



The sum of all parts: An Australian experience in improving clinical partnerships



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SUMMARY

Aim: To create a collaborative partnership between the education provider (University) and the placement provider (Hospital) to facilitate the identification and development of strategies to improve capacity and capability for nursing clinical placements. This partnership was labelled (TULIP) to identify the two partners and its purpose as a learning investment project.

Background: The quality of clinical learning is interdependent on the collaborative clinical health partnerships between Hospital, University, preceptors/facilitators and students. Success is dependent on communication between all key stakeholders within the partnership, to meet capacity and capability demand.

Design: Collaborative quality assurance project in combination with two research projects.

Method: Quantitative and qualitative measurements of student perceptions, preceptor understanding and organisation partnership capacity and capability over a three year period in an acute care hospital.

Results: Qualitative and quantitative data from students and preceptors, and hospital quality assurance data linked to become the TULIP framework for a clinical placement development model that addresses the key components of strategic communication, resourcing and staff acknowledgement between stakeholders.

Conclusions: The outcomes achieved demonstrated student engagement, clinical leadership from registered nursing staff, and the establishment of a collaborative partnership between hospital executives and staff, and the university resulting in an increased capacity. The TULIP project has provided both partners with a sustainable plan for growth in student placements, improved strategies to develop clinical leadership practice in individual nurses and a better clinical learning environment for staff that uses a framework that is transferrable to other health settings.

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Introduction

The challenges of undergraduate nursing clinical placements within the Australian health care system are complex and multifaceted, and not easily understood by all participants. Clinical placement is an important and essential component of the nursing student experience. It is in the clinical area where students consolidate and apply the knowledge and skills they have gained in theoretical and clinical laboratory classes. It is an ongoing challenge to continue to meet the clinical education

requirements of students, as well as the challenges of support, guidance and clinical education within the care health system (Henderson et al., 2011). Globally nursing shortages are on the increase (HWA, 2012; Segal and Bolton, 2009). This shortage creates staffing concerns that can result in difficulties accessing suitable clinical placement experiences for nursing students.

In 2010, the School of Health, Nursing and Midwifery at a regional University, and the local public Hospital, undertook a project to enhance capacity and capability of undergraduate student placements within the acute care hospital setting. The Hospital and the University Learning Investment Project (TULIP) provided the foundations for the creation of a framework that values life-long learning, builds positive partnerships and ensures a commitment to providing the required resources to sustain the capacity and capability within acute care hospital environments in providing quality undergraduate clinical placements into the future (Mackie 2011).

The TULIP project was based on the premise that the quality of clinical placements in the undergraduate nursing programme is dependent

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on the preparation and willingness of acute care hospital clinical partners in the experiential component of the undergraduate nursing course (Henderson et al., 2011; Henderson et al., 2010; Henderson et al., 2007). It was identified early in the project that the key element to success was the development of an enhanced collaborative partnership model between the two service providers to deliver the leadership with the drive to succeed (Henderson et al., 2011; Henderson et al., 2007; Souers et al., 2007; Lancaster, 2011). This working partnership identified three key areas where investigation was required to gain a greater understanding of staff and student perspectives of the challenges within their everyday work environment relating to both a positive student and preceptor experience.

The key areas identified were: the student perspective, the facilitator or preceptor perspective, and the organisational perspective. This paper details the investigation into each of these components to gain a greater picture of the story of the challenges faced in acute care hospital areas of nursing that support student learning through clinical placements — *the sum of all parts*.

Background

Quality education is essential to maintaining the high standard of health care in Australia, with the Australian Government highlighting that important changes are needed to increase tertiary undergraduate nursing places and establish dedicated funding for universities to access quality clinical placement programmes for undergraduate nursing students (Health Workforce Australia (HWA), 2012). Australian universities remain challenged in sourcing enough suitable clinical placement opportunities for student learning as health care providers are frequently unable to allocate the required experiential learning contexts with the required clinician support processes (HWA, 2012; ClinEdQ, 2010; Dunn and Hansford, 1997). The consolidation of services, the ageing workforce, economic resourcing and a decline in experienced staff in ward areas have resulted in a decrease in available experienced clinician support at the bedside (Dubois, 2009; Segal and Bolton, 2009).

Creating an environment that is conducive for both students and preceptors or facilitators is the minimal standard for the basis of any partnership strategy. It is imperative that within a collaborative partnership, reciprocity and understanding from each partner is known (Henderson et al., 2007; Segal and Bolton, 2009). The TULIP project commenced by creating an organisational framework that enabled the development of strategies that could sustain the local demand for nursing student clinical placements (capacity) into the future, whilst also improving the quality of these placements (capability) (ClinEdQ, 2010). The collegial relationship between the Hospital and University has been imperative in the development of these initiatives.

All students are supported on clinical placements by a staff member/s from within the Hospital. For the purpose of this paper the terminology of preceptor, facilitator and clinical coach have been used to describe the support mechanisms to guide students on clinical placement. A preceptor (ward based registered nurse) works individually with a student and a facilitator (university employed registered nurse) supports a group of students (ratio 1:6–8). Students are provided with clinical supervision from ward based registered nurses, who are then supported by the clinical coach. A clinical coach is a university employed registered nurse who works with and supports staff who are providing clinical supervision and assessment for students. The coach receives clinical supervision training from the University and the Hospital.

Flexibility in choice of the student supervision model is available to wards and units and discussed as part of the capability plan each year. The model of supervision is dependent on the setting, the ward/unit skill mix, the student placement negotiations and the level of acuity within the hospital. Irrespective of the student placement model the aim is to ensure that all students are supported and guided with their learning whilst on placement. First year and beginning second year students are usually facilitated and all other second and third year students

are preceptored by registered nurses in teams or by individual registered nurses. All registered nurses are supported by the clinical coach role.

Project Aim

The overall aim of the project was to:

1. Create an investment plan to enhance the clinical learning environment for student nurses within the acute care environment of a regional hospital.
2. Develop a collaborative partnership between Hospital and University to sustain the local demand for nursing student clinical placements with a regional hospital.

Design

The project related to quality improvement, underpinned by research. Data collection occurred through quantitative surveys from students and staff and qualitative measures of student perceptions, preceptor understanding and organisation partnership capacity and capability through interviews, focus groups and survey qualitative commentary. The project occurred over a three year period with various data collection points. Data were collated and analysed and the key areas identified used with the formulation of an implementation plan. The implementation plan developed formed the underpinnings of service area, staff and student enhancement initiatives.

A Risk Management framework approach was used for collecting data and developing the learning investment framework. The research components provided data relating to the student, preceptor and facilitator experiences. The risk management framework encouraged staff to share their experience, rate the significance of each area and then to formulate a recommended strategy to improve and evaluate its effectiveness (Vincent, 1997). This approach was titled the 'how to guide for staff' and followed the premise of firstly identification, assessment and prioritisation of concerns; secondly the coordinated approach to the application of a solution, resourcing and implementation; thirdly the monitoring of the solutions implemented and finally the evaluation of the solution.

These components were combined with quality assurance organisational information to establish the overall TULIP implementation plan. It is the collective project that provides the summary of outcomes in establishing the collaborative partnership approach to clinical placement capacity and capability enhancement.

Setting

The project sites were a large regional university in Queensland and a 200 bed regional hospital in the same locality. The University is recognised as a major provider of accredited undergraduate nursing programmes within the region. Clinical experience is an integral component of the programme. The regional hospital is a major referral centre providing acute care services for a population of approximately 280,000 (DDHHS, 2013).

The sites were chosen because both parties sought to improve student and preceptor support processes within their establishments. A four phase data collection occurred over a three year time frame and consisted of: the context; student perspective; preceptor and facilitator challenges; the TULIP framework.

Phase 1: Establishing the Context — Consultations with Key Stakeholders

Consultation with key stakeholders was held in the first stage of the project with representation from university staff, students, clinical facilitators, preceptors, nurse unit managers (NUM), nurse educators and

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