A follow up to new approaches to providing practice placements in the pre-registration nursing programmes: A comparison study of the year one pilot students experiences in Year 2

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Commissioners

- NHS Education for Scotland
- Scottish Government Health Department (Short life working groups for Recruitment and Retention)
- Original Project Commenced September 2009
- Original Project Completed March 2011
- Follow up study completed April 2012
Clinical Learning Environment: The research

May & Veitch (1998) students acknowledge the importance of ‘fitting in’ to the environment in which they are allocated as significant to their actual experience and their success in becoming a qualified nurse.

Burns & Patterson (2004) - crucial to monitor the learning opportunities offered to students to ensure they can meet their required competencies.

Andrews et al (2005) - the absence or presence of a supportive and positive learning environment, are seminal for many students in shaping their first destination employment decisions’ and also that ‘experiences of one ward can impact upon the perception of the entire institution and consequently the decision to apply for work there.’

Levett-Jones & Lathlean (2007) - significance of ‘being in practice’ as part of the socialisation process of becoming a nurse or midwife.

Jackson et al (2007) examine resilience in nurses and begin to determine individual responses to adversity in the clinical environment through the development of positive professional relationship formation, emotional insight and reflection.

Lauder et al (2008) - each student experiences clinical practice in an individual way, and will be involved in varied and unique interactions with a range of patients, clients, service users, families, health and social care professionals. This uniqueness of experiences in clinical practice is often not accounted for in determining both theoretical and clinical skill preparation and acquisition.

Study Aims

Year 1 Study

• Comparison of traditional rotational model v new hub and spoke model (10% CFP sample, Quasi-experimental)

Year 2 study

• To provide an opportunity for a direct comparison of both models; hub and spoke versus the traditional rotational placement model from the student perspective and to build on and further explore issues of belongingness, continuity, and quality of practice learning environments.
Sample

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<th>Learning Disability Programme Pilot numbers</th>
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<td>9 students</td>
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<td>5 students</td>
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</table>

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Traditional “rotational" model of Clinical Learning Environment allocation

- 50/50 programme split in theory and practice hours
- Rotational model of clinical placement “a series of placements that have no defined connection between them other than providing exposure to a range of patient groups and services” (Roxburgh et al 2012)
- This can lead to “students lacking confidence and feeling anxious about the complexities of the care environment” (Campbell 2008)
- 44 week years, 22 weeks placement time, Usual allocation 1 x 11 weeks, 1 x 5 weeks, 1 x 6 weeks
- 3 different mentors in 3 different clinical environments for each student
- No guarantee of consistency of mentorship, clinical assessment
Synopsis of our Phase 1 Pilot
Hub and Spoke Model

• ‘Hubs’ and ‘Spokes’ are contrasting but complementary learning experiences (Roxburgh et al 2011).

• A Hub is the term used to describe a clinical area that is the main base for practice learning and student attainment of NMC competencies and essential skills (NMC 2004).

• A hub can be conceptualised as geographic in location but also is defined by consistency of and continual access to a named mentor / mentor team.

• Students return to the same hub placement in subsequent periods of clinical learning with the anticipated aim being to; facilitate a higher level of learning and development, deepen assessment validity and increase independent supervised practice.

• The return to the hub area also sought to allow guaranteed access to the same mentor and mentor team.

• Spoke placements were characterised as secondary learning opportunities, derived from and related to Hubs through the provision of additional learning experiences not offered in the hub placement.

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Model of Clinical Learning Environment –
A Worked Example
Evaluation Methods and Data Analysis

- **Focus groups** - an iterative process, coding categories continuously revised, Patterning in the data systematically identified and interrogated using the constant comparative method (at end of Year 1 and Year 2)

- **Short Support Questionnaire** - analysed as four variables (range 0-9) (reflecting the source of support) and an ‘all source support’ variable (range 0-36)

**CLEI** – Clinical Learning Environment Inventory (CLEI) (Chan 2002)
- The CLEI has subscales with each sub-scale measuring actual and future dimensions. The sub-scales are individualisation, innovation, involvement, personalisation, task orientation and satisfaction.
- Each sub-scale contains 7 items with responses strongly agree, agree, disagree and strongly disagree and scores on each sub-scale range from 3-35.
- (at the end of semesters 1, 2, 3, 4, 5 and 6)

Findings.......Year 1

- Students believed the experiences of year 1 placements had raised their faith in their ability to cope with the placement and educational demands of nursing.

- Students related that most of the memorable and educationally valued recollections from clinical practice originated in the hub placements

- Spoke placements were tolerated at least and seen as complementary at best

- Students reported a lack of understanding of the aims of care being provided in the traditional allocation model

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Findings......... Year 2

• Sources of support they accessed whilst on placement are reported as being similar across both phases of the project with a noticeable difference in year 2 respondents securing more levels of support from their peers and family than in Phase 1.

• Students saw themselves as being better prepared for year 2 allocations as a result of their exposure to hubs and spokes.

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Findings......... Overall

• Students identified placement arrangements as posing doubts about the validity of assessment judgements in the Year 2 shorter mentor relationship placements.

• Students reported ‘dips’ in their commitment to the programme, re considering nurse education as a viable career choice but were sustained by their experience of hub and spoke.

• Students have a very positive view on future placements but still feel less positive about having a more individualised experience on their current placement.

• Students reported their preferred Practice Learning model would be a ‘mixed model’; Years 1 and 3 ‘Hub and Spoke’ as this would afford all the benefits previously reported in Phase 1 with Year 2 to be more akin with the traditional model.

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Implications for Nurse Educators

Still more work to be done but arguably

Students perform better in elongated placements with more consistent access to designated mentor.

Students make sense of practice learning experiences where there is a notional care pathway that articulates the aims of the resource within patient journeys.

Students perform better in practice learning settings that promote belongingness, resilience and continuity of relationship between the learner and registered nurse.

Resilience may be a key predictor of success in potential student nursing applicants.

Recommendations

Nationally

• Mentor influence on clinical learning is pivotal. A national review of ‘now’ mentors ‘practically’ undertake their role should be conducted.
• Practice Learning must be seen as an academic endeavour that promotes deep, meaningful, person-centred learning rather than superficial, compartmentalised placement-centred learning.
• Further investigation is warranted in relation to how a ‘good’ clinical experience promotes deeper, meaningful student learning.

Policy

• The funders should develop a ‘guiding principles’ document based upon the lessons learned from the 3 demonstration sites findings for a practice learning model based upon ‘hub and spoke’.

Locally

• ‘Traditional’ classification of placements should cease.
• A review of the local mentor preparation programme should be conducted.
• Continue to work towards the implementation of a ‘variation’ of the hub and spoke model.
References


Nursing and Midwifery Council (2007) Consultation of the future of Pre-registration Nurse Education. NMC: London


Scottish Executive Health Department (2006a) Rights, relationships and recovery – the report of the national review of mental health nursing in Scotland. NHS Scotland: Edinburgh

Scottish Executive Health Department (2006b) Visible, accessible and integrated care: report of the review of nursing in the community in Scotland: Scottish Executive: Edinburgh

Scottish Executive Health Department (2006c) Pilot Project to Support New Staff Nurses into Primary Care. The Stationery Office: Edinburgh