The reality of the clinical situation is its strength. It is easy to forget this when confronted by the imperfections which are also part of most clinical environments—the equipment which is lacking or broken, the crowding of patients into clinic waiting rooms, and so on. But no classroom discussion can convey to the student the joys and satisfactions of nursing as vividly and meaningfully as holding and feeding a sick baby, seeing the pride in the face of a new father, or easing a postoperative patient's pain. One student worked day after day with an aphasic patient helping him learn to talk again. The day he spoke his first word, she said, with tears of happiness in her eyes, "He said his dog's name, and I feel as though I've received a lovely present."

In the clinical situation the student confronts some of the challenges and difficulties of dealing with real patients, and experiences the painful recognition that not all of her patients will recover and that not all of them can follow instructions concerning their health. Nevertheless, the harassing and irritating experiences provide excellent opportunities for learning. It is no service to a student to be led to believe that all physicians and nurses are invariably kind and explain matters thoroughly to their patients, or that all the clean linen one needs is unfailingly available. By studying her own reactions and learning how to cope with situations involving apparent lack of consideration for patients, or lack of necessary supplies, the student will be better prepared to handle them effectively when she has graduated.
After a lengthy discussion of educational issues with her colleagues, many a teacher has said to herself, "Somehow the theories can be sifted and understood better, when one returns to the solid reality of a sick patient and a student who is learning to care for him." Without frequent exposure to the clinical situation it is easy for teachers to magnify certain problems beyond their actual importance, and to miss others entirely.

The opportunity which the student has to relate classroom learning and clinical practice is of inestimable value. What teacher has not turned to a student whose recent clinical experience illustrates a point under discussion, and invited her to share this experience with the group? The incident is made more meaningful for all the students because it is something that has actually happened to one of their classmates. The most effective learning can occur when student and teacher together confront the reality of the patient's situation, and draw from it the implications for nursing action.

Freedom to use clinical resources to further students' learning has been increasing in nursing programs, and particularly in those conducted by colleges and universities. This freedom demands that the teacher face the difficult task of deciding what kinds of clinical learning experiences the student requires in order to accomplish certain objectives. To say this is easy; to do it is not, because it requires evaluating many of the usual practices in schools of nursing. Some experiences may be eliminated only to be reinstated later when one realizes that they are important after all; some valuable opportunities may be ignored because they conflict with established practices one is not ready to question.

Suppose, for example, that a student is studying about the care of patients who require breast surgery. Her patient has gone to the operating room for removal of a tumor which may prove malignant. While the patient is in the operating room the student makes the patient's bed, and