممارسة، التعلم القائم على المحاكاة، التعليم المهني المشترك.