DATA COLLECTION TRANSCRIPTION

DATE: 08 DECEMBER 2023

LOCATION: BONALESEDI NURSING CAMPUS BOARDROOM

RESEARCHER: MS MUGWARI MJ

FOCUS GROUP 1

LEVEL OF STUDY: 3

PARTICIPANTS AVAILABLE: 12

The researcher greeted the participants and introduced herself. Participants also introduced themselves. The researcher laid down the ground rules and the emphasis of using the code allocated prior responding.

Researcher… May you please define for me the word clinical supervision in your own understanding? What is clinical supervision?

Participant G2P4…I think is where our clinical lectures get to support and coach us during our clinical placement to make sure that umm we are right and competitive in our skills.

Researcher…Ok, who is in support?

G2P8…In addition to that ma’am clinical supervision is also like hmmm in the clinical facilities your nurses or sisters will guide you. They will have your objectives depending on the level that you are in. For this level your objectives are 1, 2, and 3. Surely guiding you in obtaining the objectives as well as competency of skills that the lecturers have simulated for you.

G2p3...I am in support. I agree with G2P8.

Researcher…Anyone who is having different opinion?

G2P1…I agree with what my fellow colleagues have said.

Researcher…Alright, what is work-integrated learning?

G2P1…Uhmm, Ohh I believe that is when theory is integrated into practice. So we are sent out to the hospitals and clinical facilities so that we practice the skills that we learnt during skills week and we can incorporate the theory part of it at the hospitals.

G2P2 I think work-integrated learning also includes incorporating like in theory we are learning about the conditions but in clinical facilities we get to see. There is a lot of difference in what you learn in terms of actual what you experience. So incorporating what you know in theory and what you see. So this makes a huge difference that conditions that people actual have in clinical are not exactly as what you see or what you read about in the text books. So you are getting the real health experience of what is actual happening in clinical area.

Researcher…Who is in support?

G2P11…I’m in support. I agree with my colleague because that is where you work hand in hand with the sisters since they have more experience than you and not rely only on your theory of knowledge.

Researcher…Ok, another one?

G2P10…Yes ma’am, as my colleagues find what is work-integrated learning, therefore, it is very important that even the institution like our college needs to ensure that it is 50/50 because at the moment, I feel like it's 70/30 where now theory is actually giving sort of more time than practical. And that is where the problem arise for us as students because eehh, yes R171 is a new programme fine, but it’s not the first in South Africa. We had D4 where practical and theory were giving 50/50 and therefore it helps students to actually know exactly what they are talking about in class when they get to practice. So the college needs to actually work on it and make sure that the practice and theory is 50/50.

Researcher…Ok, so how can you define this work- integrated learning on your own words?

In my own words I can say that I practice what I learnt in class.

Researcher…Another one with of different opinion or view?

G2P9...I think uhmm with work- integrated learning it is important because it ensures that there is based-practice because. It is important we're able to integrate what we learnt in the class and what is there in the institution. Also it is important because it help us to keep up with advancement in medicine that has been made. For instance, during the Covid outbreak we learnt a lot about what it is. uhmm the virus itself and then how we are able to maybe manage it to a certain degree. So it is important because also there's a lot of skills that come with it.

G2P12...Ohhh for me it is a process whereby we get to establish the competency of the students. As much as we learn the theoretical part of things we still have to ensure that it did work. It is easier to go and just cram but they need to go and apply. So for me work-integrated learning is where we get to go and check the competency of students if they will do incredible what they were actually taught.

G2P3…I would also agree with my fellow colleagues. So I would say WIL is where we get to practice the skills. As they say practice makes perfect. So, work-integrated learning is where we get the opportunity to practice the skills that we have learnt in theory. Yes.

Researcher…What are the main purposes of clinical supervision during work-integrated learning or why is it important for the students to be supervised during work-integrated learning?

G2P2…Uhmm the purpose for supervision is to ensure that learners apply the skills that the supervisors as the clinical lectures taught them at the college. this is now where the supervisors ensures that the skills that the learners do, apply them correctly and correct them where necessary.

G2P7...I agree with what my colleague has said. But I also think it is also about ensuring safe practice. Because with students they just learn the skills and they have text book knowledge. When they go to clinical areas it’s different, and patients have different whatsoever conditions. With clinical supervision the lectures and the nurses are able to ensure that whatever skills that they have learnt they ensure that there is safe practice of the skills.

G2P12…I think in addition to what they said, also for legal purposes because as students, certain things we can’t do without the guidance of somebody else. So when we had the supervisor or somebody who is of the higher position, they are there to guide you and also to ensure we do as we are suppose for legal purposes.

G2P3….I think also in addition, clinical supervision is aimed at checking or identifying the skills of the students, identifies what they are good at, and it also identifies the gaps where they are lacking. And so they can try to meet or cover those gaps and improve the students’ competencies.

G2P7…. In addition, I think also clinical supervision the purpose there is to identify areas of improvement not only for the students but also for programme itself. Maybe if there in clinical supervision a lecture or a nurse can identify that. Actually I think that nasogastric tubing is not a skill that one should apply in second year but maybe in first year because there is more exposure or whatever reason. So I think is also for the improvement of the programme itself.

G2P10…Yaa I think like my colleagues have put it nice. I would say for compliance. Actually to monitor compliance and competency. Remember nursing is science, so every time there will be an updates. So now it also helps like she said, It is not only for the schools, also for hospitals because if there are new developments, I think the college is an institution that must first learn so that as we learn and go back to practice, then we can actually come up with those new updates and all that.

G2P3…Also clinical supervision monitors if students are complying with their objectives or they are meeting their objectives. Just an example if maybe we didn’t have trackers we were not monitored, maybe most students were not going to go to clinical areas. I think is for that.

G2P4…Ma’am I also think that the purpose of WIL is to ensure that the learning outcomes that we are being taught in theory are also up to phaa with those that we are going to find in real practice. They have to be in the same standard.

G2P2…I agree ma’am.

G2P11…As my colleagues have said that clinical supervision, I’m saying it is done because as much as we do it in theory, things are done differently in practice. There is supervision so that there is integration.

Researcher…According to your experience, what are the main aspects of clinical supervision during WIL that you think we can discuss and explore about? The major aspects with regard to clinical supervision.

G2P10...We really need to discuss the very same supervision because the way it is practiced now is actually not supporting the students. So I think we need to discuss how it needs to be corrected. I will pause for now.

Researcher…Can you explore further what kind of support are you referring to?

G2P10…Yes thank you ma'am, I think we actually went to it. If students are placed in clinical facilities, lecturers must ensure that they go to the operational manager or whoever is responsible for those students. And ensure that the students are there to cover their outcomes. In that way because if I'm being placed at Dr Yusuf Dadoo hospital and I'm just left there, at the end of the day I'm not achieving what I'm there for. So that is the support I'm referring to.

G2P12…For me is also what we are being taught during theory is not what we actually do in the clinical setting. We find a procedure which is more detailed for instance data capturing, we found it having 10 steps in theory but in clinical facilities it is not done the way we are being taught. We need to have one common understanding because at different institutions we learn different things. So I think we need to have a standard universal way of doing things. If you were saying that also in the clinical setting this is the same thing that students are getting not different things and expect students to be competent in the very same and overall way.

G2P5…I agree with the colleagues. I think it also not helps as much as program is not integrated. We should also incorporate with other institutions where learners are going for practice, because when we reach there we are having our own objectives, they are also having their own objectives which are not related with what they are supposed to do. And at the end of the day the WIL that they are going to do is not achieved. Therefore, the purpose of clinical guidance at the institution therefore is useless. Therefore, whenever they go back to the learning institution they can no longer produce what they are supposed to produce. They are not competent in the skills that they were supposed to be competent in.

G2P7...In addition I think another aspect to discuss with in clinical supervision is the clinical guidance part. In the sense of whether we are being guided to do what we are supposed to do at work. But with clinical guidance this part needs to be explored and discussed.

The researcher…Can you please explain further on how you think clinical guidance should be done?

Ma’am I think clinical lectures must come to the ward more often unnoticed to check if we are really working according to our learning objectives. Because you will find that in the wards we are really doing what is not expected from us according to our learning outcomes and according to our level of study. So at the end of the day we end up not meeting our learning objectives. When we come back to the institution, as clinical lectures you are expecting to see our workbooks being having the true reflection of what you have taught when you were guiding us.

G2P12…To adopt the statement of one of my colleagues with regard to SCG, to me it becomes such a challenge. SCG that was practiced, at the college, I feel like when you want to teach me data capturing, you need to come to the institution where I'm at and teach me data capturing in their system. Let it be a practical learning experience for us. Not us sitting here and looking at the paper that I was looking at in theory. If you think this is the moment where my lecturers have to teach me, let them come to my institution and apply physically with me, so that I can do it at the same time.

G2P11…In some institutions we are not allowed to use their systems. Lack of resources. Because we had an incident whereby the operational manager couldn't allow us to use their computer for the whole clinic. But she only gave us the head count stats which now we were unable to meet our outcomes. We are not able to analyze the data which we require. So those are some of the problems we faced.

G2P8…In addition to what G2P11 has said, I think clinical assessment needs to be done in all the facilities that place the students. Because you find out that some are exposed to facilities that have proper resources in terms of data capturing. And there will be clinical supervision in terms of whereby nurses will be responsible for the students' learning. In other clinical facilities you find that there isn't even space for students to sit in there. So it makes it difficult for the students to sit there and it is difficult to have the same objectives. And others are not exposed to the same experience in getting the data. When you are to be assessed, some are competent and some are not. I think the analysis of the clinical facilities that place students need to be done. And to check if they are in pha If all students are exposed to what they are supposed to learn. So that everybody is competent and no one is left behind.

G2P6…I think actually students are being used as a workforce. Because most of the institutions will not allow us to dwell on our objectives. They want us to be in the consultation rooms so that we finish up the line.

The researcher…How can this issue of students not meeting their objectives at the clinical facilities be addressed?

G2P2…I think the lecturers should emphasize with the OM’s in clinical facilities that these are the outcomes that the students need to achieve. So they should make it clear that students are not there to push the queues. These are the specific learning outcomes for them to achieve.

G2P7...I think another aspect of clinical supervision like I think in correlation with what my colleagues have said. It is the individual responsibility for the clinical supervision. Because I feel like when getting to the clinical Institutions, we are being put in the hands of all nurses. I think that is why now students started to become lost with what they're supposed to do with the outcomes. I think in clinical areas where one person, for example is allocated responsibility for a certain level of students. This will ensure that students do reach their outcomes. For an example let's say if they say Sister P is responsible for level 3 students, and is given the level three outcomes , that system will be able to say, ok, with the seven students that you are having three can go to data capturing today, and then two will go and do the PHC register. And that way will ensure we are not being put to the hands of staff who wants us to be their workforce.

G2P12…Also I think that what we need to explore is the team between lecturers. I feel like there is disconnection between different levels and lecturers. There's no way that you can place 20 students in total, level 1, level 2 and level 3 In one place. For example there is no space for everybody and you will find a certain level being disadvantaged. Because our objectives are not based on the facilities only. But we are supposed to be in the facilities. ML Pearson clinic is in town. There's no place where you can go and roam around. Is very dangerous for people just to go and roam around. So if I'm not supposed to be in the clinic where am I supposed to be? Because even in the clinic there is no space. They will tell you that there are too many students here. I feel that there is also a lack of communication between different level lecturers. So if they can also come together and try to reshuffle, to say that if level one students are at theory, us level three are at practical. Not everybody at the same time. We are all in a clinical setting.

G2P7…In addition to what my colleague has just said, I think also the responsibility of the clinical facility because when you go to the clinical facility, actually they will say you are not supposed to be here but you are supposed to be there. I think they think like they're doing us a favor. We are just there for risk. I think we need to explore part of what clinical supervisors are responsible for when it comes to the students.

G2P12…Also it is the responsibility of the lecturers to stop turning a blind eye when coming to our challenges at the clinical setting. We at the clinic of ML Pearson complained a lot about that we are not wanted, there's no space. We sit in the kitchen. Also they complain about our presence in the kitchen. It's not a conducive environment for us to learn. We have reported it to the lecturers and there's like ‘aaahh re tla re eng’? So what am I supposed to do? What is the whole point of me being placed in a place where they don't want me? We are not saying we don't want to be there but if you amend the placement where they don't want us, even learning becomes difficult. Supervisor Are my lecturers. I'm expecting you to attend to those challenges. To come to ML Pearson clinic and engage with the person responsible. And ensure that we have the changes. So if you keep doing the same thing that's why other people are not going there and do forgery. And then it's a different story.

G2P4…Ma’am on the other hand of objectives, we are level 3 students, during LRT they expected us to go to the community. What for, for LRT? It's so pointless and useless ma'am. They should also revise that.

G2P11…As much as we are saying lecturers have to account for certain things. I think they should be something or policy I don't know in place for all operational managers. Because they're told, they’re being sent learning outcomes. I've seen that in ward 8 at the wall. For level three students the outcomes are these, for level 2 and level 1. So even the OM's need to be accountable.

G2P9…I conquer with the previous speaker. I think at the core aspects of supervision there's a lot of politics around it. Because there's a lot of bullying in the clinical spaces where you are not wanted in certain areas, and it seems as if that person has more rights in that place where you are in. And then there is also a shortage of resources, limited exposure when coming to certain things. I think the core is politics involved. But sometimes your hands as lecturers are tied in terms of what is that you can do. But sometimes there are things that could be done in place or anything to safeguard the students. These things affect a person's mental health. You start questioning yourself If you really want to see this diploma or if you really want to be in this profession or not. Because all these are tied to politics. It affects the whole purpose of work-integrated learning. There's a lot of gaps that come about because people don’t nurture clinical facilities because of this. Or you don't learn as much as you are busy doing duties that are not even within your scope if I may say. So yeah that's it.

G2P12…I want to adopt what G2P11 has said about OM being given objectives. this is very true. They always know which students are coming and what they are supposed to do. But there should be an enforcement to say that. Because I feel like if you are in nursing it is part of your duties to teach. But when this does not happen how do they take accountability, how do they put that person to the counter wall? To can go through maybe to the matron and matron deals with that Instead of just taking students from this ward to another ward. Because that is what we do. This ward is not conducive. Let’s take them out but next time you place again to the same ward .They know students are coming and they've got objectives. Students are not learning, what are the correct processes that the college or the students can follow to ensure that this person does what she is supposed to do, which is teaching the students?

G2P10…You know ma'am, all this points go down to advocacy. And as students we actually rely on our lecturers to advocate for us in the clinical facilities. Now if then our very own lecturers are the ones, let's say maybe but Dr Yusuf Dadoo we have never had such. But in in some other institutions you find a lecturer going to the OM and say they must work. So now you are already giving this OM this thing of saying they are here to work. In the college lecturers are practicing something else, you are not a workforce you are there to learn but then you will find some lecturers in such things. And then who are these people in clinical, clinical facilitators in the hospital, the ones that allocate us at different wards when we arrive at the hospital. Those really their work is just to place us in the wards and it ends there, do you understand? So they don't even tell the OM that these are the objectives. Yes the OM will receive an email to can say these are the third year outcomes. Some they don't even see those emails. so now at least if this facilitator In hospital also had the same thing so that they can tell us in front of us, to can say these are the third years and they are here to do 1,2,3 and 4. Yes sometimes of course as students we know that we can help there and there okay, but not now. To go there you will do progress report, IV and feedings. When will we have time? So advocacy actually as students we are expecting that it must come from the college where we are being protected. So now if you are not protected from the college, it is a gap between us the college and the hospitals.

G2P8…Ma’am another thing that we need to look at when it comes to clinical supervision, It is time allocated to each objective. I feel like sometimes the time that the students are given to reach objectives considering the challenges we face, and we work as part of the workforce is limited. Because you cannot say I'm not going to help the patient. Like really? They will gonna say you are in the wrong profession. But now the time frame that we are supposed to be achieving these objectives is challenging. Then in mind of all challenges we are facing at the clinical, then it needs to be looked at because I feel like it is unrealistic. It puts pressure on the students because now doing things that you are not supposed to do. You just getting signatures for the sake of getting them. you are not learning anything. So it suppresses the whole purpose of work integrated learning.

G2P4…I would also like to talk about the aspect of staff attitude ma’am. When we enter the clinical practices it’s not every professional nurse who is supposed to supervise us or to teach us. They have got an attitude towards us. We are subjected to abuse at the end of the day and our workbooks are not signed. it affects our mental health. Can we have a proper procedure or protocol whereby we get to report people who are abusing us in the hospital settings?

G2P2I....I strongly agree.

G2P11…Going back to what my colleague has said about the people who are placing us in different wards. They are just placing us in any ward in which we can't meet certain objectives that we have to do. So it destroyed the whole purpose of us being in that ward. So they need to place us in the wards where there is proper supervision.

G2P1…I would like to discuss the aspect of clinical guidance. I just feel like it is not standardized. I don't know how to frame this. This lecture will tell her group this information and our lecturer will tell us this information. So this time it's like we're getting new information and it's really heightened our anxiety. From the point of view of teaching people what they think they should know. Because no, I feel like all we need to get the same amount of information. Because it does heighten our anxiety.

G2P2…uhmm this is for our clinical HOD. I remember we had a challenge last year because our clinics now are limited. Because of other institutions applying for accreditation for placement at the clinics that we used to work at. So it is for them to apply in time for more clinics to open for Bonalesedi institution. Because the clinics that we are now using are for Ann Latsky and Bara institutions.

G2P10…One of my colleague mentioned attitude. I'm not as much eehh ma’am opposing what she is saying. But I think attitude goes both ways. But yes as students entering the ward of course there will be those people who will give them a negative vibe. But sometimes as people also we turn to listen to what Thembi is saying about Sello. And when you meet Sello you already have that thing without doing your own observation. So I would say we must look also at ourselves first to say how I can then now approach all whatever is happening. Yeah it's both ways then that's my view.

G2P7...I think when coming to report, I think it can be done through accompaniment which I think is not done enough. because If a lecturer can just pop-up at any time, they will see that students are not doing what they're supposed to be doing .You will get there at 11:00 and you will see a student that was supposed to be ordering drugs doing IV, and when time for ordering drugs It's done, the student is not even done with IV. So then they are not doing what they're meant to do. So I think with the monitoring part it can also be done more than how it is being done now.

G2P11…Okay I sympathize with the lecturers even though they are not there, as they are short staffed. Sometimes to come to each and every facility to check on you and continuous SCG. Yes they are trying. But the college also needs to employ.

G2P10…I believe that when the program was planned, the GCON knew how many students were coming. They knew that supervision must be there, and for them to actually be able to achieve it, they need this number of personnel. So in this case I will never sympathize not with the lecturer but with the college. Because yes lecturers will try but they are humans. They get tired of course. But in the process who is suffering? The students. So the college is actually failing students and expecting miracles from us. Now we will be going to this facility without enough supervision because of a shortage of personnel. And at the end of the day our performance of course will drop. And you know I will never sympathize with the college. The college knows that we are here. So we are supposed to be supervised.

G2P7…I think also ma'am in addition, I think that the college also focuses on things that are not important. I remember last time when I was in second year and we heard that students who were placed for night shift at Bara, there were people who were responsible to check on whether students are there. So I don't know how true that was. But if the college can put people who are responsible to check if the students are there, why can't they put people who want to be responsible to check if students are doing what they're supposed to be doing? People can monitor you in something but they choose to monitor you in the things which are not important.

G2P9...I think what the previous speaker was saying is that there is selective support. College chooses what is it that they want to support you with. If you go and cry to this department which supports students, if you go and cry there and maybe you said you have lost a parent, and You cannot write an exam or you didn't do well because of any matter or private matter. They can then decide that no this is so serious and you will then need to repeat the module or however. So now the support that you are going to receive is very selective.

G2P12…The support ma’am we are speaking of, is the support of our crisis or challenges that are not just being attended to. Also it is to ensure the students’ safety. I'm going back to HUM WIL summative where the students had to leave very late here. So it was also a lack of planning from GCON to hire one moderator across all four campuses. That Compromises on the safety of the students. You cannot tell me that students should supposed to be at the college before 7:00. Where the college says it is from 7:00 to 16:00. So this is the support we are talking about to ensure that we are covered. Where is the mental health when we are seated here from before 7:00 while we still have another summative to prepare for? We are talking about people actually taking into consideration students at what they do. Nine (9) assignments to be submitted in January. We are talking about the support, where is the support? There's just no person who can function healthy and normally and still do 9 assignments at the same time. The same college will be crying that these students are incompetent. But they lacked to provide an environment that is safe. And we are health hazards right now at the same institution we are working for.

G2P10…You know ma'am, the issue of support to some of us is very sensitive. You know in this institution, it is an academic institution, academia nee, where we have POF which is pass or fail. And these two students are here to get support. But in GCON, It's like there's no space for failure. When now if things went wrong, it happens that you failed something, it is like you are on your own. We are saying that because if you can check a student who has to repeat a module or write a supplementary test or exam, Let's say you write a test like in level 3, you are writing test 1 and on the very same day it is a supplementary exam or deferred test. So in that way it shows that the college says the business must continue and you will catch up. So this is the support we are talking about. They must support those students who have failed the module. But this college is unsupportive.

G2P12...The support we are talking about is the empathy from our lecturers who currently make placement to the clinics. Do you know that as much as you do placement for the clinics, due to the current results, where a lot of people have failed couple of modules, it comes with a financial burden for the students? But do we still need to take the very same students and place them at Westonaria where they will spend R100 a day, R500 a week and expect the same students next year to come back and still have money for registration and for transport? This is the support we are talking about. I understand okay, people are allocated far away. Please can they just be placed at a walking distance facility to save up? We are talking about empathy and consideration to our lecturers who are responsible for the clinical placement of the students.

G2P10…You know ma’am, my colleague has just spoken about empath. I spoke of pass or fail. You know it's like when a student failed is something new but when GCON failed is normal. They failed when my colleague spoke about accreditation of clinical placements. They failed to arrange that in time as the institution, hence you will see Bonalesedi students at far clinics and Ann Latsky students in our territory. Because they made their placement in time. So when the students fail it is like a surprise but when GCON fails it is normal .This is what we are talking about ma’am in terms of support.

Researcher...G2P4 spoke about staff attitude. So I would like us to discuss on which measures can be put in place eradicate this staff attitude?

G2P3... I think it goes back to what we were talking about. Informing the staff about the learning objectives. The staff should be told why the students are here at the clinical facilities and what are they expected to be doing. So the staff won’t have the certain expectations that students will do something that they are not there for.

G2P9…I think with staff attitude is concern, especially bad staff attitude. The things that perpetuate this is friendship. A person knows that if I can say anything, they cannot report me to the manager. Even if you do report to the manager, the manager will not do anything because I am her friend. So I think more than anything maybe we reinforce on the part of managers. What I have realized is that most of them form friendships with the staff members. It also creates a problem because now how are you going to report me to my friend, do you think my friend can report me to the management if you tell them that I did this to you on this particular day? So also it exposes students to potential abuse even of sexual conduct ma’am. Because if there are male employees in the unit, say for instance someone smacks you on the bum, do you think if you report him to the manager something will be done? I speak this because it is something that has happened to me. Someone kissed me on the bum during clinical placement and I was also shocked at this behavior. And this person is friends with the manager. The manager was not shocked about the behavior. She was okay when she saw it happen. So do I even stand a chance to report it or take it up and say this particular incident has happened, will I take it to the top? Do you understand? So in terms of bad staff attitude I think we need to do a lot of reinforcement where managers are concerned.

G2P12...Uhhmm I think just to add on that, there has to be a way to assess. I think they should be a policy to the institution in correlation with the college. So at the end of block placement, the students must write down the staff attitude. Every institution must get the feedback for the students who were placed at the particular institution. So that in ward 27 this is what I have experienced and that record must be available to the matron’s office. Even things such as lack of resources. Leratong has no gloves and we are expected to do the procedure. For an example, I pricked myself when I was testing the blood glucose. Number one I was not even using the correct equipment. There were no gloves. Even if I can report, what am I supposed to do because there are no resources? And procedures are supposed to continue. I think at the end of each and every placement the students should be at least having a sort of an evaluation form in each and every ward. The report can go directly to the nursing service manager. Give them back to the ward and say this is from the students. This is what has happened. So that this can be able to root out specific people who are bullies. Because if you are a bully you will continue doing it. So you can see a pattern in the behavior of people. If people are affected by your behavior, maybe this can change.

G2P5...In addition to that, I also think that they could be an independent Institution that will be overall looking at that. Because the main possibility is that if there is a situation whereby you have reported something that has happened to you while you were working, and the college also covers what that institution did, that case cannot be prolonged or go anywhere. But if ever there is a certain Independent institution that after everything has been done, you report and write down what has happened. So an Independent institution will take overall or oversees and take the decision based on a certain policy, and proceed with the case. I think that could help. Because looking also at even what we do at the college we do report after our modules, we do have our own grievances, but nothing has been done about what we are crying for. So I don't think if ever happens that the very same institution is unable to handle its own cases something will be done. But if ever an independent Institution that will be now handling all those cases and does things according to certain procedures or certain protocols, I think something good can come out of it. Thank you.

G2P7…I think in relation to what G2P9 says about, In relation to a bad attitude. There is this narrative ma’am I don't know, this quote that says nurses are eager young. And they will do it. Because when you get there they will make sure that they abuse you. They will make sure that you go through it. I think another thing that should be done is to train them. I think staff training can be done in every ward on how to handle students .I think nurses also have a problem with us telling them, I'm not here to do the IVI. I'm here to do research, I'm here to do service training or I'm here to do staff development. I think they should be taught to handle such situations. Because yooo.

G2P12…In addition of attitude I feel like nursing as a profession is full of disrespect. Because when you are getting there, the way they talk with everybody there, is like they're talking with young kids. Simply because of the position. So I need to speak by default based on the position not based on how you do or your character as a person. I feel like nursing on its own, like a professional nurse can speak with me anyhow because they are above me. Professional nurses can speak with the EN’s anyhow because they are above them. I feel like generally if they can evaluate that and teach people generally on the character on how to behave as an individual not based on your ranking. But if they can come and talk anyhow even if they are quiet or with their head down, you will hear them saying ‘’this is how they are’’. And I think that is not how a person should address an individual despite our levels. Speak to me like, say hi, how are you? Where are your epaulets? Where is your name tag? Don’t come and say hey this is disregarded. Bathoo. So other people I will engage with them back because I don't see a rank, I see a person who is having an ill behavior that I'm about to correct.

G2P7…. I think ma’am in addition to that, I'm going to go through an experience that I have experienced in second year whereby a matron came to the ward when we were at pediatric ward here at Leratong. And there was a trend going on of Master KG's song. So they were doing a trend because pediatric ward is always funny. And like, we as students just told ourselves that we don't want to go and dance. The OM came to us and said, why are you not participating? And we said we don’t feel like participating, we don't want our faces to appear on social media. She said, this is my house. You do as I say. If I say jump you jump. That is what we are predisposed to in the clinical areas. And for me that was just terrorizing us. If I'm going to tell you just now that you must resuscitate this child now and you do not feel comfortable in doing that. You will do it either way because this is her house and you do as she says.

G2P10…It is unfortunate ma’am to what the students are saying about the experiences within the wards. So mina what I'm seeing is a cycle of disaster. Why? It is from GCON and the Department of Health. So as students we are in there within the cycle. So the attitude will come from the professional nurses or the staff at the clinical areas because of the challenges that they are facing within that, okay. And now they must release this anger to the students. Why? Because this person has been in the service for almost 25 years and this person has been applying and she was not given an opportunity to go and do what you are doing. So when this person sees you, she becomes angry with you without no reason. So this person is expected to have six staff members. She got 3 for an example. Shortage of staff. And why am I saying we are within this cycle? Remember, the Department of Health is satisfying only a white paper. In white paper R171 is good. Students are being taken every year for the Department of Health. That is what they are good at and fine. But in practice everything is wrong. These very same students now will become the product of this disaster because now you are being abused left, right and center. You are abused when you go to clinical areas. You are abused right inside the college. Where you are not even given support. And now we are complaining about not being given enough time to achieve the objectives. When these people move you cannot as new product because you are already in that cycle. You also practice the very same thing that was done on you to the very same students who are coming after you. This department really and truly needs to do something about it. Because one of my colleagues talked about the big brother. We have quality assurance but in black and white, yes we have. But are they functional? Because if they were functional such things could have been resolved. Because the Department of Health is only for patients to be looked at. They forget that as staff we also need to be looked at, being permanent staff or students. Now quality assurance is there, but if you can check or pass by quality assurance office and ask them how many staff members have been developed so far? They don't know. But if you can ask about patients' complaints they will tell you 300000 complaints. These people are useless. Do you understand? You know it's like they don't know the purpose of their departments. As I'm saying, they are only satisfying white paper. So unfortunately we will be the product of that disaster if we are not taken care of.

G2P11…I agree with my colleague. I also myself think that we still need counseling. I don't know. They have got so much anger of which the cycle needs to be broken. This is the disaster that will be going on in this profession. So I don't know if they should be a survey and ask the question why are you acting like this?

G2P12...Also ma'am the attitude, also the bullying varies. The bullying that we students receive. I still remember when I was placed at night shift in the wards that was having a bed bath. I was told that male students don't bathe patients. I asked you why? Because I believe that we are all in the ward for nursing. This is male nurse and I'm a nurse. So what is the difference between me and him? They said no, patients complained that this male nurse touches bums. So I believe that male nurse cannot go and bathe the female patient alone. He will be with somebody to go and bath with. Why am I because I am a female subjected to bathe? However, when I'm placed in the male ward, I bathe the male patients. So where is the comfort? As a student I feel like equity must be maintained. And you will find that in certain wards, male nurses do change female patients hence it also goes with the ward and mentality. So these male nurses dream about what they have learnt at their own institutions. So you need to know that you must not bring any personal reasons here. And also when it comes to learning, a female nurse will have an attitude to teach me opposition when she's teaching a male students. They are so lenient and patience to teach the male students. So but when coming to me I'll be subjected to like ooh D3 you don't know. ‘’Hee batho’’. Even in this course, we don't have community service. We are very much clear. If we both have the same exposure and everything and get to be hired at Leratong ward 17, we are both incompetent in certain aspects because obviously just because of the program. But when we get there they will teach a newly qualified male nurse how to do things but they will leave me with the ward and run away. Also attitude and bullying varies based on who the person is. Generally female professional nurses always have the problem with the female student’s appearance Wearing weaves and makeup. So how does that affect my competency? So now this student has got the name tag ‘’wena o apere’’ weave. So there's no point. The point is that I'm here to learn and cover my learning objectives. And it is very much difficult to address the attitude within the nursing profession because it is embedded there. I think they must do away with old nurses. They have a very old mentality and they are so stereotypical. They treat doctors like this. When an intern is incompetent in a certain skill, they will just say no, it's not my duty. It’s not my responsibility. Some of the doctors are incompetent. Maybe I think it can take young nurses like us to come and change Mentality opposed to what those people are doing.

The researcher…G2P8 has spoken about limited allocation of time during clinical placement. How the college as an institution can improves on time allocation for the students to meet their objectives?

G2P3…I think what needs to be done the R171 programme need to Stretch out. I feel like everything is in rush. You get time to class every day, then you are going to WIL, You are getting assessed and after you go back to class and then you go back to will again. So I think we need to get more enough time to learn so that we can cover our objectives.

G2P6…I just have this thing that I've just started in this course in2021. And right now I'm alredy in 2 years few months in the programme now. I am already at the end so it has been compressed to a point where we have done three semesters in one year.

G2P12…I think the lectures must take their own content the HIR content, conduct a mini research and have their own participants on this. They can be able to experience and come back and tell us if this is something that can be done .Because I feel like people are just sitting there, and they just talk but practically this thing is not doable. So they must come into this. They must just take a year and come up with a solution and see how this is possible. A person is the second year students then you are a level 3 students. First semester, semester 2. Come and say is this really the nurses that we are giving to the public? Is this what we believe it can bring out competent nurses? So they must actually come and do this course or they can get two students from wherever and place them as a study to complete this course. They don't consider the practical way of doing things.

G2P9…In addition to that I feel like when it comes to time frame is going to be impossible for you to achieve the objectives. Why? Because you still have theory content to do and immediately after work you are expected to be in block. And when you are back you are expected to bring assignment, writing test and whatever. Where can you get the time to do all those when you are supposed to be in WIL? Because when you are at clinical you are supposed to be looking at the practical of this program that is offered at the clinical area. You don't have the chance of doing things because you are forever doing assignments and forever we'll be preparing for tests. And you gonna be writing when you come back to the block. So it’s not really practical nje to do both theory and clinical at same time .They need to have a proper analysis and determine exactly how long does it take to reach the objectives at WIL and objectives in theory. I think in this programme they just expect you to perform miracles, pass test and submit assignments on same time you are also expected to know the skills that you were doing at practical.

G2P2…Ma’am, I think we should go back to semester of 6 months. Second semester is 4 months then we should go back to a semester of 6 months. And doing 6 months I think it will be better. If maybe the college would ensure that few months is for theory let them focus on Theory and be competent in theory. So the following semester let's do the skills and put nursing in hands. Let them practice skills in that way we can be competent enough because it is what we will be doing for the whole 6 months.

G2P1…I agree with my colleague because ma’am even if we go to different facilities, the nurses who are supposed to teach us don't have the heart or energy to do it because they also complain. Because we will be here for a week and go. Other people come. It is also dragging their feet because every week it's new people. When you come back it's like Oh Sister “kana re etsa bjang”? Is really annoying for them also even for us.

G2P6…I feel like it's not really a problem that we had a compressed program. It was going to actually be better if we have internship or community service to actually dwell on the skills and focus on.

G2P12…Remember we heard that GCON is trying to integrate themselves into academic just like any other learning institutions. I want to know if UJ has four (4) months semesters. Funny part is that you are only doing things which benefit GCON but in things that benefit students they're just doing their own things. We cannot be competent in 4 months bathoo. If they want us to be like other institutions they need to ensure that there are criteria including the semesters 6 months and our stipend for 6 months .Because I feel like they're just trying to cut on financial aspect hence there were so compressed. It is not our fault that this course has started in June. But they cannot try to compress everything so that other people can start in January. It is disadvantaging other students.

G2P11…I think they need to consult with other institution.

G2P7… I think also ma'am on top of effective planning and unplanned planning that is been done, there is also unrealistic expectations. I mean not all lecturers but there is this one lecture that I cannot name. Luckily she was not my clinical lecture. But I heard her students would say that if you have to complete a procedure with three attempts in one day, you have to write a statement to say how can you do such? So I think in effective planning we cannot set unrealistic expectations and say I will do bed making Monday, Tuesday and Wednesday. I will focus on doing bed making in one day and focus on other things. So, at the end of the day we are talking about clinical supervision that it is not enough that is being done. When we are at clinical areas we already have the plans on how we are going to manage this workload. And if you are setting an unrealistic expectations as lecturer, you cannot say you will do bed making on Monday, Tuesday and Wednesday. I will be there on Tuesday Wednesday and I supposed to be done with 13 procedures in those three days. I think that will also play a part in setting up an unrealistic expectations.

G2P3…Another thing which makes us not to reach objectives is not only time at the clinical setting. There is shortage of staff. As you know that as students we should work under supervision of a professional nurse. So that is not possible when you are going to the ward with one professional nurse. Then there's no one who can supervise, monitor and guide you thoroughly. And these are things which makes us not to reach the objectives.

G2P10…You know ma'am like we said nursing is practice. And when we talk time really is very much important. And we talked about 70 percent theory and 30% clinical, which does not balance .We need to balance the two because I believe in this program they said they want to produce competent nurses who are generalist specialist. Then how will you do produce a specialized nurse who does not know anything? Yes you might simply get your 80s and 90s in class, but when you go to the patient then you become a hazard because you don't know the skill. So I think it is important to that they need to adopt what has been happening before R171 to balance theory and practice so that the two can at least have 50/50.

G2P9...I think also because we are constrained in terms of time. It also compromises us on the quality of service we can render and the quality of work we can produce. If I was to write an assignment today and submit it tomorrow. Because I'm already pressed with time. I’m not going to research properly on that topic, I’m just going to do an assignment and submit.

G2P7…I also feel like as much as they are saying there's no time for everything. There is also a lot of time wasting in this place. I remember during second year when we were doing COD202. Do you know there was no need for that module 202? Because most of the conditions were repetition. They could have put on another module that could have been more productive like PNP. PNP was a lot and we still have so much to learn. But we were only given 3 months to learn PNP, COD we did first semester and second semester. It is not like the lecturing was great in the way. It was a lot of time wasting in regard with that.

G2P12...I would concur with her. What is this module we are doing now PDN? Is it necessary? PDN should have been a chapter in HUM. Why can't they revise that time and do necessary thing. Just imagine doing communication as a skill in clinical. Communication is everywhere and is in every module. Conflict is everywhere and in every module. They could have taken PDN as a whole chapter and put it inside one module of HUM. PNP was supposed to be a year module. Now we're going to write a board exam and in pharmacology. And I believe when they do the things they don't take it into consideration. I mean generally teamwork it is in every module. I have to learn about teamwork. Like put on more effort and more time where things are grouped well. Like PNP, NUC all need to be done are outside college. We cannot spend the whole time doing communication. There is a drug in a board exam that I don't even know. I feel like they're just going to consider the post qualifications. These are the people who are going to do it practically. You cannot teach us drugs in 4 months and some of those drugs we don’t know. Because I am based more on medical ward and not exposed to other disciples. They are just specific things that you should know. But then let's come board exam. Why didn't they give PNP a lot of time, so that we can dwell much into this things. I would not even attempt to pursue pharmacology in this course because I don't have the basics, I don't ‘ka 4 months eei’’.

G2P9…I am in agreement of the previous speaker because personally for me post this qualification Diploma in R171, it has got and after taste in my mouth. After this I want to go to school but I'm so tired. I made peace that I will be called big sister at the clinic who drag her feet. This qualification is truly one of the horrific experiences in my life. But I will never ever share the post on social media to can say apply. I'm not going to do that to anyone. So because how it was also impact negatively on the desire to advance myself In terms of career in this particular profession. That's it.

G2P8... Ma’am, in relation to that, I think this programme is grooming people who are jack of all trades and masters of none. Because the important things that were supposed to be doing like now is pharmacology. You deal with education in everything when you are in this profession that you don't know. Nursing care plans. Like theory you are more into it but practical you are not going to find the patient who has exactly like the textbook. So you don't get any chance to be with the patients and know what patient’s condition is in real life not the textbook patient. At the end of the day like what the previous speaker says, it also demotivates you. Do you really need advance your carrier in terms of this profession? Do I really want anything in this profession or I might as well just go and do anything else. Because there is no teamwork. Attitude is horrible. Even when you want to advance yourself, we Sabotage each other in this profession. We do not want to see each other grow .So it will be like my growth is a threat to them when it should motivates them to be the same so that we become better to our patients.

Researcher…G2P11 spoke about the policy to be put in place for managers as students are unable to meet their objectives right. Since we know that in each and every ward there are learning objectives according to the academic level. So let's explore further on how best can we address this one for the manager's to be accountable?

G2P7...I think ma’am in relation to what G2P5 has said. There should be someone outside who will oversees that correct things are being done. And with us reflecting on what happened in the ward. Not just like reflection at college on the clinical experiences. Because if I as a student I go to ward 3 while I was supposed to be doing the IVI but then I was told that I will be doing vital signs all day and every day. I must write it down so that OM is held accountable. We give you the students so that you can groom them in particular skill but you are making them to do something else.

G2P12…Nna I don't know. These people are being motivated by incentives. Just give them incentives. I guarantee you, if this OM’s are given something for positive compliments by the students, you those students will leave the ward earlier and ensure that you do something that you're supposed to do. Somewhere somehow it is their responsibility to ensure that students are being taught. So it should be affecting them personally and their performance that you did not do your job. So give them incentives batho. Give them awards. They will always be in a competition. if we are saying ward 23 was the best ward. They will always be asking like what are your objectives, what are you expected to do? If they can be a form of rating, ward 23 is the best one that the students enjoy to be. I feel like somewhere somehow it can be a media ward competition.

G2P8…Ma’am, I agree with what my colleague has said that students allocation and students objectives can be met in the ward were students are having the evaluation impacting the performance of the ward as part of PMDS. I think everyone will just put more effort to ensure that they get positive evaluation. Because everybody is working towards incentives njee. So if it is part of the PMDS tools as the basic key indicator, maybe we can see changes in attitude Of the OM’s.

G2P7...I think also in addition. Let’s students voices be heard .Because OM’s make us do things that we are not there for. Because they know if you speak there's nothing that's going to be done. But students’ voices can hold some words in every ward. Whether there is money, position of an employment or your ability to get promotion, the voices of the students must have some impact. Maybe they will be some change.

G2P9…I think also with us having rewards for operational managers so that they will be able to get incentives in every way they do to support the students. I think they must be also be a policy in place for them to be punished if they do not do right by the students. Because for them having rewards probably they are just going to lie on papers that they did support the students. So the policy should have rewards and punishment in place. The operational managers should have the teaching plan in their parts. Maybe the college should provide them even if they can teach only two objectives So that they are also accountable and responsible. There must be also a report that must be given to the college on what is that they did to help the students in their clinical. Because to them having the students in the ward is just a passage of time, they will come in and go out at some point. There is no interaction. The lecturers just come and give them the outcomes that the students need to achieve. But on their part there is not really much they do.

G2P10…You know ma'am, when we are talking policy. Policies are there. The problem that we are facing is accountability .It is very sad that the tools will be there but not being used to this program. Is like if you are given a contract and misinterpret what is in there, therefore, you will be accountable. This is what happening in the Department of Health and GCON itself. People are being put into higher position. People who are incompetent. Now if people who are responsible to ensure that students wherever they are, this is how they should be treated, these are the tools to be used. So they don't know what to do. How will it be solved? So then I will go back to quality assurance by mear factor that you are having students in your facility, It means you need to ensure the quality of practice that they are getting there is of good standard. Of course there must be steps to be taken. You can say students will be here at this time and they must be a report to be submitted to quality assurance about the students. Send the very same report to the college. I mean we are tired of reporting as students. Because the very same people who are teaching us reporting, are not doing that. So I think because you know ma'am, once we talked about incentives you are giving the Department of Health a reason to cry broke .That means they must have money to give Sello to do his job. Do you understand? And also the incentives part of it also creates a problem when coming to PMDS. Now for people to get pmds in the wards, they have to submit to the OM. So can you say that you are being rated 4 and actually you are not 4 you are 1. Hence we are getting this service that the patients are getting. Because they are incompetent nurses who are getting Pmds but actually doing nothing. So even in this case accountability. People are not held accountable. So if you can go to OM in the clinical facility where the quality assurance must do their work and ask how times have we been writing evaluation forms after each and every block? Have you ever received any feedback? Nothing from the quality assurance here in the college. Do you understand? So now ma'am, yes this things is truly we are writing evaluation forms to say the block was ok or whatever. So but now if the person writing evaluation forms has got relevant, this person is personal to name some body because she doesn't like her .You know it becomes redundant because of what we are doing. Even us as students are given an opportunity to evaluate something. I'm happy about what is happening now. I wish this research ma’am can go far. I mean there are other students who are coming with different views. So if that book with an article research can get to people who understand what is happening. Then they will see that R171 hasn't started yet. Because really R171 is to produce specialist who are competent. Truly and really is not about Covid that this programme started during mid-year. It is about poor planning. So nna I still say accountability and policies in place.

G2P11…I think there should be system in place where OM’s need to get three strikes and they should go to SANC to account. People are so relaxed if they know that nothing is not going to affect their job. But if they know that I might lose my job, maybe they will pull up their socks.

G2P5…I think there should be yearly meetings with the college, the student representatives, the unit managers as well as quality assurance. So this group must come together and discuss the challenges that they are facing from the learners and how are they going to resolve them. And after that, is where now they will be going to find a way as to, which best way can be taken so that the objectives of the learners are met at the end a semester. They should also remember that the main objective is the learners. If ever learners do not get quality education that means learners are going to be hazardous. And that is not what we want. I think if this could be done each and every year and discuss about how they are going to help the learners better. I think that can also help.

G2P12…Ma'am, I think SANC should also renovate this institution so that we can meet the criteria. Because I think if SANC is related with GCON, there is no way that GCON can meet the requirements. If we are saying GCON is competent, it means it is what SANC agrees with. And there is no way that it can be feasible. Two people are expected to achieve what is written therein, the some tell that we are being forced to achieve. So I think like even in that regulation of SANC If it includes the input from the students not directly from the management. However directly from the students. Then we can be able to see what areas as the institution is lacking. In the part of clinical learning, must also enforce the college whenever they are placing the students. Because if students can give negative feedback to the SANC, It puts the institution at a negative side. SANC should regulate properly including students directly, not from the managers because they could ask the students’ feedback and can manipulate the feedback. Maybe if SAN wants to evaluate GCON and will also interview students in terms of the WIL aspects, then students can give them feedback. Then maybe they can up their standard and make sure that they give us the quality education.

G2P7…I think in addition to SANC and its role. I don't know if I could say SANC chooses what and what not to punish. For an example, a professional nurse has got a responsibility to teach right. I understand that our main purpose is the patient. However what about the role of a professional nurse in relation to other staff members? You are having a role that relates to the students. If you are not going to be punished as a professional nurse or as OM for not fulfilling your role that's you have for students. Then you need to take this very seriously because if there is nothing happened, you don't do anything.

G2P10…When going back to SANC ma’am, it's like their priority is very wrong. As students we are the core business of those departments. And you see SANC for an example, somewhere when issuing stats. Those departments it’s like they're not working for the nurses but for the patients only. And when R171 was implemented to the first group, I have never heard where SANC was doing introduction to the campuses. Just to can say who they are, what are they expecting? To talk to the young nurses who are coming in the profession, what is expected from this person in a professional and open platform for young nurses to give them their view about the profession? And how they feel about this profession. What are they doing? Because they're the ones responsible for the profession. So when you are responsible for the profession and you are just sitting in your office who is monitoring, who is making sure that the competency and compliance are adhered to? This departments are the ones who are failing the nursing profession, nurses are not the one who are failing themselves. You will find different opinions or views about the attitude as to why the incompetency of the student nurses. So then now those departments what is their attitude towards the own work.

G2P7…In addition to what my colleague has said, the patient is not a text book. So the implementation of something it’s not going to be work paper. So these people have got responsibility to come and check if things are going well. Because as long as we learn about the PDCSA cycle of saying if you implemented something and it's not working. You change. So they're not doing that. They say you will stick with that messed up program until the end. We will see through when there is nothing that has been changed to make sure that things are getting better with time.

Researcher…According to G2P11, proper placement of the student should be done where learning objectives could be met so can you explore better on how this could be achieved?

G2P11…The people who are placing us they should be trained about the difference words. You cannot place level 3 students at maternity ward. You have to look at the objectives and compare in accordance with the ward.

G2P3…I think it could be addressed by proper situational analysis where someone from the college goes to the institutions and they properly assess the institutions. If the place is conducive for learning and is it conducive for the students to meet their objectives. Also checking maybe the logistics of the transport. They must go and see if it safe and possible for the students to can go. I think proper situational analysis can address this challenge.

G2P9...And I think with the situational analysis, it must not be done by only one person. They should be maybe many people who are involved in the process. Because unfortunately there are many people who are lecturers orientated into a struggle. They used to love struggle in a sense that, if you tell her that particular facility is too far. She will tell you that ohh le nna when I'm trained, I trained very far. Do you understand? Those people are holding us back because that is why there is no progress in the profession. That’s why there is no change because they are telling me that things has always been difficult. But things can be easier. Why can't you just keep trying? Why are you so comfortable to drive 30 km to the clinic and think students should manage? As long as there are no parties involved and hopefully because some lecturers are very subjective in the selection of the clinics. They don't consider such factors such as waking up early in the morning. For instance, I used to work at Bara. I used to leave home at 5:30 in the morning. And if something happened, it is all on me. You understand? And those people who are doing situational analysis they need to be objective not subjective.

G2P7…I don't think lecturers should be involved in the placement. Because they've already have too much in their plate. And when they place students they feel like they are just doing us a favor. Then last time we had problem of being placed at Westonaria for occupational health. We have been told that we are very lucky to even found this organization. Kanti whose job is this? Are you doing me a favor? You were there. So there must be someone who is independent in this issue. Maybe they will be no factors such as favoritism. Some lecturers are very mean. So I think lecturers should be removed from the placement and situational analysis aspect.

G2P10…I can say a nurse promote a nurse, because nowadays will do have this head of departments, matrons. so those people are nurses but then they forgot their roots. How can you place people where they've been denied certain qualification in that area of specialty? So waking up earlier at around 4 a.m. prevents a nurse to be more productive at work compared to the time of arrival at work and going home very late.

G2P4… I concur with G2P10 has said. There must also be a written report when the clinical officer or clinical manager has gone to the facility. Because nursing is an evidence based report. They must make sure that whatever they were doing it must be realistic.

G2P12…When I stick to the placement of the students, you know our LRT is not necessary for us to go to the clinics. Other colleges they place the students for certain period. And we were told that we are doing nothing. We are just sitting by the sun. We are just roaming around. What about my safety, who is responsible during waking hours? So we are pleading the lecturers that please place accordingly .There is no need to force students and say it is a must because we need clinical hours. However there is nothing we are doing there. And when I say I can work 7 to 19 and go home, and they told us that OM does not work 7 to 19. And I also asked if OM does work shift? And I think our lecturers are placing according to how it suits them. So I am pleading with the clinical lecturers who are placing us. Please do not place us at Westonaria because people are just going there to bask in the sun. There’s nothing that they are doing there.

G2P8...In addition I think allocation must not be done for the sake of just placing the students just to get them out of the way like she's saying. You just go to the clinic and there's no space. You just end up wasting your whole day. So if maybe you were placed somewhere else like ward or wherever. Because now like we don't know pharmacology, I think we can learn that rather than just wasting time and money. Even your mental health. Because we are being placed very far. When you get there, you are tired and you are bitter. Allocation must not be placed just because now we are no longer being productive. It just creates bitterness and bitter people. You are angry and you are taking out your anger to the wrong people now.

G2P7…I think ma’am, we can say LRT for third year is useless. Especially at the end of semester 2 because what am I going there to do? You will yourselves going there to transport maybe 7 people to the x-ray, just because you are begging their signatures. After that you just sited the whole night.

G2P9…I would like to say that, with the clinical placement. I think more than anything the core of the person who is doing the placement, is that she intentionally make other people uncomfortable. At other wards, operational managers they will say I don't want any students here in my ward. It is my word that is why most people are comfortable to can say this is my house. You must do as I say because, you only appears older in that department .So when I say they must make them uncomfortable, because if you don't make occupational manager comfortable by bringing students. We also compromises the student’s safety. We ended up being placed to the places like Simunye where we had to wait for more than 2 hours to get a taxi to come back home.

G2P10…You know ma’am, I would like to agree with the previous speaker. I think accreditation of the clinic or the hospital must be given competency certificate before placing students. Because if the college or the hospital is going to allow such behavior from the operational managers, they have no purpose.it simply means that Dadoo has no competency because Sello is owning this ward. Tomorrow I don't want the students. Also this one I will still go back to accountability. People must be held accountable. If Leratong is a learning institution, it means all the relevant wards in terms of meeting the objectives of the students must house the students. If your ward doesn't allow students, it means that the operational manager must be held accountable. There must be also consequences. Hence, we spoke about the scope of promoted nursing. Those who are now head of departments, matrons. Ke unit yaka ea.

Researcher…Since you are the final year students, I believe that you were exposed to different clinical supervision at different clinical facilities. so now focusing on your past experience either positive or negative I would like each one of you to describe or share his or her past experience.

G2P12…Okay to me I mostly allocated at what 23 so the OM always ensures that students are being placed and are delegated according to their learning objectives. I've never find myself doing maybe the level 1 or level two objectives. Every time when she comes she will ask what you are supposed to do now so even the Staff they are so dedicated. No one will say come do this come do that. So I have never been subjected to the abuse other than they make us run around outside. Even at the ward 18 there is a guy who feels like he's entitled to direct people who are already held up with something. He can delegate and he will say go do this, go do that. Even when you are at lunch eating he can say go do that go do this.

G2P11…My experience is at what 8 Is that the operational manager there is so hands on. She helps the patients. She does almost everything and even the staff attitude is so positive. So that is the ward that I can go every time because that's where we meet our learning objectives.

G2P8…Also my experience it was during my first year at Carletonville hospital. It was a step downward ward 1. The OM understands what a student is. She even reflect back because she said she was once a student. Even staff attitude it's so welcoming. She is involved even in patient care. I think the staff attitudes depends on the people at the top position like the managers. So you set a standard on how you are going to handle the students and behave in the ward. And they are going to show you that kind of attitude and treat the students the way because now they are reflecting back to their manager. And I wish all OM’s are like her. And that is where I have fallen in love for nursing honestly.

G2P4...I would like to share my experience at Krugersdorp central clinic ma’am. She Instilled discipline in her subordinates. you get there on time and you leave on time. 7:30 to 4:00. Nurses there, never take tea time whenever they feel like. They knock in at work on time and they knock-off on time. So she's that kind of people whereby if there shortage maybe of medication in the clinic, she will pick a call and talk straight to the Department of Health. Then you will find the stock being delivered to the clinic. Oh yes she's a good OM.

G2P5…My experience was at Thusong clinic. That is the clinic which has been taken away from us unfortunately. Really my heart bled. It was one of the best clinic whereby we met the operational manager on the very first day. And she asked what your objectives are, what are you expected to do? So if you've got certain learning objectives that you cannot meet there she will explain to you that this and that objectives you cannot meet them here because of 1, 2 and 3. So don't be amazed when you are unable to reach such objectives. And then she will allocate you in the rooms and the staff who were there were so helpful. They were able to teach us everything and give us good time to go home .And they were fresh from the school. They were able to teach us the procedure step by step unlike Westonaria clinic whereby the OM doesn’t care.

G2P1…My first experience was at Bara Academic hospital. All the staff members were willing and assisting to teach us .They allow questions and everything, I really appreciate that because I have learnt a lot. But when coming to PHC facilities I was still like having anxiety because I felt like I still need assistance. And they don't have the time for me to be shaken .So I'm still anxious about that.

G2P7…My experience is like I was in first year at ward 18. When we got there, we were not knowing what a person is supposed to do at the hospital. And as much as there were challenges with sisters. The OM there, is very hands-on ma’am. She is that type of operational manager who will wants you to become a nurse. The way she treats the patients, she does not treat the patients like I'm doing you a favor. She treats patient as she's the one who supposed to treat them. Honestly that was one of my best learning experience. A place where I can say I have found a role model. And other places haai no. My worst experience honestly has been everywhere because of the bad staff attitude. Some nurses they really feel like they are doing you a favor. You have to gravel for signatures. You will be there assisting them with procedure. When you ask them a signature, they will tell you I never saw you.

G2P10…Also Fanyana Nhlapo Clinic. The professional nurses there ma'am, are willing to help and teach the students. When we need them they are always there even now they are there. But the operational manager and the deputy manager are monsters. They want nothing to do with the college actually. They want nothing to do with the college and anything regarding the students. It might be signing of the signatures or maybe assistance with community assessment they wash their hands off. And another experience at Fanyana Nhlapo Clinic with HIR data capturing. As we are doing the intense research, for clinical supervision, we explained our challenge that what we are doing in the workbook is totally different with what we are practicing here at the clinic. The only data capture in the clinic you will ask a question maybe of nominal, and the data capture will say like, what? So the experience of clinical supervision with HIR is totally different.

G2P7…I think another good experience that I had, was last semester when we were doing HUM, They were times whereby we were doing SCG every day. And as much as we loved getting out of the ward early, I think it really helped us in progression of summative clinical assessment. Though it drained in our heads. You knew what exactly you were doing. Even if they say don't do this part, we didn't feel like we will forget because we have done this so much .That was the good experience that I had in this place.

G2P2…My working experience was in wards 22. From the operational manager to the staff. They were friendly and they were willing to teach. Even the OM will say if there's something that you need to teach us as a ward to improve, please come forward. Like they were really willing to get help from us as students. So as students you will not mind helping them while they are short staffed doing bedside nursing because they were always willing to teach.

G2P3…My positive experience was in theatre here at Leratong hospital. The staff was very welcoming and friendly, also willing to teach us. I have learnt a lot of things because they were willing to teach us. Not only me but everyone who was going there. They were willing to teach us.

G2P9…One of the best experiences I had personally was for the professional nurses at Carletonville. They were very nice. Bulk of them were very nice. Unfortunately I cannot say much on the part of the OM’s because when lecturers are there, they behave so nice. As soon as the lecturers leave they become different persons. And she can be nice to you as a students and cannot be nice to the patients. So it makes me to feel like is there any regard to the patients. In terms of maybe teaching us specifically, I didn’t pick any instance with that maybe it will come.

Researcher…From the past clinical experience you had, what works better for you?

G2P1…I think when the OM is engaged or involved when seeing us around and what we are there for.

G2P3…I think for me what really works is approach. In everything good approach is very much important. So when we get to the ward, they were friendly to us. I think it makes everything easy when they are friendly and you become willing to learn. Friendly approach and being patience when we need attention.

G2P4…I would like to concur with what G2P1 has said. When the OM of the ward knows exactly what you are there for as students. Also when lecturers or clinical lecturers are there to monitor and support us every now and then. I think education is a three-way communication. The college, the students and the institution. All must be there for a period of time. It works they must always be there.

Researcher… Regarding when lecturers are there to support. What kind of support are you requiring from the lecturers?

G2P4…Uhhm In terms of our skills ma’am. We need polishing for everyday now and then for us to be competent. If clinical lecturers are there to teach or any staff member is there to teach. Can the lecturer be there to polish ourselves ma’am.

G2P7…Uhhm ma'am I think what also works for me is being placed at the ward were they are willing to teach students. If you were being paired with people who have these things for teaching. It would be better. Because if you are placed in the ward with a PN who does not want students next to her, she will always do wrong things. And wrong things without regarding that she is actually teaching someone who is supposed to be doing something as prompted as per procedure. So being paired with someone who is willing to teach procedures is beneficial.

G2P9…What works also is to make sure that in the placement of the lecturer there is no mismatch. Because we have lecturers who enjoy the theory part and there are lecturers who enjoy the clinical part. So the lecturers who enjoy the clinical part must be placed so that even to the part of us as students we get an opportunity to learn better.

G2P10…So yes ma'am I would like to concur with the previous speaker. The ideal is to have also people who are interested and having passion in teaching you know. Because it also encourages the very same students that I would like to be like ma’am Mugwari. Because in that way you are also seeing a mentor in that person to can say, you know, I was taught by this person. And to do that it's like having lecturers who are hands on. Who are there when they are supposed to be there? For example now ma'am, now we are working at this occupational where students are expected to buy safety boots. So if the very same ma’am who is saying students must buy safety boots and be there on that day. She won’t to be everywhere because she will be maybe with this particular student .So maybe I don't know if they can be regarded as students so that they feel what we feel. So that they know that ma’am Mugwari is not expecting to do something that she can’t do. Yeah if you can have those lecturers who are interested in teaching.

G2P7...I think what also works nice is being placed at the relevant placement. Because If I am there to do nasogastric tube, please don't put me in theater. I think also placing in relevant places it also helps in having good clinical supervision and good work.

G2P10…You know ma'am that Ideal clinical supervision also helps in alignment of what we do in theory at college and what we are doing in practical. Because you will be there and seeing if what we have been taught in class is relevant to the practical part of it. Because if lecturers are only teaching us in class and assuming this is what is happening In the practical field that is where now derangement comes in.

Researcher…So, based on your past experience either negatively or positively. What are the strengths and the successes that you think they need to be rediscovered focusing on what is practiced in the current practice?

G2P9…I think more than anything else we need to re-discover the strength of humanity. So much humanity has been lost in practice of profession, the clinical field as well as in the college itself. We are lacking in terms of empathy that we show each other. You will find that I'm only empathetic to Sello because he is my friend. I'm not empathetic to Zinhle because she always has nice hair and is not my friend.

G2P8…Ma’am I think also we need to go back to the basics of the profession. What nursing is and what nursing entails. Because now I feel like in nursing is just a routine. We are just following what has been done. It is not necessarily working. Even if it has been done, it is not innovative, not working and not beneficial to the patients. Because we have used to that way of doing that. We will keep on doing it. So going back the core business of nursing that is what needs to be rediscovered and strengthened. Because I think that it is what is lacking and that is why the profession has declined.

G2P4…Uhhmm Ma’am I would like to talk about responsibility and accountability. What we are seeing in the wards the ENA’s are supposed to do the vital signs. They don't even do it. They don't even measure, they just forge. Like really, what are they teaching us ma’am?

G2P12...Generally nurses should be reminded on the pledge. I feel like they're just doing. When you read the care plans you will wonder how this person in the profession for so long and this is the care plan they write. They are just doing it for the sake of doing. They are just there to get over time. ‘’Ba batla matokgo”. So we need to fall in love with what we are doing. So they just need to remind themselves about the pledge. Just going back to the basics and trying to do your sincerely.

G2P7…I think we need to go back to nursing as something of being knowledge. Because I feel like right now person does the things as routine as she said .There is no knowledge based in what people are doing .There is no element of applying what you have learn. Applying anatomy & physiology and pharmacology in treating patients. People will treat the patient in a standard way. It’s more about I'm going to give the patient this medication because it's supposed to be given .There's no way of looking at why it must be given and the knowledge behind that.

G2P8…I think ma'am advocacy needs to be strengthened, starting at colleges. Because if we don't learn to advocate for one another, so how are we going to advocate for the Patience? It is a little bit lost because even our managers don't know how to advocate for their workers because advocacy is lost njee. Because nursing is just treating us like, because the past experience in nursing they experienced hardship. So for you to be a nurse you need to go through that hardship. Of which that is not even necessary. Because nursing should be forever growing and dynamic. We shouldn't be stuck in the olden days.

G2P9…Also I think with the profession there's a lot of professional etiquette that is lacking In terms of how people speak with each other. Just yesterday another professional nurse came in and she said,’’ o kae ola wa skeya”? You understand? She was referring to a student because we were there. This is a professional setting and we are not outside at the community home having savannas or whatever. People have no respect for selective people. They don’t care about time and the place .You will find someone at the workplace calling you ‘’chomi’’, I'm not your chomi. Definitely there's no professionalism. There is lack of professional etiquette in the workplace. Even if they talk with the patients, you can identify that this person has no regard for other people. Let’s assume people at the community health center waiting for health service provision, they never think that someone sitting in the queue Waiting to be seen could be a professional nurse or professional somebody or a lawyer. Therefore the amount of respect we choose to offer a person is dependent on what we are seeing. Which is also wrong. So Professional etiquette is really lacking in the workplace even here at college.

G2P10…One of my colleague mentioned a central feeling to say it started from operational managers. The operational manager ensures that you don't leave here at 7:00, leave at 16:00, and she went on and on. From her things just flows incorrectly because why? Accountability. So everything that you are seeing here today has gone down. Today we have lost humanity “Ubuntu’’ as nurses. Because people are not coming to nursing to nurse. They are coming to nursing to be alleviated from poverty. That is the reason, once you get that stipend you are out. So if we can correct from there first, then it will just flow down. The people who are big brothers of the profession, the people who will safeguard the profession, and the people who are policy makers, they are the people who must stand up and work. Things will flow down accordingly. Otherwise we are not going anywhere, things will not change.

G2P6…I think if there is in service training or workshops about people's attitude and code of conduct. People should be reminded regularly on how they should conduct themselves at the workplace and around others.

Researcher… So I would like you to put yourself into a dream land whereby you will have wishes and dreams about how clinical supervision could be. And focusing on your past experiences and achievements you can find the new possibilities regarding an ideal clinical supervision. So I would like you now to describe for me, what could be an ideal clinical supervision of your dreams?

G2P3…As I previously said that we don't have nurses at clinical facilities that are specifically for students. My ideal clinical supervision will be a place where we have someone who has been allocated for students. Someone who will guide the students step by step who will be and who will be able to give the students undivided attention.

G2P4…My wish is, if clinical lecturers go with the students at clinical facilities especially in the hospital. When we get there to the wards and see a soiled patients, they must teach us step by step. This is how we do it. They actually need to do it with us practically at the hospital ma’am. When they arrived there is like there is bacteria everywhere. They don't want to be there and expect us to do it. They must change the patient with us ma’am. Whatever they teach us during SCG, we must do it practically.

G2P9...I think for me personally what will be an ideal clinical supervision is if there wasn't much moving around and shifting of lectures. Especially when our lecturers are concerned. Maybe if you step into a module, they must keep a lecturer for the entire whole year. I think it can work better. Because you can be able to form relations with the lecturer. In terms of maybe failing of students, they can even see the shortcoming even before failure comes about. They will also be able to help a student more often, and be able to advocate when there is appeals. At least if keeping a lecturer for at least a year, she/he can be able to understand the students If they have any shortcomings. They can be able to help anyhow they can.

G2P7…My ideal clinical supervision is having a clinical lecturers more than what we do have in the moment. I think having someone who will guide you through step by step. It will help in a lot of things and in alleviating whatever abuse that you are feeling. Like, getting to a place and feel like you are lost, I think it can alleviate that. I think even in what G2P9 has said, that a lecturers can see from an early stage of your shortcomings and they will guide you. Some more SCG’s and more accompaniment I think will do better for the students.

G2P8…My ideal clinical supervision will be allocating enough time for clinical supervision. Bearing it in mind that we are not the same, we learn differently. So you will find that others will grasp the procedures very quickly and others take time. They will need extra supervision and extra time. So having extra motivation helps in getting certain things right. So having one clinical lecturer will helps understanding that we have some students who need help in this and that. And that will also help in a sense that everybody is on the same level. There is no one who is left behind in terms of getting the skills that they need to be competent in.

G2P9…In terms of the lecturers, are already over stretched. So will find that a lecturer gives a core lecture, and the very same lecturer also does the tutorial. Which is pointless. If I'm not hearing the lecturer who lectures me and that is the very same person who to tutors me. They will be still a shortcoming in terms of my knowledge as I'm also expected to go and consults with the very same lecturer. Maybe at least having different person maybe doing tutorials best opposed to one person doing everything. Chances are maybe I can hear someone else teaching the very same content. If maybe we have someone who can deliver the content for better understanding of the students.

G2P10…So on a Monday ma’am is there waiting for us to hand over to the clinical facilitator at Dr Yusuf Dadoo, telling her that these students are here for how long, this is what they will be doing and they must be placed here. And after that the clinical facilitator will take us to the wards. When we get to the wards they will be an operational manager with professional nurses that could work. Because we are not working with managers. At least if professional nurses are there at least two or one who will be responsible for us There you can say these students are here to achieve 1, 2, 3 and 4. So the operational manager and the professional nurses are there day to take us through our objectives, even the day of SCG’s when ma’am comes at least we would have reached our outcomes. Ma’am can be there just to can check if we were really doing the right thing that we are supposed to do and are they are getting the information that they need to get. I think for the students’ ma’am, you know that will be a heaven. Because we will be placed at the right ward with the right reasons when we will be doing what we are expected to do.

G2P7…I dream of an ideal clinical supervision that is not there to ensure that I get to work at 7:30. I dream of a clinical supervision where I actually learn something, where I don't want a person saying yoo today your tea time was the 45 minutes or since when you take 1 hour lunch when you knock off at 16:00? I dream for a clinical supervision that teaches me something, that does not just wants me getting there on time. I also dream of a clinical supervision where if it happens that there is misunderstanding where people don't get along with each other, that as a student I have a voice. Whatever grievances that I have are taken seriously. And when I'm evaluating something, I'm not just evaluating that someone can have a paper to produce and say I have done my work.

G2P9… Personally for me an ideal clinical supervision would be one that extends grace. Because we are here to learn and so many things happens to our lives. For instance I have lost my mum today, I know that the college and the facility won’t allow me at least enough time for me to just try and get back on my feet. Even if it is just a week that allows me to prepare for everything. So a week at least can do to recuperate and get myself back to work. Here unfortunately if you are mum dies today, you don't have time to process that. You have to get back on your feet and show up tomorrow. And maybe you are getting back to the ward and you find someone looking exactly as your mum in that particular ward. Now you are breaking down because everything now is too much for you to handle. I wish if there was an extended grace. I'm not saying that they should be lenient with us.

G2P4…My dream ideal clinical supervision would like be if a student is sick, and go to the doctor and produce medical certificate to the college. And then you don't have to go and make up hours. Why would you need to go back and make up hours in the same ward that got you sick of?

G2P7…I dream of placement that is fair and equal, where students are placed according to their inequalities. Where there is no factors that play part into placement of students. For an example, someone who just come and sympathize with me. Not someone whom when I explain that I can't leave my house earlier than 05:40, and replied like ohh when you apply here you would have known that you are going to such places. So I dream a placement that is fair.

G2P8…I dream of the ideal clinical supervision that does not punish failure or set unrealistic expectations and that does not glorify one’s perfection. Because we are only people who are not the same. And they can exploit failure and turn it to something that strengthen the character that helps build you instead of making you feel stigmatized.

G2P2…Uhhmm I would like clinical lecturers to be separated from theory to lessen their work. I think in that way it becomes easier like it was done in second year, where things were separated and it was just flowing. Things were done on time.

Researcher…This is the time where now you need to discuss how your wishes and dreams for an ideal clinical supervision could be achieved. The things that you were dreaming and wishing for an ideal clinical supervision how could they be achieved?

G2P2…Since Bonalesedi is short staffed, many lecturers are complaining that Bonalesedi is short staffed. They should create posts that will accommodate our dreams.

G2P7…With my dream of clinical placement that is fair. I think we spoke earlier on about a person who will be responsible for situational analysis. And I think that will ensure that placement is being done fairly and equitable.

G2P12…I think management needs training so that they stop abusing lecturers. I feel like if lectures have a healthy working environment, they will remain. I think the management needs to provide a healthy working environment for the lecturers be and also able to provide a healthy learning environment for the students. Because lectures are unable to advocate for students due to abuse by management.

G2P10…Competent people should be placed in the relevant offices so that they become functional in those offices. People must not just be in the offices as a favor because it destroys the whole purpose of what we want to achieve.

G2P7…In relation to what G2P10 said, I think also having young Innovative people in position that can also help. Because this grannies and Grandpa's in the own offices are stubborn. They will not change something because it has worked for them 20 years ago, and now we have new things coming in. And they don't know anything about that. So having young innovative people in the positions will help in making sure that all of these dreams are met.

G2P9…Uhmm I spoke about the college being lenient and gracious towards us in terms of the trouble. And I think because they are already policies in place that supports these. We have constitution, labor relation and basic condition of employment act witch all speak to that. Unfortunately hear you not going to be allowed to take family responsibility leave and come back whenever. The train does not stop unfortunately even if you do take those days, the train keeps on moving. You will be left behind and fall into cracks. So I wish if the institution is observant of those policies that are in place. A college that does not believe that they are above the law and abuse the power that they have.

G2P11...I believe if they can hire information and communication technology (ICT) personnel who is competent, who can teach us the data capturing whenever we are doing HIR module. I think it will be better because the people who trained us they were also asking us to help them.

G2P4…I think having accountable and responsible nurses, supervisors and managers who do not take favors. If they find you doing something wrong, you need to get reprimanded.

G2P8…With the dream of ostracizing the failure, the student support I think they should do their job and support the students. Not when it suits the management or when it suits the college agenda. I think they should do a proper job of providing and supporting the students when there is need.

G2P10...The dream of having students in good or positive environment. Also if maybe the students who have applied for deferred tests must not be told on the day of the test that your application has declined. Because that contributes to the negative experience. So I think if the institution can tell you in time that your application to write a deferred has been declined so that you start preparing your heart and mind. People will be told that they are writing supplementary exam, jiggy jiggy you are no longer swriting. We want the institution which have the competent workers who know their job.

G2P4…Having more time to practice our skills. Can they revise their system and give us at least internship or community service to sharpen our skills before we become professional nurses. Imagine now being hired and going to the ward, you don't even know how to insert a drip, you don't even know the medications. But you are there as a professional nurse not even a comm serve. At least if they can revise that.

G2P8…Having the institution that is not above the law. We need an institution that we have freedom of speech. Because you find out that as a student your voice and your concerns, you are being punished for it. Because even now you are really punished like really guys? It is like when you are saying something that goes against the management, then you are punished for it. And in that case it crushes people who want to be brave enough to say and raise their voices if things are being done wrongly. So that things can be corrected. Now it is raising the generation of nurses who are living in fear of doing the right thing and reprimanding each other that what you are doing is wrong. So if we can have an institution with freedom of choice. Having that I have defended the opinion against you, it doesn't mean that I should be punished.

G2P12...I think also to ensure that students are given a fair opportunity to show how competent they are. The college needs to ensure that they have enough resources to support the students, because there is disaster that happens during summative assessments, where there is lack of resources. This disadvantages the students. I remember at wound dressing skill, I was the last students to go and be assessed. When I got there, there was nothing left. When I try to open a pack, things were falling apart. Already I'm having anxiety, then no gauzes. ‘’Ba faka amathawel laphaya’’. And then it was just a mess you know. Also I feel like people must get fair and equal opportunity. You need to prepare these things because you know that summative assessments are coming.

G2P7...I think ma’am, our dreams can be met if people cannot avoid monitoring and evaluation and reporting functions. Because most of the time people who are meant to monitor something don’t do that. People who need to do the evaluating and implementation of things are not doing their jobs. So whatever grievances people have will not be put forward and be corrected.

G2P9…I think an institution that has transparency. You know after posting of the results, things that has happened recently, where they have posted the results without the key code at the bottom indicating what each symbol means, it is a lack of transparency on their side. I need to go to the student affairs to can ask what does this mean. Also they intentionally hold Information regarding processes such as appeals. They will never say when the appeal applications are open. From this date until this date. This is because they also want to evade accountability. That is why we don't have the functional student portal. Because all these information can be put up there in the students portal. And the lack of transparency because no one gets you through the contract. They will give you the contract and say you can go home and read it. They are legal terms that you don't even understand and you don't have the background of it. You don't even see if they are setting loop holes, unless if maybe you do hire a lawyer who understands.

Researcher…So now coming to the last phase which is delivery or destiny phase. I want you now to discuss on how all these actions that you were wishing to achieve during the dream phase could be or should be implemented.

G2P10...Employing the right people in right offices. I think that's where it starts. Because having the right people will ensure that things are being done correctly. And this process will also involve curbing corruption. Because corruption is the one causing favoritism. People will hire someone because they favor him or her. And then what is the results of that? The results will be getting here in the office where she knows nothing. If that can be corrected, I know we will be having enough staff in our colleges and having enough staff in our clinical facilities. When students arrived there, they will be having all tools of trade to be educated in the colleges and at the clinical facilities.

G2P3...Hmm also in the clinical facilities, they will need to employ more nurses who will be able to supervise and guide students when they are placed there. And proper staff development so that they are able to deal with the supervision of the students.

G2P7...I think also ma'am, having the relevant people, right. It is also involving the relevant people. You cannot make a decision about the students without having representation of the student. You can't take decision about the lecturers and their roles without having representation of the lecturers of the ideal world. This will affect the roles that you give them. So I think also for personnel to take responsibility including the correct stakeholders will help in us having reaching an ideal clinical supervision.

G2P2... Uhm reinforcement of policy in accountability for their actions so that if I do this wrongly I will be punished.

G2P10...We need people to be accountable for their positions or whatever responsibilities they have. That is where we can arrive to this destination. For as long as people are not accountable, we are going nowhere. For an example, in private sector you will find that an x-ray department is being under a certain Dr. That doctor will make sure that every machine and every equipment there is functional. But in government sector because every service is free, you will find that people are so relaxed. For An example, an operational manager who is being allocated at casualty department, you will find that the nurses there are running around asking some medications and machines from other wards. Because the OM there, is not accountable in a such a way that, she is unable to order the material resources to be used in her unit.

G2P7...I think also ma'am in relation to the previous speaker, people just get away without doing their jobs because there is a lot of cover ups for each person. G2P10 has said earlier on that people get jobs because of favoritism and favors. People know that they can get away with a, b and c because he owes me. And that is something in relation to accountability that must be looked at.

G2P9...I think we should raise the problem related to staffing. Someone has already alluded. This impacts negatively on medical advancement in the profession. For Instance, you as lecturers are also burdened with all the works that you need to do at the college with the students. It makes you an aspiration for you to further your studies and do your Masters or PhD in whatever field that you want to do. Also even the people at the facilities themselves, some of them are concerned to be an EN’s because they see that the profession itself is doing nothing due to understaffing there. So you will find that they are not even granted an opportunity to study. The operational managers do not make such openings of opportunities because they are looking at the factors that if I let go off this person, who will fill up that position? Because the department is not hiring. Maybe if we look at the problem related to staffing.

G2P10...It is the leadership style .If managers or people who are at the top management can learn to be transformational leaders and listen to the people. By listening to the people managers can learn a lot and get somewhere. So these people they come to a position to own. It is my ward or no way. Hence we are just stuck in this kind of situation, we are not seeing any progress and we are not moving. Because people want to treat an organization as their back rooms.

G2P9...I think we need to ensure that there is an integration. Because I've seen that in the departments there is a lot of saying and not too much of doing, a lot of putting things but not really putting an action. The action must be translated in whatever organization. For instance we have the vision and the mission, but the things that we do, do not translate. Therefore we are unable to have an ideal clinical supervision in place in terms of the facility as well as the college itself. So if we do put things in place we must also be ready to follow and put it in work. It must not just be words. Like for instance, with the I serve with smile, the people who were out there yesterday singing that they are saving with smile, are people who were never been here, not even at the malls smiling with you. So we need to be very careful in terms of who do you put at forefront in this campaign and other programs.