



Undergraduate student nurses' perceptions of two practice learning models: A focus group study

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SUMMARY

Background: Phase 1 of this study examined student, mentor and clinical manager's perceptions of a 'Hub and Spoke' practice learning model in year 1 of an undergraduate nursing programme. Findings from Phase 1 suggested that the model had significant educational merit in orientating students to clinical learning and emphasising the primacy of the mentor relationship in developing and supporting students. Following the students through year 2 of their programme, wherein they experienced a 'rotational' practice learning model, which provided an opportunity to explore student perceptions of both models.

Aims: To explore undergraduate nurses' perceptions of two experienced practice learning models: hub and spoke model, and the classical rotational model. In a previous study the hub and spoke model appeared to develop 1st year students' sense of belongingness, continuity and quality of practice learning, there for it was important to understand what students reported about these issues when recounting their 2nd year experience in the clinical setting that was organised according to a classical rotational model.

Design: Qualitative approach utilising focus groups.

Participants: 10 under-graduate student nurses at the end of 2nd year.

Methods: Focus group interviews.

Results: Students responded in ways that indicate they believed the experiences of year 1 had raised their faith in their ability to cope with the practice learning and educational demands of nursing. They saw themselves as being better prepared for year 2 as a result of their exposure to hubs and spokes. The study has identified traits of resilience, continued belongingness and self-confidence in orientation to learning in clinical practice in hub and spoke experienced students.

Conclusions: The student nurses found the hub and spoke model valid in 1st year, whilst stating that for 2nd year the rotational model can be valid. This supports earlier findings that student nurses require a structured and supportive 1st year learning environment to enable development of resilience for subsequent years.

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Introduction

Students in the UK spend 50% of their programme in the practice learning environment of the NHS and other health and social care settings. Roxburgh et al. (2008) observed that the clinical experience is planned and managed in a variety of different ways according to both programme specification and placement availability. The practice learning setting, with its experiential learning opportunities according to Ohrling and Hallberg (2000) provides students with the opportunity to practise 'genuine' nursing, through undertaking activities in a clinical setting. The importance for under-graduate student nurses to be provided with the opportunities to experience 'real-life' hands on nursing care are well documented (Edwards et al., 2004; Kilcullen, 2007; Levett-Jones et al., 2008; Holland et al., 2010). However, Papastavrou et al. (2010) suggested that practice learning experiences in some cases do not advance intellectual developments. In contrast, Chapman

and Orb (2000) and Banks et al. (2011) identify that important elements of practice learning from the student perspective are the need to practice skills for their future role, learn the routines, and develop relationships with staff and patients.

The work of Wenger (1998) informs that we learn through doing. He presents four important premises concerning learning. "Firstly, we are social beings and this is a central aspect of learning. Secondly, knowledge is linked to competence in valued enterprises. Thirdly, in order to gain knowledge, participation in valued enterprises is required and finally, our ability to experience the world and engagement with it is ultimately what learning is to produce" (Wenger, 1998 p. 4). In order to make sense from and learn from these experiences students require a supportive atmosphere and environment. This includes the staff-student relationships and exposure to meaningful learning situations for the stage of student development (Lauder et al., 2008a; Roxburgh et al., 2012). In the UK it is a mandatory requirement that undergraduate students, undertaking an approved education programme, are assigned a mentor who works with them for the duration of each of their practice learning experiences (Nursing and

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Midwifery Council (NMC), 2007). A study carried out in Australia by Croxon and Maginnis (2009) focussing on the development of clinical competency drew attention to the opportunities for learning from more experienced staff. The seminal work of Lave and Wenger (1991) termed 'legitimate peripheral participation' in which less experienced members of the community are inducted into its practices by modelling, prompting, and by the gradual transfer of increased responsibility is not dissimilar to the current day mentoring model. However, Holland et al. (2010) drew awareness to how mentors can act as 'gatekeepers' to what the student is allowed to experience and that mentors often have to choose between patient care and supporting new staff.

The effectiveness of practice learning environments has been studied with Greenwood (1993) and Papastavrou et al. (2010) suggesting that they can fail to provide students with positive examples of behaviour and recognising that the environment can be stressful and induce feelings of fear and anxiety which in turn affects the students' responses to learning (Chesser-Smyth, 2005; Holland et al., 2010). Roxburgh et al. (2012) linked to these relationships and learning situations, reported the need for students to feel empowered to learn (Bradbury-Jones et al., 2007; Levett-Jones et al., 2009). Early work by Cope et al. (2000) demonstrated that most students experience a cognitive apprenticeship in practice learning where mentors use strategies of modelling, coaching, scaffolding, articulation, reflection and exploration, in order to help students to learn. For this form of learning to be successful though it is crucial that students have the opportunity to work closely and regularly with their mentor.

It is important therefore, that the most effective model for practice learning is identified in order for students to experience quality of practice learning.

In a previous paper, Roxburgh et al. (2012) reported the predominant model of organising practice learning experiences is based upon a 'rotational' model. The authors detail how this model can be described as a 'serious of placements that have no defined connection between them other than providing exposure to a range of patient groups and services' (p783). Limitations of this model include students experiencing anxiety about the complexities of the care environment which results in a lack confidence (Campbell, 2008 cited in Roxburgh et al., 2012). Within this model the choice of placement is out with the students' control and the practice learning experience is only tenuously linked to student curiosities (Roxburgh et al., 2012). Similarly the rotational model requires the student to frequently change practice learning environment and as a result experiences issues of anxiety around 'fitting-in' to the team and constantly re-orientating themselves to the ward routines.

In contrast Roxburgh et al. (2012) reported how a hub and spoke practice learning model has the potential to increase consistency of learning experiences for students through its ability for students to experience the continuum of the client/patient journey. Within the model, spoke placements can be responsive to what is happening there and then as well as providing future planning of learning opportunities the student wishes to experience linked to a particular patient/clients journey. Furthermore hubs supported the student to 'fit-in' more quickly and form meaningful relationships with the team which resulted in mentors having a greater incentive to invest in the student. Furthermore students took greater ownership of their learning.

Overview of the 'Hub and Spoke' and 'Rotational' Practice Learning Model

A Hub is a clinical area that is the main base for practice learning and student attainment of Nursing and Midwifery Council (NMC) competencies and essential skills (NMC, 2006). A hub can be conceptualised as geographic in location but also is defined by consistency of and continual access to a named mentor/team for a whole year. Spoke clinical learning environments were characterised as secondary learning opportunities derived from and related to Hubs through the provision

of additional learning experiences not offered in the Hub clinical learning environment.

In contrast to the hub and spoke model whereby one mentor supported and facilitated student learning for the whole of the first year, the rotational model means that each student has a minimum of 3 mentors over three clinical learning environment periods, in the second year of study. This model is typical of undergraduate nursing programmes in the UK.

This study builds on previous work which developed and evaluated the hub and Spoke model of practice learning (Roxburgh et al., 2011, 2012). Phase 1 of this study examined student, mentor and clinical manager's perceptions of a 'Hub and Spoke' practice learning model in year 1 of an undergraduate nursing programme, with a particular focus on enhancing the 1st year student experience of *belongingness, continuity, continuous support across three geographically diverse locations*. Findings suggested that the model had real value in orientating students to practice learning and emphasised the importance of the mentor relationship in developing and supporting student nurses. In addition, mentors and students reported the model as allowing feelings of belongingness to the team/clinical area and in promoting ease of mentoring continuity, student skill development and facilitating more meaningful student assessment. Roxburgh et al. (2012) further reported how in a 'Hub and Spoke' model students developed strategies to control and manage their own learning. In tandem greater connections and continuity of learning alongside more choice and autonomy were reported.

Phase two was designed to evaluate the degree to which key findings of belongingness, continuity in mentorship, and continuity in practice were apparent during year 2 when the practice learning model was delivered via the traditional placement allocation (rotational model). The funders, Scottish Government Health Department, Recruitment and Retention Delivery Group agreed to commission a second phase of research of this cohort through year 2 of the programme, due to the links between practice experience and student retention and attrition. It is recognised internationally that these are multifactorial but a number of key areas have been highlighted, including the quality of support and learning experiences in practice settings (Cameron et al., 2011; Pryjmachuk et al., 2009; Mulholland et al., 2008).

By doing so would inform and strengthen the evidence base for future modelling of practice learning that focuses on the student, deepening and expanding their learning rather than placement availability.

Methods

Study Aim

The aim of this study was to explore undergraduate nurses' perceptions of two experienced practice learning models: hub and spoke model, and the classical rotational model. In a previous study the hub and spoke model appeared to develop 1st year students' sense of belongingness, continuity and quality of practice learning, there for it was important to understand what students reported about these issues when recounting their 2nd year experience in the clinical setting that was organised according to a classical rotational model.

Theoretical Framework

The theoretical framework for the study drew on the work of Tinto (1993). Tinto's "Model of Institutional Departure" (1993) is based on the idea of 'integration' both academically and socially. He suggests that integration is a predictor of whether a student will stay or leave a programme of study. Tinto's theory aligns with the core concepts of this study namely belongingness, continuity, and practice learning environment.

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