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A review of evidence for the practice learning environment: Enhancing the context for nursing and midwifery care in Scotland

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ABSTRACT

This paper considers the issues which will ensure practice learning excellence in the future and in particular how these will impact on the delivery of high quality nursing and midwifery care in Scotland in the United Kingdom (UK). This will include the inter-dependency of learning in practice for undergraduate pre-registration students and qualified practitioners, in particular continuing professional development as a lifelong experience and its link to quality care provision. We contend that the practice learning environment is the whole of an organisation which values and supports the development of its workforce through education. Partnership working between education and service providers is central to ensuring an educated and professionally prepared workforce. Both nursing and midwifery are practice-based professions which are accountable for, and charged with assuring, effective public health and safety. The initial paper which established the key issues discussed here was initially written as one of the key background papers for a consensus conference to inform NHS Education for Scotland's nursing and midwifery workforce development over the next five years (NES 2009).

Background

The delivery of care in any country is dependent on the skills and knowledge of its workforce. This care will be delivered through multi-agency working or on occasion uni-professionally and across single or integrated care contexts. These two distinct yet inter-connected approaches will raise a number of challenges, where traditional professional boundaries have, of necessity, had to be broken down in order to ensure that the best possible care is delivered. In addition, organisations themselves have had to become more enabling and if they are to be successful have to become learning organisations in their own right. Education of the workforce therefore becomes a priority for both the providers and commissioners of nursing and midwifery care, ensuring however that the major health care needs of local and national populations are considered. An example of a strategic direction with regards to education of the workforce was seen in the publication of NHS North West: Making Education Governance a reality in the North West. The Director of Workforce and Education explains that this is:

> *Similar to that of Clinical Governance, its purpose is to embed accountability, transparency and continuous improvement into an organisations' culture- in this case with the education, learning, development and knowledge management function. (NHS North West, 2008, p4).*

Based on the definition of Education Governance developed by NHS Education for Scotland (2007a) this framework offers a series of benchmarks for organisations to measure achievement in relation to organisation wide quality improvement in health care through education and learning activities, with partnership working between education providers and service being an essential component of success. The underpinning principle of the Education Governance approach is that of being an effective Learning Organisation, with its focus on improvement of 'personal and professional development and performance of its entire workforce' through the process of organisational learning. (University of Salford, 2005).

A similar innovative approach to embedding education and learning within organisations for the benefit of community public health was published in the United States in 2004 (ASPH Council of Public Health Practice Coordinators, 2004). It advocated a collaborative approach between Public Health Schools and the public health workforce to deliver 'excellence for practice-based teaching' involving eight guiding principles for its development and

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implementation. The critical message was that 'without a framework of an academic/practice partnership to support public health education, educational approaches that omit practice render public health education and training inadequate and incomplete' (ASPH Council of Public Health Practice Coordinators, 2004, p1). This principle one could argue needs to resonate throughout any strategy for the future of practice learning environment excellence in Scotland in 2020. This paper and its focus needs to be considered as a broad overview of key issues in an ongoing strategic direction, and was initially written as one of the key background papers for the consensus conference to inform NHS Education for Scotland's nursing and midwifery workforce development over the next five years (NES 2009).

The changing context of nursing and midwifery care

If we accept the premise that the delivery of care is dependent on the knowledge and skills of its workforce then in turn we can accept that health care organisations have a responsibility to ensure that the workforce has the support to enable it to achieve its full potential for long term patient benefit. (NHS Education Scotland, 2007) This begins with ensuring that the novice learner has a safe practice learning environment in which to gain experience of their future role, whilst at the same time ensuring that those who educate and act as effective role models are afforded equality of opportunity to enhance their own development and reach their full potential as individuals and professional careers.

The delivery of care by nurses and midwives is set against the changing context of social and political change and this has to be taken into account in any decision as to the future of what is required in both the practice learning environment and that of partner organisations in further and higher education.

In the four United Kingdom countries the pattern of change has had both similarities and differences, resulting in various stages of political devolution in Scotland and Wales which have impacted on the way in which care is both delivered and the workforce trained and educated. (Welsh Assembly Government, 2009; NHS Education Scotland, 2007) One of the most significant drivers, which is in fact a world-wide phenomenon, is the increase in an ageing population, (which in the UK is the increase in the over 75 year demographics) with its accompanying health and social problems.

Alongside this is the changing pattern of family life due to such events as unemployment and the influx in many countries of refugees and asylum seekers as international boundaries are torn apart through either man made or natural disasters.

In the UK health care delivery is being re-shaped, with the focus on changing the delivery away from the tertiary setting into the community. In Scotland the policy underpinning this direction of travel is Shifting the Balance of Care. However here again we have some confusion in what is exactly meant by a community setting, or what is termed by many as primary care. It could be argued, from a sociological point of view, that a small community hospital in the 'community' remains a hospital, and that practice mirrors that of its much larger counterpart of a city hospital. If we take community care to mean care that takes place in the 'home' whether that be one where an individual and their family resides or a residential care home where a group of unconnected individuals live, community care becomes an entirely different issue. Both settings however will require a care workforce with different yet compatible skills and knowledge as will care that is offered in a health care centre where the first point of contact may be a district nurse, midwife or general practitioner. Ensuring a common understanding of community or primary care environments is critical to ensuring that any practice learning environment meets the expectations of the organisation as well as individual future education and training needs.

For mental health and learning disability services this has possibly evolved over time, as has the work of the midwife with their integrated approaches to care delivery. The QA Scottish Benchmark statements for Midwifery (2008) highlights this:

> *Midwives work with women and their families to assess their needs and to determine and provide programmes of care and support prior to conception and throughout the antenatal, intranatal and postnatal periods. They focus on providing holistic care which respects individual needs, choices and cultures in a variety of contexts. Legislation enables midwives to carry out their role autonomously, while expecting them to work in partnership with others and across professional boundaries when this is in the best interests of women and their families. Midwives work in and across a wide range of settings, from women's homes, community maternity units to acute hospitals. They also make a significant contribution to the wider public health agenda.*

On the other hand the complexity and confusion around the nursing profession's role in community care, with the plethora of role titles and duplication and overlap of role function needs to be addressed for the future. The Scottish Government Health Department has already begun this work with its Modernising Community Nursing initiative. A possible area for subsequent debate is whether we should begin to consider nurses and midwives regardless of their place of employment as community practitioners without differentiating between a hospital or a health care practice environment, as both offer a 'community service'? A truly integrated care delivery service does not differentiate between these, and possibly this is where the ideal of a community hospital in a rural setting involves the collaborative learning environment where hospital care needs of an individual are integrated with their home needs. Of course this does not exclude the need for a set of skills and knowledge which would enable a nurse for example to work in an area such as an intensive care unit, where the nature of nursing care is such that patient safety cannot be compromised. For the future of nursing and midwifery education in practice however there would appear to be an urgent need to consider these issues around 'working in the community'. Some similar issues have arisen in Victoria, Australia where a number of projects related to clinical placement learning have been set up, including one for expansion of community placements. It had been found that there was a 'significant potential to expand clinical placements in the community health sector but that feedback from community health services indicated that many are keen to offer placements to students but service delivery requirements and limited resources often limit their capacity do so' (http://www.health.vic.gov.au/workforce/placements/governance/student-placement).

Education and the future needs of the nursing and midwifery workforce

Education in practice is at the centre of developing both the future and current workforce.

As noted, both nursing and midwifery professions are practice-based but given that the focus of that practice is centred on the delivery of care, to ensure effective and continuing education of any workforce requires the additional expertise and input of skilled and knowledgeable educators. This is not of course to say that within a practice environment there is not the capability to do this, but the capacity, i.e. the human resources and the time is not - the focus in practice has to be centred on the delivery of evidence-based quality care with the patient at its centre (NHS Scotland, 2006).