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An exploration of the perceived factors that affect the learning and transfer of skills taught to student midwives



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ABSTRACT

Aims and objective: the aim of this study was to examine the attitudes of student midwives towards skills training and practise. The objectives were to explore the factors in the skills laboratory environment and in clinical practice which affect how successfully student midwives transfer into clinical practice the various skills they have learnt in preparation for an Objective Structured Clinical Examination.

Background: a review of the background literature revealed that there were many variables related to successful transfer of skills in general but there appeared to be a gap around perceived factors affecting transfer of skills of student midwives.

Design: a mixed methods design was conducted using both questionnaires and semi-structured interviews between June and August 2010.

Data sources: questionnaires were administered to all midwifery students at one university in Wales. These were later followed by semi-structured interviews for 6 student midwives who were purposively selected from all year groups.

Findings: the results from the questionnaires revealed that a majority of students had positive attitudes to educators and mentors and to their skills acquisition experience in the skills laboratory and to the available opportunities to practise in clinical practice. Although students believed in the transferability of skills from the laboratory setting to clinical practice, a majority thought that clinical practice provided them with a better opportunity to learn clinical skills. The semi-structured interviews demonstrated that facilitating factors in the skills laboratory included having adequate instruction as well as having a designated space. Hindering factors included unrealistic models and equipment. In clinical practice, facilitating factors included having the opportunities to practise skills and support and feedback from the mentor. Hindering factors included deficits in the student–mentor relationship.

Conclusions: this study highlighted that midwifery students must be adequately prepared to carry out clinical skills competently and effectively. Educators and mentors must provide adequate support and feedback to promote transfer of knowledge and skills into the workplace to optimise high standards of care for women and their babies.

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Introduction

Clinical skills underpin midwives' professional practice and therefore students need effective opportunities to learn, develop and master clinical skills (Nicol and Freeth, 1998) to ensure their integration into clinical practice. The aim of this study was to explore the factors in the skills laboratory and in clinical practice which affect how successfully student midwives transfer into clinical practice the various skills they have developed in preparation for an Objective Structured Clinical Examination or OSCE.

Literature review

Facilitating clinical skills development is a key element of nursing and midwifery education and the health-care educator's role is to ensure that skills and knowledge are integrated into the clinical setting. The OSCE is one of the approaches that has been used to address these challenges. The OSCE was introduced by Harden and Gleeson (1979) who created a test to assess clinical competences of trainee doctors by making them individually rotate through a series of timed workstations where each individual was assessed using specific criteria in the form of a checklist. Since then, it has been accepted as a means of objectively assessing students' skills across health-care disciplines such as radiography, nursing, physiotherapy and dentistry (Hulett and Gilder, 1986; Marshall and Harris, 2000).

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Skills learnt for the OSCE are practised normally in skills laboratories using simulators. Simulators can provide safe, realistic learning environments where students can practise multiple times and although the manikins cannot match all the characteristics of a real patient, the use of props, cues and improvisations such as test results and samples can help to establish a reasonable level of realism (Shepherd et al., 2007). Simulators also have a place in the assessment of clinical skills and are used at OSCE stations to assess physical examination techniques or practical procedures (Collins and Harden, 1998). However, the traditional OSCE has several limitations in assessing clinical skills. There is a danger that clinical skills will be perceived as simply a set of tasks to be performed if skills performance is assessed at a number of different stations, with little scope for testing communication skills. The short time limit for each station means that vital skills such as hand washing may be omitted due to shortage of time (Nicol and Freeth, 1998).

Satisfaction from skills laboratory training has been shown to be high. The results from several studies indicated that the students valued the opportunity to practise in a safe environment prior to clinical placement and believed that simulation promotes active learning, develops clinical competence and increases confidence (Reilly and Spratt, 2006; Meyer et al., 2007; Bland and Ousey, 2010).

An important question in the arena of simulation is do improvements in performance on simulators transfer to improved clinical performance on live patients? Results from a systematic review by Laschinger et al. (2008) indicated that although learner satisfaction with using simulators to learn clinical skills is high and that procedural or technical skills acquired on low-fidelity bench models do result in improved performance on high fidelity computer-based and/or virtual reality simulators, some studies demonstrated that there were only short-term gains and that skills performance declines overtime (Laschinger et al., 2008).

Many influences and variables related to task transfer have been identified in the literature on general training and development. Transfer is the ability to apply knowledge and skills gained in one context to be applied in another similar context. It is a process which has many major implications for midwifery practice and education for practice. Eurat (2004) defines transfer as a 'the learning process involved when a person learns to use previously acquired knowledge/skills/competence/expertise in a new situation' (Eurat, 2004, P.13). However, problems occur when the skills gained during a course of study may occur at a place that is far removed from practice or where there is a large gap between when the skills were learnt and when they were applied in practice. The problem of psychomotor and interpersonal skills transfer is frequently overlooked. This is especially problematic for nursing and midwifery (Lauder et al., 1999). Other influences and variables include similarity between the training and the specific task, amount of skills practise, the similarity between the training simulation and clinical setting and finally feedback and facilitation in the clinical setting (Olsen, 1998). Elangovan and Karakowsky (1999) found that facilitating factors included time interval between the tasks and the perceived relevance or importance of the training as well as work-environment factors such as transfer climate and supervisor support.

There appears to be a limited amount of literature available on the effectiveness of skills laboratory simulation and the OSCE on real life clinical practice and the factors that affect transfer within nursing or midwifery. This study is necessary therefore to examine the factors in the skills laboratory environment and in clinical practice that impact on the transfer of skills into clinical practice for student midwives.

Methods

This research study was conducted using a mixed methods design. Mixed-methods design is where the researcher combines quantitative and qualitative research techniques, methods, approaches and concepts into one study (Johnson et al., 2007). Studies utilising both qualitative and quantitative methods have become accepted as valid and robust ways to expand the understanding of a particular topic. Advantages of mixed methods are said to include overcoming the perceived deficiencies of single methods used in isolation, enhancing the validity of the study, maximising the richness of findings, and aiding completeness of understanding (Seaton, 2005).

It was necessary to begin the study with a quantitative examination of the various aspects of the study in order to inform the qualitative component. The topic was explored through more than one lens which yielded much in the way of convergent results. The mixing of the data at the interpretation stage led to valuable insights which could not have been gleaned by use of a single method. In this research study the quantitative component, the questionnaire, was followed by the qualitative component, the semi-structured interviews which added to the validity of the overall study.

Data collection

Phase one

The first phase consisted of a 20-item questionnaire using a 4 point Likert-type scale to obtain a self-assessment of the attitudes of students to the learning and application of skills in the skills laboratory and in clinical practice and the perceived factors that affect learning and transfer of the skills into clinical practice. The questionnaire (see Fig. 1) was developed after reviewing the literature and during its construction factors such as the aims and objectives of the study, as well as language and terminology, presentation and length of the questions were taken into consideration (Denscombe, 2007). The statements were constructed in such a way as to ensure that the questionnaire produced data that could be analysed. It was important to avoid ambiguity and bias, and to refrain from leading the respondents (Oppenheim, 2000).

A draft copy was piloted firstly with a small sample of nursing lecturers. After making the necessary adjustments from the initial pilot around wording and layout of the attitude scale, the questionnaire was piloted again (Oppenheim, 2000). To ensure validity and reliability of the survey the questionnaire was piloted with two lecturers who specialise in research methodology and the necessary changes made in accordance with their comments.

All first, second and third year direct entry student midwives, 36 in total, who had all taken part in skills training and OSCE assessments, were invited to complete a questionnaire. As this was a descriptive study rather than an analytical one, a sample size calculation was not necessary. It was necessary to recruit students from all year groups due to the small numbers of students in each cohort. It was recognised that this was a limitation as the students' opinions and perceptions would no doubt have varied according to their level of skill, knowledge and experience. Although the sample size was small, Denscombe (2007) states that in small scale research the sample can involve between 30 and 250 cases. The exclusion criteria for the respondents were student midwives who were already qualified nurses and were doing the shortened midwifery degree programme.

Phase two

The second phase consisted of audio-recorded individual, face to face qualitative interviews with 6 student midwives. This took

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