



Supporting completion of an online continuing professional development programme for newly qualified practitioners: A qualitative evaluation



Rosie Erol^{a,*}, Penney Upton^b, Dominic Upton^c

^a University of Worcester, Henwick Grove, Worcester WR2 6AJ, United Kingdom

^b CeRAPH, Health Research Institute, University of Canberra, Bruce, ACT 2617, Australia

^c Faculty of Health, University of Canberra, Bruce, ACT 2617, Australia

ARTICLE INFO

Article history:

Received 28 September 2015

Received in revised form 4 April 2016

Accepted 19 April 2016

Keywords:

New graduate

Transition programme

Mentors

Motivation

Nurses

Midwives

Allied health professionals

Online learning

ABSTRACT

Background: Development programmes to support newly qualified practitioners gain confidence in their first professional role often show varied levels of engagement, due to competing priorities and demands. In Scotland, the Flying Start NHS® programme uses a structured programme of online and work-based learning with associated mentoring, to support individuals through an often difficult transition to become capable, confident practitioners. Whilst the programme was generally well received, the factors leading to widely varying completion rates between professions and organisations were not well understood. **Aim:** The aim of this study was to identify the factors leading to successful completion of Flying Start, a transition programme for newly qualified practitioners.

Method: A qualitative approach was adopted to gather data from two groups of participants. Semi-structured telephone interviews were conducted with strategic and management level participants ($n = 23$), from five health boards in Scotland. Semi-structured interviews ($n = 22$) and focus groups ($n = 11$) were conducted with practitioners within 6 months either side of completing the programme. The interviews were transcribed and analysed using framework analysis.

Results: Three key themes relating to successful completion emerged from the analysis: Management and Delivery; Content and Material; Participation and Completion. Factors leading to successful completion were identified at programme, organisational and individual levels. These included clear communication and signposting, up-to-date and relevant content, links with continuing professional development frameworks, effective leadership, mentor and peer support, setting clear standards for assessment, and facilitating appropriate IT access.

Conclusions: A strong strategic commitment to embedding a development programme for newly qualified practitioners can ensure that the necessary support is available to encourage timely completion. The mentor's role – to provide face-to-face support – is identified as a key factor in completion and is achieved through setting attainable targets, monitoring progress, and providing motivation. However organisational structures that facilitate the mentoring relationship are also necessary.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

A newly qualified practitioner's (NQP) first role, with its anticipated workload and responsibility, can seem daunting (Delaney, 2003; Heap, 2012); the challenges associated with the transition from being a student to a competent practitioner are reported (Higgins et al., 2010; Jewell, 2013; Whitehead et al., 2013), to include feelings of self-doubt, inadequacy, discouragement, exhaustion (Andersson and Edberg, 2010; Duchscher, 2009), uncertainty and anxiety (Brown and

Edelmann, 2000; Delaney, 2003). Fitting into established teams and meeting the expectations of colleagues can add to the pressure of starting in this new role (Evans, 2001; Mooney, 2007).

Several initiatives have therefore been developed to ease this transition process, with a view to promoting safe and effective practice (Dyess and Sherman, 2009), improving retention (Jewell, 2013; Rush et al., 2013) and developing competency (Rush et al., 2013). The key factors associated with effective transition programmes include preceptorship or mentoring, and practical skill development (Clark and Holmes, 2007; Hughes and Fraser, 2011; Whitehead et al., 2013). Furthermore, formal support should be made available beyond initial induction and clinical orientation, and ideally throughout the first year of practice (Duchscher, 2008; Dyess and Sherman, 2009; Andersson and Edberg, 2010; Rush et al., 2013).

* Corresponding author.

E-mail addresses: r.erol@worc.ac.uk (R. Erol), penney.upton@canberra.edu.au (P. Upton), dominic.upton@canberra.edu.au (D. Upton).

Delivering transition programmes for NQPs through online and blended learning methods is increasingly being adopted across the health professions. The benefits of developing web based support include the ability to access material as and when suits, therefore allowing NQPs to fit any studies around work and family commitments (Dawes and Handscomb, 2002, Wilkinson et al., 2004). Furthermore, this approach allows the learner to study at their own pace, and can offer access to a wide range of material. However, research demonstrates that online training can create feelings of isolation, can leave the learner feeling overwhelmed by the volume of material available and is not suitable for all areas of work (Wilkinson et al., 2004; Chumley-Jones et al., 2002) which may impact on the completion rate of programmes compared to traditional methods.

According to Wilkinson et al. (2004), the factors contributing to a high (79%) completion rate for online transition programmes include preparing NQPs with Information Technology (IT), independent learning, and time management skills, and ensuring that mentors are sufficiently familiar with the e-learning approach to help NQPs to navigate through the available material. Other factors include design effectiveness and quality of the learning material accessed online, web usability, in terms of navigating the site, and the usefulness and relevance of the course material (Atreja et al., 2008; Wong et al., 2010). Personal factors such as preferred learning style also influenced user experience satisfaction; demographics, practice setting and computer proficiency were less influential (Atreja et al., 2008; Sweeney et al., 2008), although the IT proficiency of participants should be taken into account when considering the design of the online resource (Wong et al., 2010).

Similar completion and achievement rates have been achieved for traditional and e-learning formats, when learners had clear guidance of what was expected from them at the outset, learning materials that were directly relevant to their experience, and effective tutor support (Probst et al., 2009). Having the same material available in various different formats (web-based, CD Rom, hard copy, classroom-based) can help overcome the issues around adapting to individual learning preferences and the requirements of different clinical specialties (MacDuff et al., 2009).

1.1. Background

Flying Start NHS® is an online transition programme, introduced in 2006 to support all newly qualified nurses, midwives and allied health professionals (NMAHPs) entering employment with NHS Scotland during their first year of clinical practice. The programme, developed and administered by NHS Education for Scotland (NES), aimed to build confidence and competence, through structured online work packages, and an associated mentoring scheme, providing further development following pre-registration education (Higgins et al., 2010). The content within the work units include communication, research for practice, clinical skills and policy, with each unit providing tasks and concluding activities to be completed. NQPs build up a portfolio of evidence to demonstrate that the Flying Start activities had been accomplished and the learning had been applied to practice during their first year of employment in line with the programme aims.

Early evaluations of the Flying Start NHS® programme and the Allied Health Professional Support and Development Scheme, showed that most newly qualified professionals found participation in the scheme to be a positive experience (Soloweij et al., 2010), particularly in relation to clinical skills development and confidence (Banks et al., 2011).

Banks et al. (2010, 2011) followed the first cohorts as they got to grips with the programme and identified issues as it was rolled out. Flying Start was seen to be most successful when the NQPs felt they had support from all levels of management and when there was a clear understanding of the purpose of the programme (Banks et al., 2011). However, it was also found that difficulties in completing the programme were experienced due to the technicalities of the system, and the need for further support. Furthermore, although the flexibility of the programme meant that there was no expectation that units

would only be completed during on-duty-hours, competing pressures within work time were also identified as a barrier to programme completion. Lack of protected time for engaging with the programme was identified as a challenge by community based NQPs in particular. Differences in engagement and completion of the programme were also observed between clinical specialities and between different NHS Boards (Banks et al., 2011). It was therefore recognised that there were on-going issues with programme completion, and so a separate independent evaluation was put in place to better understand the factors influencing completion rates as the programme evolved.

The aim of this study was therefore to identify the factors leading to successful engagement with, and completion of, the Flying Start NHS® programme from the perspective of newly qualified staff, managers and strategic leads, with a view to improving completion rates for the programme and achieving the learning aims within the prescribed time period.

2. Method

2.1. Design

A qualitative approach was adopted to provide an in-depth understanding of the key characteristics of successful completion of Flying Start NHS. The research was designed to identify factors influencing programme completion by gathering the experiences of respondents from a wide range of occupational and geographical location, and with different expectations and levels of experience of the programme. In line with an inductive approach to research which aims to describe, decode and understand the meaning, not the frequency, of social phenomena, the project used a series of semi-structured interviews and focus groups to collect data. The focus groups provided the opportunity to discuss certain topics highlighted in the interviews in more depth, and allow group interaction between participants. Participants were identified initially through purposive sampling, with the assistance of Flying Start leads within each NHS Board. Snowball sampling was then used to boost the number of Allied Health Profession (AHP) participants. It should be noted that whilst the Flying Start leads facilitated access to participants, all other aspects of the research from recruitment through to data collection and analysis were undertaken by an independent team from an English University.

2.2. Participants

Two groups of participants were identified for interview, which took place during January and February 2012; those with a strategic or managerial role in the delivery of Flying Start (group 1), and those with experience of undertaking the programme (group 2) (Table 1). Group 1 participants were recruited from five NHS Boards selected by NES, to be representative of a range of settings, including urban, remote and rural, and an Island Board. Research with group 2 participants focused on these five Boards and also included staff members from an additional five NHS Boards who responded to a wider invitation to participate.

Of the NQPs who were currently enrolled and who had successfully completed that we talked to, the majority were based within an acute hospital setting, with 4 based wholly in a community setting (12%), all of whom had successfully completed the programme. The AHPs came from various disciplines: Speech and Language therapy (n = 7), radiography (n = 2), occupational therapy (n = 2), physiotherapy (n = 1) and podiatry (n = 1).

Three focus groups were held in two NHS Boards; in one board separate focus groups were held with NQPs (n = 3; 1 nurse and 2 AHPs), and with those who had successfully completed (n = 3; all nurses) whilst in the other NHS Board this was with a mixed group of NQPs and those who had successfully completed (n = 5; 4 nurses and 1 midwife).

Download English Version:

<https://daneshyari.com/en/article/367834>

Download Persian Version:

<https://daneshyari.com/article/367834>

[Daneshyari.com](https://daneshyari.com)