



# First year undergraduate nursing students and nursing mentors: An evaluation of their experience of specialist areas as their hub practice learning environment<sup>☆</sup>



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## ABSTRACT

Specialist environments have traditionally not been considered as practice learning environments for year one nursing students. Through implementation of the hub and spoke model of practice learning this was implemented across one health board and Higher Education Institution in Scotland. Sixty nine students from specialist and 147 from general areas out of a total population of 467 students (46.2%) and thirteen mentors from specialist and 26 from general areas out of a total 577 mentors (6.7%) completed a questionnaire. The findings support this initiative and suggest in some cases student experiences are more positive in specialist environments.

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## Background/literature

Current service reconfiguration, increase in student numbers and changes to the practice learning experiences that emphasise inter professional learning recognises that as a nursing profession we need to consider alternatives to the present system of providing nursing students with practice experience (Mallabar and Turner, 2004; Doucette et al., 2011). However this should not compromise the standard of care or the student's learning experience (Barnett et al., 2010). Indeed the emphasis is on supporting the student to learn person-centred care.

In order to meet these demands, in 2012 one Scottish Higher Education Institution (HEI) in collaboration with our main NHS

service partner introduced the hub and spoke model for practice learning (Roxburgh et al., 2012; McCallum et al., 2014). Subsequently, at the same time practice learning environments adapted to take all years of pre-registration nursing students. This paper reports on the project and the results from the student and mentor's perspective of the student in year one attending hub practice learning experiences within specialist areas compared to traditional general areas.

## Background and setting

Prior to the project commencing practice learning environments could choose which level of nursing students they supported. In collaboration with our NHS partners we implemented the hub and spoke model for practice learning which therefore required all hub practice learning environments to support students through the full programme of their study, regardless of their year.

The hub and spoke model for practice learning on the pre-registration nursing programmes at GCU was based on current NHS Education for Scotland (NES) funded evaluation projects from three implementation sites (Roxburgh et al., 2012). There are a number of hub and spoke models that are currently in operation depending on local service specification, however the key characteristic is that the student is allocated to a practice learning

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environment for an extended duration which can range from six weeks to three years. This is termed the hub placement. The student therefore returns to the hub placement at different times during their programme. The hub placement would therefore help to promote and enhance belongingness for the student based on the qualitative work of [Levett-Jones and Lathlean \(2009\)](#). Following negotiation the student may go to a number of secondary spoke practice learning environments in order to follow the patients journey and help achieve their practice learning outcomes. Since [Robertson et al. \(2007\)](#) suggest that the central barrier to developing effective person-centred care is lack of time, then it may be assumed that the hub and spoke model could improve this by allowing students to spend longer periods with patients, mentors and the inter professional team.

It was intended that the hub and spoke model would enhance the student's practice experience by shifting the emphasis from a university dictated regime to a more collaborative learning experience where the mentor and student would be free to shape the student's learning experiences. Among other gains the student could more readily follow the service user journey in the spirit of person-centred care, and has the potential to optimise the building of an interpersonal relationship between student and mentor to maximise learning opportunities ([Mannix et al., 2008](#)).

Implementation of the hub and spoke model ([McCallum et al., 2014](#)) for practice learning therefore meant that specialist areas that traditionally only supported more senior students were now supporting all levels, including first year students. [Goldin and Kautz \(2010\)](#) successfully demonstrated supporting senior nursing students within an intensive care setting after implementing Jean Watson's 10 Caritas processes in North Carolina. In addition in Australia [Coyne and Needham \(2012\)](#) recently demonstrated successful implementation of seven third year nursing students in specialist areas such as day oncology and renal dialysis. However in many countries worldwide this type of learning experience is already common practice for final year students. Interestingly [Doucette et al. \(2011\)](#) successfully demonstrated 12 of their year two first semester students learning within the intensive care setting in Canada. Then in 2012 [Connely & Hunter](#) reported on how one intensive care unit in Scotland prepared for the arrival and support of first year students which had traditionally only supported final year students. The success of which subsequently led to further specialist areas such as high dependency supporting year one students. However there is no research to date on first year students and mentors' practice learning experiences within a range of specialist areas ([Tables 1 and 2](#)).

**Table 1**  
Student nurses practice learning experiences.

	Specialist	General
Number of respondents	69	147
Types of practice learning environment	Burns & Plastics	Medical ward
	Coronary Care	Older adult ward
	Critical Care	Outpatient department
	Day Surgery	Surgical ward
	Emergency Department	
	Endoscopy	
	High Dependency	
	Neonatal	
	Neurosciences	
	Oncology	
	Renal	
	Spinal Injuries	
	Theatres	

**Table 2**  
Mentors and their practice learning environments.

	Specialist	General
Number of respondents	13	26
Types of practice learning environment	Burns & Plastics	Medical ward
	Coronary Care	Older adult ward
	Emergency Department	Outpatient department
	Endoscopy	Surgical ward
	High Dependency	
	Neonatal	
	Neurosciences	
	Renal	
	Spinal Injuries	
	Theatres	

**Methods**

The objective of the study was to evaluate the year one students and mentor's experience of specialist versus traditional general areas as their hub practice learning environment.

*Participants and ethics*

The participants consisted of a convenience sample of adult and child student nurses after their first year hub practice learning experience from the undergraduate pre-registration nursing programmes in one HEI in Scotland and their nursing mentors and co-mentors.

The HEI School Ethical approval was granted and the head of department and programme leaders gave permission for the participation of the students and the study was registered with clinical effectiveness in order to provide access to mentors.

**Data collection**

A mixed method descriptive comparative survey design was used to collect and analyse the data. Students and mentors were invited to complete a quantitative online survey questionnaire (Survey Monkey) based on the current practice evaluation after their second practice learning experience of their hub, which also included two qualitative questions for further information.

An email via the module virtual learning environment site was sent to all students in year one after their second hub practice learning experience. This was an anonymous survey questionnaire which by completing, the participant provided implied consent. The questionnaire used an ordinal scale for the answers of strongly agree, agree, disagree, strongly disagree.

Nursing mentors were recruited by either email or paper invitation in order to obtain a good response rate.

*Data analysis*

Quantitative data generated by the questionnaire was analysed using Microsoft excel to determine frequencies and descriptive comparative statistics. The qualitative questions were analysed using thematic analysis ([Braun and Clarke, 2006](#)). The quantitative and qualitative results were then compared between the specialist hub and traditional general hub students and mentors.

All completed questionnaires were stored electronically. In addition all analysis was undertaken on a password protected computer and complied with the requirements of the Data Protection Act (1998). Ten years after the completion of the analysis the completed questionnaires will be destroyed.

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