EDUCATION ISSUES

Using a social networking tool for blended learning in staff training: Sharing experience from practice

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Abstract   Advances in neonatal care has improved survival rates for critically ill and premature babies. This means that neonatal nurses are required to be proficient in a range of skills necessary to care for these babies. Adequate knowledge including clinical and critical decision making skills is key to provide this care to a high standard. Lack of neonatal nurses in England means that many units are forced to recruit nurses with little or no experience in neonatal field stretching their limits to its maximum. This article talks about the author's experience of dealing with such a situation when a massive recruitment took place in her hospital. It addresses the use of blended learning with social networking as the online learning tool in planning and implementing an induction programme for newly recruited nurses. It also looks at the benefits, challenges and safety issues of using social networking as an educational strategy.
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Introduction

Neonatal nursing is a scientifically rigorous and evolving discipline that requires excellent knowledge base and clinical skills. The diverse and complex nature of neonatal care means that it requires a highly specialised workforce with the necessary skills in caring for this vulnerable population. The Department of Health (DOH, 2009) and British Association of Perinatal Medicine (BAPM, 2010) have published guidance to help the NHS improve the care they provide for premature and sick babies and their families. However, constraints in recruiting skilled neonatal staff are a major challenge and these were well identified in reports by National Audit Office (2007) and Tool kit (DOH, 2009). A report published by the national charity for the newborn (BLISS) also reveals a shortfall of approximately 1150 specialist neonatal nurses within UK (BLISS baby report 2010).

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In order to reduce the gap between current nursing numbers and the number required to meet the minimum standards, neonatal units across the UK are often compelled to recruit relatively new or in-experienced workforce to deliver these services. One of the level 3 units in London where I was part of the practice development team was of no exception. In 2010, as part of a massive recruitment process in this unit, a number of vacancies were filled, recruiting newly qualified adult trained nurses, with little or no experience in the neonatal field. Evidences suggest that newly qualified nurses experience various stressors during their transition from student nurse to qualified nurses (Whitehead and Holmes, 2011; Mooney, 2007). Besides these, adult trained nurses encounter additional problems as their training in the UK fail to provide necessary knowledge and skills to prepare them to assume the role of neonatal nurses. Therefore these registered nurses required considerable amount of support in order to achieve a smooth transition. This situation was a great challenge for all who were involved in practice development. A Frame work developed by the Department of Health (DOH, 2001) was used as a guidance to train these nurses to be competent in their new field. This framework highlights the importance of life-long learning, covering many aspects of learning and development ranging from staff induction through to continuing professional development in delivering patient centred care.

Historically the author's neonatal unit has provided traditional face to face teaching by demonstrating various skills in a classroom setting. Although this method was effective to some extent in delivering information and for orientating them to the new environment, I recognised that this didactic teaching style might not be effective in this situation with limited time allocated for them to learn all the necessary skills. Thus the current situation made it necessary to adopt a much more rigorous education strategy than before. Within the context of increasing numbers of in-experienced nurses commencing service and limited teaching time due to financial constraints, an induction programme was planned using online learning technologies which was thought to contribute significantly in adapting to their new role.

Online blended learning was therefore considered, as this was gaining popularity in the present educational arena.

So what is blended learning?

Blended learning as its name suggests, blends online access to knowledge with traditional methods of face to face interaction. It can be used to complement and support traditional approaches of teaching, as it produces a stimulating and motivating environment enabling learners to access educational materials in their own time and pace, thereby enhancing their whole learning experience (Wakefield et al., 2008; Borstorff and Lowe, 2007; Akkoyunlu and Soylu, 2008, Davies et al., 2005). This type of learning promotes exploratory and self-paced learning where each individual takes responsibility for their own learning, which is also an important component of adult learning. Thus it gives an elegant solution to the challenges of tailoring to the needs of individual learners especially in the context of acquiring and developing new skills. Most higher education institutions have already been delivering courses that utilise online and face to face instruction, thus offering the best of both instructional worlds.

Induction programme using blended learning was introduced in my work place for over a period of 12 weeks. During this period, nurses attended daily face to face instruction focussing on skills acquisition, equipment competencies, drug calculations etc. In addition, online contents were also provided using a social networking website called 'Ning'. Social networking was particularly chosen as this type of online tool proves to have significant benefit on better student outcomes and experience through cognitive engagement and social interaction (Lockyer and Patterson, 2008).

Among different social networking sites, 'Ning' allows users to create own social communities of specific interest with an option of selecting visual design and features of their choice. 'Ning' allows users to set up a personal page, where they can add 'friends', create network groups and link to various professional sites which enable them accessing a wide range of resources. Membership was strictly through invitation only. Before introducing it in to the induction programme, this online tool was piloted to senior members of staff and feedback was taken for any further improvement. A total of 37 nurses participated in this online learning tool.

I used constructivism theory as my base while developing the online component. In the constructivism approach, learners who are at the centre of the social process of learning are encouraged to build their own knowledge, based on their individual experience and apply it directly to their environment (Ali et al., 2004). They also develop social, interpersonal, critical analysis and problem solving skills through active learning and social exchange of ideas (Hsu, 2011; Kala et al., 2010; Owens and Price, 2010). With technology,