



Learning about population-health through a community practice learning project: An evaluation study



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ABSTRACT

Increasing student nurse numbers requiring community placement learning opportunities has led to insufficient numbers of community nurses being available to support student nurses in the community. Although the study presented in the article is based in the UK this issue is reported widely in the literature across the globe. Universities in many countries have had to find innovative ways of providing community health learning opportunities for student nurses. This article reports on how one university in the UK has approached this challenge through students engaging in a population-based study in the community through group work. A research study was undertaken into this innovation which found that the student nurses engaged well with the project and with their groups and undertaking the project had positive value and impact on them and their understanding of population-health. Issues that arose for them largely focused on unequal participation in the group work by some with many participants perceiving that they had done more work on the group project and presentation than others in their group. However, working in this way was perceived to be a good learning experience for the majority of participants.

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Introduction

This article explores a population-health community practice learning opportunity for nursing students during their first year of their undergraduate programme. There were three main drivers for this. Firstly, there is a growing shift towards home and community treatment options (e.g., Linsley et al., 2011). Secondly, finding sufficient traditional community placements with district nurses/health visitors for increasing student numbers in the UK is a challenge that is explored widely in the global literature (e.g., Betony and Yarwood, 2013; Smith et al., 2010; Dietrich-Leurer et al., 2011; Reimer-Kirkham et al., 2007). Thirdly, there is an increasing emphasis nationally and internationally on the importance of disease-prevention as a major component of nursing (e.g., DH, 1997, 1999, 2004; Young et al., 2014; Reimer-Kirkham et al., 2007; Kempainen et al., 2012).

In the UK community practice placements for student nurses normally involve the students being allocated to work alongside and under the supervision/mentorship of a community nurse or health visitor. A summary of these roles can be found in Table 1.

This population health-based practice learning opportunity was given to student as part of their community practice hours of learning and enabled the students to explore the challenges for nurses about providing health interventions in the community to populations at risk. An evaluation study was undertaken to explore student engagement with the population health-based learning opportunity, its value and impact on them, and some sustainability issues.

Population health is one aspect of public health and involves the exploration of health and disease in a population as specified by geographical, cultural or political guidelines (Porta, 2008). Fraser (2005) argued that:

“Population health is an ill-defined term. It can refer to a concept, in this case referring to the health of a defined population or a field of study that links health outcomes, determinants of health, and

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Table 1

Summary of the roles of community nurse and health visitor in the UK (from NHS Careers at <http://www.nhs.uk/explore-by-career/nursing>).

<p>Community Nurses (also known as district nurses): Part of the primary health care team; visit people in their own homes or in residential care homes, providing increasingly complex care for patients and supporting family members; teach and support patients to enable them to care for themselves or with family members teaching them how to give care to their relatives. Community nurses assess the healthcare needs of patients and families, monitor the quality of care they're receiving and are accountable for delivery of care.</p> <p>Health visitors: In the UK, the role of the health visitor is varied and will include the following:</p> <ul style="list-style-type: none"> • Leading and delivering child and family health services (pregnancy through to 5 years) through working with parents to assess the support they need and develop appropriate programmes to enable the child to have the best possible start in life. Health visitors support and educate families from pregnancy through to a child's fifth birthday and the role includes offering parenting support/advice on family health and minor illnesses, new birth visits including providing advice on feeding and weaning, physical and developmental checks on new babies and providing families with specific support on subjects such as post natal depression. • Providing ongoing additional services for vulnerable children and families including referring families to specialists, such as speech and language therapists, arranging access to support groups, and organising practical support. • Contributing to multidisciplinary services in safeguarding and protecting children including recognising the risk factors, triggers of concern, and signs of abuse and neglect in children. Health visitors are involved in every stage of the child protection process, including serious case reviews. • Providing a range of support services in children's centres such as establishing effective partnerships between children's centre, local GPs, the primary healthcare team and maternity services, coordinating health campaigns and offering education and training for children's centre staff.

interventions. A variety of competing definitions are attached to the term 'public health', but many health professionals consider public health to be broader and more encompassing than population health" (Fraser, 2005, p. 177).

Therefore, population health includes the social, cultural and political determinants of health. Population health and public health are the combination of sciences, skills and beliefs directed to the maintenance and improvement of the health of all people through collective or social actions (Royal Australian College of General Practitioners (RACGP), 2011). Population health and public health are often used interchangeably, but other writers (e.g. Campos-Outcalt, 2004; Fraser, 2005) argue that there are subtle nuances between these two disciplines. For example, a population-health approach to child obesity might explore whether the incidence of childhood obesity in one community/population is rising and if this incidence is different to other communities or the larger national population. Conversely, a public health perspective on the same issue might involve a research project on a cross-section of children/survey of parents to determine risk factors for childhood obesity in this community. The findings might lead to a targeted health promotion campaign followed by an evaluation study into the effectiveness of the campaign.

Literature review

The literature reviewed focused on population health and the student nurse experience of population-health issues. In the United Kingdom (UK), The Nursing and Midwifery Council (NMC) requires student nurses to gain experience in primary healthcare and community settings (NMC, 2010). Similar statutory requirements exist for nursing education in other countries, e.g. Nursing Council of NZ (2010). However, often this is perceived as placements with community practitioners which may not necessarily include an in-depth exploration of population health. Indeed, much of the literature related to community practice learning opportunities for undergraduate student nurses is often difficult to schedule due to a shortage of placement capacity (Betony and Yarwood, 2013). Much of the literature fails to distinguish between primary care placements and learning opportunities related to public/population-health in communities.

Dahlgren and Whitehead (1991) described the many facets of community that impact on population-health including:

- General socio-economic, cultural and environmental factors
- Living and working conditions (including education, work environment, unemployment, water and sanitation, health care services, housing)

- Social and community networks
- Individual lifestyle factors
- Age, sex and constitutional factors

Winslade et al. (2013) suggest a three-level model for public health that incorporates the contribution that nurses can make. These levels are:

- Individual interventions including nursing interventions that focus on changing individual's behaviour, or influencing local policy related to what affects the health of individuals/small groups
- Community-level interventions which can refer to geographical communities, families or groups of people with a common interest or common condition.
- Population-level interventions related to implementing and evaluating public health initiatives, engaging in strategic networks and working to reduce health inequalities

These three levels may impact on the way practice learning opportunities student nurses are perceived. For example, if the focus of learning is on the levels of individual and community, then placements working alongside community nurses, health visitors and practice nurses will be emphasised. However, if the focus of learning for the students is on evaluation of public health initiatives and more strategic approaches to population-based health, then alternative approaches to population-based practice learning opportunities need to be explored. This notion of innovative community practice learning opportunities for healthcare students is examined globally in the literature in the United States (US) (e.g., Council for Adult and Experiential Learning, 2012), in Canada (e.g., Reimer-Kirkham et al., 2007), in New Zealand (e.g., Betony and Yarwood, 2013) and in Australia (e.g., Barnett et al., 2010). Rodger et al. (2008) argued that innovative models of clinical education need to be used which provide valuable learning experiences for students. Population-based practice learning opportunities may contribute to nurses taking on a more political role in public health, a role that nurses historically have not yet demonstrated (Kemppainen et al., 2012).

There is currently little empirical literature about student engagement, value and impact of student nurses undertaking placement learning opportunities specifically related to population-health. One study (Young et al., 2014) reported on the findings of a small study into public health placements for student nurses. However, this experience did not specify an emphasis on population-health and the intention of the experience was to increase the number of newly qualified nurses choosing to work in

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