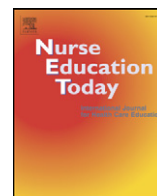




Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

Identifying clinical learning needs using structured group feedback: First year evaluation of pre-registration nursing and midwifery degree programmes

Kate Frazer^{1,*}, Michael Connolly², Corina Naughton³, Veronica Kow⁴

School of Nursing, Midwifery and Health Systems, Health Sciences Centre, Belfield, Dublin 4, Ireland

ARTICLE INFO

Article history:

Accepted 3 February 2014

Available online xxxx

Keywords:

Clinical learning

Preceptors

Structured group feedback

SUMMARY

Background: Facilitating and supporting clinical learning for student nurses and midwives are essential within their practice environments. Clinical placements provide unique opportunities in preparation for future roles. Understanding the experiences of first year student nurses and midwives following clinical exposures and examining the clinical facilitators and barriers can assist in maintaining and developing clinical supports.

Methods: The study used a structured group feedback approach with a convenience sample of 223 first year nursing and midwifery students in one Irish university in April 2011 to ascertain feedback on the clinical aspects of their degree programme.

Results: Approximately 200 students participated in the process. Two key clinical issues were identified by students: *facilitating clinical learning* and *learning experiences and needs*. Positive learning environments, supportive staff and increased opportunities for reflection were important issues for first year students.

Conclusions: The role of supportive mentoring staff in clinical practice is essential to enhance student learning. Students value reflection in practice and require more opportunities to engage during placements. More collaborative approaches are required to ensure evolving and adapting practice environments can accommodate student learning.

© 2014 Published by Elsevier Ltd.

Introduction

Nurse Education in Ireland

The development and evolution of curricula in nursing and midwifery to ensure a graduate population of compassionate and safe practitioners remain a challenge in light of the myriad of internal and external factors such as: local and national healthcare needs, social and political influences, and economic austerity factors (Sedgwick and Harris, 2012).

To facilitate changes within the Irish context, since 2002, pre-registration nursing and midwifery education is provided in higher education institutions (Fealy, 2002). All undergraduate nursing (Adult, Psychiatry, Intellectual Disability) and midwifery students complete a four year degree programme (An Bord Altranais, 2012). Students undertaking a combined Children's and Adult Nursing

programme complete 4.5 years of study (An Bord Altranais, 2012). However, all nursing and midwifery students share a number of common core modules throughout their programme of study, incorporating theoretical and clinical components.

Clinical learning in Ireland is facilitated using a preceptorship model; proposed by the An Bord Altranais (the Irish Nursing Board). An Bord Altranais was guided in selecting this model for practice by the *Nursing Education Forum (2000)*. Students are assigned a preceptor on commencing clinical placement and this registered nurse is responsible for supporting students to achieve competence within that placement. The role includes managing the placement, coordination and communication between the student and other nursing staff; ensuring an optimal learning environment (*Nursing Education Forum, 2000, p.12*).

Gleeson (2008) acknowledges the importance of good models of support for undergraduate students to facilitate learning during clinical placements and identified good communication, with constant feedback between all stakeholders involved, as a fundamental aspect of preceptorship (Gleeson, 2008, p. 378; Haugan et al., 2012). The preceptorship role is essential in developing clinical competence using various teaching strategies and providing timely feedback within a supportive clinical environment (Baltimore, 2004; Budgen and Gamroth, 2008). Gleeson (2008, p.379) emphasises that being a trained preceptor does not guarantee quality student learning and ongoing education and supports are necessary for preceptors too.

* Corresponding author.

E-mail addresses: kathleen.frazer@ucd.ie (K. Frazer), michael.connolly@ucd.ie (M. Connolly), corina.naughton@kcl.ac.uk (C. Naughton), veronica.kow@ucd.ie (V. Kow).

¹ Tel.: +353 1 7166479.

² Tel.: +353 1 7166404

³ Florence Nightingale School of Nursing and Midwifery King's College London James Clerk Maxwell Building, 57 Waterloo Rd, London, SE1 8WA. Tel.: +44 (0) 20 7848 3846.

⁴ Tel.: +353 1 7166425

Limitations of this model can include personality conflicts, over burdening of clinical staff in resource scarce environments and taking personal responsibility for students who are not progressing (Budgen and Gamroth, 2008). These issues, in tandem with heavy workloads, may result in preceptor burnout. A key component of the preceptorship model is having one consistent preceptor; in busy ward environments, this is not always feasible or possible (Walker et al., 2012).

An additional supporting role for undergraduate nursing and midwifery students, within the Irish context, is that of clinical placement coordinator; a role established to support students in clinical placement (Government of Ireland, 1998). The focus for a preceptor is on an individual student within one clinical area whereas a clinical placement coordinator role relates to the groups of students allocated within a number of clinical areas (Nursing Education Forum, 2000, p.69). A national review of the role identified it as being positive, necessary, valued and important for student support in clinical practice (Drennan, 2001).

Clinical Learning Environment and Student Evaluations

Clinical placements provide pivotal, unique and invaluable environments for educating and training nursing students for their future professional roles (Henderson et al., 2006). Evaluation of clinical learning environments have focused on three areas: student perceptions and experience of clinical placement; the role of qualified nurses in supervision during clinical placement; and the level of interaction between clinical learning environment and nurse educators (Papastavrou et al., 2010; Warne et al., 2010; Midgley, 2006). In Ireland, clinical teaching and learning hours for undergraduate nurse and midwifery degree programmes are provided in a variety of clinical areas (An Bord Altranais, 2000). Therefore evaluation of clinical learning environments are of critical importance as a significant amount of educational experiences for students occur while on clinical placement (Warne et al., 2010). This paper identifies the experiences and perceptions of the clinical component of current degree programmes for first year nursing and midwifery students.

Overall Study Objectives

The specific objectives of the overall study were to:

- Identify the experiences of first year undergraduate nurses and midwives during clinical placements as part of their degree programmes.
- Identify students' priorities for curricula development.
- Examine facilitators and barriers within the current system experienced during first year.

Methods

Design

A semi-qualitative structured group feedback approach was adopted with a convenience sample of first year students.

Study Setting

The study was completed in an Irish university setting currently offering four undergraduate degree programmes in general nursing, psychiatric nursing, midwifery and combined children and general nursing programme. First year students complete six theory modules in first semester and four theory modules and two clinical modules in the second semester. Although academic staff engage in laboratory based clinical skills instruction, the practice of clinical skills is guided by clinical placement coordinators and student preceptors within the clinical environment. This evaluation was completed prior to the commencement of a mandatory academic advisory session for students.

Sample

The sample comprising first year nursing and midwifery degree students, attending a formal academic advisory session was invited to participate. The number of students who could attend was 223 (203 nursing students and 20 midwives) and approximately 200 students attended the meeting.

Ethical Considerations

The human ethics committee, within the university, was advised of the proposed study. The committee regarded the study as an evaluation of teaching and learning using standard educational techniques and was not subject to further ethical review. As previously indicated, students were invited to participate in this evaluation in the context of attending a mandatory end of year academic advisory session. All students were informed that participation was voluntary and that responses being collected, as part of the evaluation, would respect their anonymity and no one could be identified.

Data Collection

All 200 students attending were invited to participate and the evaluation process was fully explained. To assist with the management of the discussions, the large group of students was divided into two sub groups, with half being moved to an alternative lecture theatre. Each group of students evaluated the academic and clinical components of their degree programme. This paper focuses on the feedback from clinical evaluations using structured group feedback.

Structured Group Feedback Process

Structured group feedback is a semi-qualitative approach to collecting student comments. Gibbs et al.'s (1988) principles underpinned the structured discussions and facilitated the screening of student reactions through a process of explaining and defending statements with peers; allowing all students to air views; allowing student's time to think and reflect on comments heard and preventing minority or extreme views from dominating the discussions.

Stages of Evaluation

The evaluation followed three recommended stages for structured group feedback:

Stage 1 (10–12 min): Working alone students reflected on and recorded an individual response to three simple broad questions: *Things about the clinical components on the course that I would like to see stopped, started and continued*. Students were encouraged not to consult with each other but to write down their own views.

Stage 2 (20–25 min): Students were divided into smaller groups of 4–6 students and asked to discuss their answers under each of the given headings. Each smaller group was provided with a pro-forma to record the responses that the majority agreed upon. Groups were then asked to rank their comments from 1 (least important) to 5 (most important).

Stage 3 (30 min): This centred on a plenary discussion within the wider group in the room. Facilitators initially asked each of the smaller groups to identify their highest ranked issue under the three headings. If the top ranked issue had already been identified from another (group's) contribution, then the group was asked to identify their next highest ranked issue. All responses were recorded on a white board by a facilitator. The process continued until all issues were

Download English Version:

<https://daneshyari.com/en/article/10316452>

Download Persian Version:

<https://daneshyari.com/article/10316452>

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