INTRODUCTION

‘What we long for life without difficulties remained as that oaks grow strong in contrary winds and diamonds are made under pressure’ –Peter Marshall.

Adolescence is the transitional stage of development between childhood and adulthood, represents the period of time during which a person experience a set of biological changes in effect to that number of emotional issues. Adolescents represents the period of life between 10-20 years of age there are three main stages of adolescence that are early, middle and late adolescence generally we consider the age of adolescence as they are relaxed during this teenage but they are taking an utmost decision about their carrier during this time, and this will remain as their profession till last.

Students cannot escape from the responsibilities of their studies, their only responsibility is to study hard and achieve good academic excellence, as we compare with other professional education nursing students has not only the responsibility of theoretical studies, but also they have to get exposed with the hospital practice, because in future they have to deal with human beings nursing is a practice based profession and there for clinical education is an essential part of the nursing curriculum.

The quality of nurse education depends largely on the quality of clinical education (elliot2002) students require effective clinical placements to allow the application of theoretical practice these experience are central to students preparation for entering to the work force as a competent and independent practitioner. So the clinical area is an important learning environment for undergraduate nursing students. Unfortunately, it can also be a source of significant stress and anxiety for students and there are a number of reasons for this, much can be done to help alleviate the stress and create a learning environment for the student.

According to studies human responses to chronic stresses shows that even when coping strategies are appropriate repeated use of a response sometimes causes pathogenic changes and tissue damage in body system, organs or mucus membrane of the body.

Learning to cope with stress is a useful skill for nursing career and a life ahead by setting priorities planning ahead by organizing self can minimize the impact of stress. Lazarus and folkman use the term coping to describe the cognitive and the behavioral efforts a person applied
to manage stress. Various healthy and unhealthy coping strategies used by students include ventilation, diversion, relaxation, avoidance, praying and substance abuse. Clinical teaching is important so the strategies used by the teachers to facilitate the clinical training are also important to overcome the initial clinical stress of students. Teachers should not decrease the requirement for progression within their program but they should identify students those who are struggling with stress and anxiety and should use skilled clinical teaching strategies to support the student to alleviate this fear. Nursing is a professional discipline. A professional is an individual who possesses expert knowledge and skill in a specific domain, acquired through formal education in institutions of higher learning and through experience, and who uses that knowledge and skill on behalf of society by serving specified clients. Professional disciplines are differentiated from academic disciplines by their practice component.

Clinical practice requires critical thinking and problem-solving abilities, specialized psychomotor and technological skills, and a professional value system. On the high ground, practice problems can be solved by applying research-based theory and technique. The swampy lowland contains problems that are messy and confusing, that cannot easily be solved by technical skill. Nurses and nursing students must learn to solve both types of problems, but the problems that lie in the swampy lowlands tend to be those of greatest importance to society. Most professional practice situations are characterized by complexity, instability, uncertainty, uniqueness, and the presence of value conflicts. These are the problems that resist solution by the knowledge and skills of traditional expertise.

Because professional practice occurs within the context of society, it must respond to social and scientific demands and expectations. Therefore, the knowledge base and skill repertoire of a professional nurse cannot be static. Professional education must go beyond current knowledge and skills to prepare for practice in the future. Thus, clinical teaching must include skills such as identifying knowledge gaps, finding and utilizing new information, and initiating or managing change. Additionally settings, nursing students must learn teamwork and collaboration skills. Thus, if clinical learning activities are to prepare nursing students for professional practice, they should reflect the realities of that practice. Clinical education should allow students to encounter real practice problems. Rather than focus exclusively on teacher-defined,
well-structured problems for which answers are easily found in theory and research, clinical educators should expose students to ill structured problems for which there are insufficient or conflicting data or multiple solutions. Clinical teaching is more important than classroom teaching. Because nursing is a professional practice discipline, what nurses and nursing students do in clinical practice is more important than what they can demonstrate in a classroom. Clinical learning activities provide real-life experiences and opportunities for transfer of knowledge to practical situations. Some learners who perform well in the classroom cannot apply their knowledge successfully in the clinical area. If clinical instruction is so important, why doesn’t all nursing education take place in the clinical area? Clinical teaching is the most expensive element of any nursing curriculum. Lower student-to-teacher ratios in clinical settings usually require a larger number of clinical teachers than classroom teachers. Students and teachers spend numerous hours in the clinical laboratory; those contact hours typically exceed the number of credit hours for which students pay tuition. Even if the tuition structure compensates for that intensive use of resources, clinical instruction remains an expensive enterprise. Therefore, classroom instruction is used to prepare students for their clinical activities. Students learn prerequisite knowledge in the classroom and through independent learning activities that they later apply and test, first in the simulation laboratory and then in clinical practice. Clinical learning activities historically have been confused with caring for patients. In a classic study on the use of the clinical laboratory in nursing education.

It is observed that the typical activities of nursing students center on patient care. Learning is assumed to take place while caring. However, the central focus in clinical education should be on learning, not doing, as the student role. Thus, the role of the student in nursing education should be primarily that of learner, not nurse. For this reason, the term nursing student rather than student nurse is preferred, because in the former term, the noun student describes the role better. Another element of this philosophy of clinical teaching is the importance of creating and maintaining a climate of mutual trust and respect that supports learning and student growth. Faculty members must respect students as learners and trust their motivation and commitment to the profession they seek to enter. Students must respect the faculty’s commitment to both nursing education and society and trust that faculty members will treat them with fairness and, to the extent that it is possible, not allow students to make mistakes that would harm patients. The responsibilities for maintaining this climate are mutual, but teachers have the ultimate
responsibility to establish these expectations in the nursing program. In most cases, students enter a nursing education program with 12 or more years of school experiences in which teachers may have been viewed as enemies, out to get students, and eager to see students fail. Nurse educators need to state clearly, early, and often that they see nursing education as a shared enterprise, that they sincerely desire student success, and that they will be partners with students in achieving success. Before expecting students to trust them, teachers need to demonstrate their respect for students; faculty must first trust students and invite students to enter into a trusting relationship with the faculty. This takes time and energy, and sometimes faculty members will be disappointed when trust is betrayed. But in the long run, clinical teaching is more effective when it takes place in a climate of mutual trust and respect, so it is worth the time and effort. The purpose of clinical learning for nursing students is to provide the student with the opportunity to grow and develop as a person and health care professional towards professional expertise.

The clinical teaching is systematically organized and coherently sequenced with well-defined objectives and meaningful theoretical frameworks to guide both formal and opportunistic learning.

The successful incorporation of educational theories and research into clinical training requires strategic planning and strong faculty leadership as well as collaboration between a clinical teachers and students

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Students may have chosen a nursing career because of their desire to help people but often they are not prepared to deal with the complexities of the world of nursing. Professional education experience can be very stressful and the high incidence of the distress in the education may lead to impairment in the practicing years of a professional

Observation and evaluation are necessary aspect of the clinical learning environment, they should be performed in a supportive, nonthreatening manner and be used for formative guidance not just summative evaluation