



Clinical education

Time, fear and transformation: Student nurses' experiences of *doing* a practicum (quality improvement project) in practice

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ABSTRACT

Background: Improving and sustaining quality in healthcare continues to be a global challenge, resulting in the necessity of developing quality improvement (QI) skills and knowledge to use in practice. This paper reports student nurses' experiences of conducting a quality improvement project (Practicum) as a compulsory assessment whilst on clinical placement areas across Scotland.

Methods: Telephone and face-to-face interviews (n = 18) were conducted using a semi-structured interview schedule. Discussions were transcribed verbatim and data were analysed thematically. Data were extracted from Practicum assignments (n = 50).

Results: Three key themes emerged from the analysis: 1) Time; students highlighted the necessity of time in practice areas to acclimatise, socialise and conduct the Practicum. Timing of the Practicum within the curriculum was also important. 2) Fear; was experienced by many students at the perceived enormity of the assignment, the bravery needed to attempt to change practice and the adjustment to a unique type of assignment. 3) Transformation; students shared their shifted perceptions on completing a Practicum, including a sense of achievement and acknowledgement of key improvement skills for the future.

Conclusions: Student nurses need to be stretched beyond their comfort zones to rise to the challenge of the Practicum, whilst ensuring adequate support mechanisms are in place from a range of sources.

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1. Introduction

Improving and sustaining quality in healthcare continues to be an intractable challenge. This has accelerated the necessity to apply quality improvement (QI) methods in clinical practice. Despite international policy documents advocating 'QI education for all' little has translated into the undergraduate nurse curriculum (Institute of Medicine, (2001); Department of Health, 2008; Scottish Government, 2010). Yet, revised guidance on professional standards for nurses make direct reference to the requirement of improvement and safety skills (NMC, 2015).

2. Background

Quality improvement can be defined as the planned interaction between technical/rational approaches to change and the social

psychology of change in order to achieve better processes/outcomes for a person (or persons) engaging with health services (James, 2014). Whilst there are an array of QI educational resources, such as the e-learning modules at the Institute for Healthcare Improvement (IHI), World Health Organisation (WHO) Multi-Professional Patient Safety Curriculum Guide, the 1000 Lives campaign and the Quality Improvement Hub (IHI, 2013; WHO, 2011; NHS Education Scotland, 2012; NHS Wales, 2013) implementation into the nursing curriculum has been slow, with the exception of some pockets of innovation (Rooney and Beattie, 2012).

The educational theory of quality improvement learning is compatible with the philosophical assumptions of constructivism; the belief is that the engagement of students in active, as opposed to passive, learning processes will translate knowledge more effectively from theory into practice (Thomas, 2007). QI is an action-orientated approach to change which requires students to be active participants in the learning process. Whilst some educational initiatives focus on technical aspects of QI, such as PDSA

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cycles, process mapping, run charts, others focus on the psychosocial aspects of change. Our theoretical underpinning of QI learning is that both technical and psychosocial skills are essential, and improvements are achieved by the interaction of both aspects. Engagement of people in the change process can be achieved by using various QI tools and vice versa. Yet, most of QI curriculum in undergraduate provision does little to facilitate experience in these interactions.

Jones et al. (2013) describe the extensive quality improvement curriculum content of an undergraduate nursing programme in Wales, but emphasise that students are not required to conduct a QI project due to resource limitations and impracticalities in clinical placements. In programmes where QI projects in practice have been available to students, it has been for selected subgroups, as opposed to QI for all. For example, Baillie et al. (2014) reported the introduction of a QI dissertation to pre-registration students, but the intervention was limited to a sub-group cohort of 46 degree level student nurses. Insufficient detail of the intervention was given to enable replication and testing in other educational institutions. The systematic review by Boonyasai et al. (2007) of QI educational interventions found that the only evaluation featuring nursing undergraduates involved a subgroup of students from a larger cohort (Kyrkjebo et al., 2001). There is a paucity of evidence in relation to students conducting QI projects in clinical practice. However, two systematic reviews are currently underway. Carson-Stevens et al. (2014) are looking at the outcomes of QI inter-professional healthcare education, whilst Armstrong et al. (2015) are evaluating QI teaching methods in nurse education.

Lack of implementation of quality improvement education is likely a result of the limited evidence around effective and feasible educational strategies. In summary, the evidence to date suggests a lack of theoretical development, scarce description of the QI educational interventions and limited evaluation of feasibility and effect. This study describes our QI educational intervention (Practicum) and the first steps of feasibility; reporting the students' experience of conducting a Practicum in clinical practice as an assessed component of their undergraduate nurse programme. It is part of our attempt to address the issues raised by Parry et al. (2013) concerning proper evaluation of improvement initiatives; in this case, an improvement to curriculum.

2.1. QI curriculum development

The Practicum is designed as an academic assignment suitable for all final year undergraduate student nurses to plan a quality improvement project and test aspects of it in clinical practice (University of Stirling, 2016). Development of the Practicum has been thorough; a 20-month period of testing and extensively adapting the structure devised by the Institute for Health Care Improvement (IHI, 2012). This process was conducted to fit our University assessment processes and practice placement framework and included trials with student volunteers. QI theoretical content is integrated throughout the curriculum to prepare the students to conduct the practicum in their penultimate module of their three-year General Degree programme (see Table 1 for the Quality Improvement Curriculum Content experienced by the 2011 cohort).

The Practicum was designed and implemented using quality improvement methods; multiple QI tools and techniques were used to engage and involve people (students, academics, clinicians and leaders) in the process (see Fig. 1 Driver Diagram). A quality improvement working group (academic and clinical staff from across three Health Boards in Scotland) tested various aspects of the change. For example, we tested and adapted the location of Practicum material, finally housing it within the Universities

Virtual Learning Environment (VLE) due to findings from students' tests using PDSA (Plan, Do, Study, Act) cycles. The IHI Practicum Assessment Form was adapted into a self-assessment for students (IHI use this form for faculty summative feedback), and we devised our own Practicum Guide. The Practicum requires students to devise and test various aspects of a full QI project, which would demonstrate QI knowledge and skills. The purpose of the Practicum is for students to learn QI, not necessarily demonstrate measurable improvements within a short time frame (although many have). See Table 2 for examples of student project titles.

2.2. Quality improvement project (practicum)

In 2014, the School of Health Sciences at the University of Stirling, working in partnership with National Health Services (NHS) Boards, implemented a quality improvement Practicum for all final year student nurses (230) to conduct, within clinical placement areas across three Health Board Regions. The students were spread across approximately 200 practice placement areas, covering a geographical area of approximately 29,000 square kilometres. Students had a seven week clinical placement, followed by 4 weeks in University to submit a 4000 word report – in total, eleven weeks to undertake and report. Given the limitations of placement time the Practicum was designed to assess the students understanding of key aspects of improvement, as opposed to implementing a full QI project. Our definition of a Practicum is therefore a small scale improvement project, developed in clinical practice which comprises of four stages:

1. Identifying a project and obtaining agreement to it
2. Preparing a plan for the project (including a detailed measurement plan)
3. Testing an aspect of the project with at least two PDSA cycles
4. Writing a project summary report, including evaluation/reflection.

In this paper we share the experiences of the first cohort of student nurses to complete the Practicum.

AIM: To explore student nurses' experiences to provide evidence to inform the future design and delivery of a Practicum within undergraduate curricula in the UK and internationally. Specifically, the research question is "Is the practicum feasible from the students' perspective?"

3. Research design

Qualitative research has a synergy with nursing; as both are person-centred, holistic and have humanistic principles at their core (Parahoo, 1997). Given that qualitative approaches concern individual experience and perspectives this approach is conducive to our enquiry (Coates, 2004). Nursing students' personal accounts and narratives have been used previously to gather data of their experience (East et al., 2010; Haigh and Hardy, 2011). Semi-structured interviews, using open-ended questions, were used to standardise the interview process and elicit the students' experience. Interview schedules were designed to have a purposeful conversation about the students' experience while doing a practicum. Students' reflections, within their Practicum assignments, have also been used as sources for thematic analysis to make sense of their experience and associated decision-making (Naber et al., 2014).

A purposeful stratified sample was identified (interviews $n = 18$, assignments $n = 50$) to ensure representation of student views across the three campuses, assignment grades and fields (see Table 3).

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