



# The difference in learning culture and learning performance between a traditional clinical placement, a dedicated education unit and work-based learning



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## ABSTRACT

**Background:** An experiment was carried out on the bachelor's degree course in nursing with two new clinical placement concepts: workplace learning and the dedicated education centre. The aim was to establish a learning culture that creates a sufficiently high learning performance for students.

**Objectives:** The objectives of this study are threefold: (1) to look for a difference in the "learning culture" and "learning performance" in traditional clinical placement departments and the new clinical placement concepts, the "dedicated education centre" and "workplace learning"; (2) to assess factors influencing the learning culture and learning performance; and (3) to investigate whether there is a link between the learning culture and the learning performance.

**Method:** A non-randomised control study was carried out. The experimental group consisted of 33 final-year nursing undergraduates who were following clinical placements at dedicated education centres and 70 nursing undergraduates who undertook workplace learning. The control group consisted of 106 students who followed a traditional clinical placement. The "learning culture" outcome was measured using the Clinical Learning Environment, Supervision and Nurse Teacher scale. The "learning performance" outcome consisting of three competencies was measured using the Nursing Competence Questionnaire.

**Results:** The traditional clinical placement concept achieved the highest score for learning culture ( $p < 0.001$ ). The new concepts scored higher for learning performance of which the dedicated education centres achieved the highest scores. The 3 clinical placement concepts showed marked differences in learning performance for the "assessment" competency ( $p < 0.05$ ) and for the "interventions" competency ( $p < 0.05$ ).

**Conclusions:** Traditional clinical placement, a dedicated education centre and workplace learning can be seen as complementary clinical placement concepts. The organisation of clinical placements under the dedicated education centre concept and workplace learning is recommended for final-year undergraduate nursing students.

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## Introduction

Clinical placement for professional bachelor's degrees in nursing is principally intended for the development of nursing competencies in the specific context of work. Consequently, it is important that sufficient learning opportunities are created during the clinical placement in order to enable increasing effective learning.

In Flanders, there is an increase in the number of students within the bachelor's degree in nursing and a decrease in the number of hospital beds, which results in a growing shortage of clinical placements.

In addition to quantity, the quality of the clinical placements is at risk. Mentors often have difficulties in combining the supervision of students with their departmental workloads. There are signals that graduates are not being sufficiently prepared for work in practice

(Holzer, 2011). In current clinical placement organisations, students are given few opportunities to take effective responsibility for the organisation of care. This means that they lack competencies in the area of practice and organisation after their graduation (Corstjens and Gommers, 2012).

In order to address these issues, institutions for nursing education in Flanders have been searching for new clinical placement concepts. These include the dedicated education centre and workplace learning.

A *dedicated education centre* is a nursing department in a healthcare facility where learning (training of nursing students) and care (high-quality practice) are the two key processes. The students are given intensive supervision on a one-to-one basis by mentors in order to gain opportunities assuming genuine responsibilities and integrating activities of the team. The clinical placement lasts on average 8 weeks and

only 3 to 4 undergraduate nursing students work in this department at the same time. Each student is assigned to one mentor and has the same timetable as this mentor. The practice tutor from the university visits the department for at least half a day per week and performs a coaching role for the mentors. Students undertake a one-week clinical placement during this period with the head nurse. In *workplace learning*, a relatively high number of undergraduates (8–16 students) take full responsibility for the organisation of a nursing department within a healthcare facility. This clinical placement lasts between 2 and 5 weeks. One of the students undertakes the role of head nurse. Two to four mentors supervise these students. The practice tutor from the university visits every day during patient handover and organises review sessions. Key areas of these review sessions are critical reflection on the organisation and the quality of the care as well as team working. In *traditional clinical placement*, the composition of the group of students can vary greatly in size (1–9), training phase and level of education. The training period lasts an average of 4 weeks. A number of mentors are jointly responsible for the supervision of the students. There is no one-to-one supervisor relationship. The practice tutor visits the students once a week.

The new clinical placement concepts aim to give undergraduate nursing students the opportunity to develop their competencies in an effective and safe learning environment. There is a particular emphasis on the competencies of “organisation and coordination” and “assuming responsibility” (Havekes and Drenth, 2005; Corstjens and Gommers, 2012).

No scientific research has yet been carried out into the difference in learning culture and learning performance between the two concepts.

The objective of this research is to formulate a response to the following questions:

- (1) Is there a difference in learning culture between the traditional clinical placement departments and departments that work with the new clinical placement concepts?  
Secondary question: What are the factors that have a significant influence on the learning culture?
- (2) Is there a difference in learning performance in the “assessment,” “planning” and “intervention” competencies between traditional clinical placement departments and departments that use the new clinical placement concepts?  
Secondary question: What factors have a significant influence on the learning performance of these competencies?
- (3) Is there a relationship between the learning culture of the clinical placement and the learning performance of the “assessment,” “planning” and “interventions” competencies among students?

## Method

### Sample

All final-year undergraduate nursing students from VIVES University College, Kortrijk campus and Roeselare (Belgium) who undertook a clinical placement between March and June 2013 in a hospital, a residential and care centre or in a psychiatric hospital under the traditional clinical placement concept, in a dedicated learning centre or through workplace learning were invited to take part in the study.

### Research design

A non-randomised control study was carried out. The new clinical placement concepts, namely, the dedicated learning centre ( $n = 33$ ) and workplace learning ( $n = 70$ ) were compared with the traditional clinical placement concept ( $n = 106$ ) and with each other.

### Data collection

Data were collected using questionnaires. The research procedure consisted of one measurement before the clinical placement and a maximum of three measurements after the clinical placement. Comparison of the characteristics between a traditional clinical placement, a dedicated education centre and workplace learning is depicted in Fig. 1. The research design and data collection procedure are shown in Figs. 2 and 3.

### Initial measurement

The questionnaire for the initial measurement consisted of two parts: personal details and the competency level of the student.

Students were asked for the following personal details: age, sex, campus, previous education, living situation and learning style. Kolb distinguishes four behaviours and four associated learning styles. “Doers” show a combination of active experimentation and concrete experience. “Dreamers” show a preference for specific experience and reflective observation. “Thinkers” combine reflective observation and abstract conceptualisation. “Deciders” prefer active conceptualisation and active experimentation (Kolb, 1979).

The competency level before commencing the first clinical placement was measured by means of the validated “Nursing Competence Questionnaire” (NCQ) (Bartlett et al., 2000). Three selected nursing competencies were measured: “assessment,” “planning” and “interventions.”

“Assessment” was defined as the skill to observe patient requirements; “planning” as the skill to plan interventions; “interventions” as the ability to perform nursing activities and to evaluate these. The “assessment” competency was measured using 8 questions, the “planning” competency using 7 questions and the “interventions” competency using 20 questions.

The original validated questionnaire was translated using the forward–backward method. The terminology used from the domain-specific learning results framework served as a guideline (Maneesriwongul and Dixon, 2004).

Since only 3 out of the 8 competencies had been selected from the NCQ, the Cronbach’s  $\alpha$  was determined from these competencies. The Cronbach’s  $\alpha$  for the “assessment” competency was 0.713, for the “planning” competency it was 0.810 and for the “interventions” competency it was 0.910. We consider a moderate internal consistency with a Cronbach’s  $\alpha$  between 0.60 and 0.80 and a high internal consistency with a Cronbach’s  $\alpha$  of  $\geq 0.80$ .

### Follow-up measurement

The students were given a questionnaire at the end of each clinical placement period. This questionnaire consisted of 4 parts: clinical placement details, learning opportunities, learning culture and learning performance.

The students were asked for the following details about the clinical placement: name, institution, clinical placement field and concept, duration in weeks, number of other students in the department, number of days spent with mentors and/or nurses, collaboration with the practice tutor and the joint meeting between the student/mentor/practice tutor.

Students were asked about learning opportunities during the clinical placement. As part of this, students were questioned about how often they had the opportunity to practice 8 interventions: balance between routine tasks and learning activities, responsibility for a group of patients, number of patients for which they were responsible, stressful situations encountered, completion of nursing records, providing verbal reports and critical reflection on the quality of care. Furthermore, students were asked about the extent to which they were able to exercise autonomy in the following interventions: admission and discharge of patients, performing the doctor’s rounds, contacting a GP, contacting other disciplines such as social services and paramedics.

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