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The development and evaluation of a 'blended' enquiry based learning model for mental health nursing students: "making your experience count"

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SUMMARY

To meet the demands required for safe and effective care, nurses must be able to integrate theoretical knowledge with clinical practice (Kohen and Lehman, 2008; Polit and Beck, 2008; Shirey, 2006). This should include the ability to adapt research in response to changing clinical environments and the changing needs of service users. It is through reflective practice that students develop their clinical reasoning and evaluation skills to engage in this process.

This paper aims to describe the development, implementation and evaluation of a project designed to provide a structural approach to the recognition and resolution of clinical, theoretical and ethical dilemmas identified by 3rd year undergraduate mental health nursing students. This is the first paper to describe the iterative process of developing a 'blended' learning model which provides students with an opportunity to experience the process of supervision and to become more proficient in using information technology to develop and maintain their clinical skills.

Three cohorts of student nurses were exposed to various combinations of face to face group supervision and a virtual learning environment (VLE) in order to apply their knowledge of good practice guidelines and evidenced-based practice to identified clinical issues. A formal qualitative evaluation using independently facilitated focus groups was conducted with each student cohort and thematically analysed (Miles & Huberman, 1994). The themes that emerged were: relevance to practice; facilitation of independent learning; and the discussion of clinical issues.

The results of this study show that 'blending' face-to-face groups with an e-learning component was the most acceptable and effective form of delivery which met the needs of students' varied learning styles. Additionally, students reported that they were more aware of the importance of clinical supervision and of their role as supervisees.

Introduction

This paper examines the process of introducing and evaluating an innovative teaching model with students who have elected to specialise in mental health nursing. As lifelong learners, nursing students should be encouraged to reflect on their clinical knowledge and apply this to their understanding of evidenced-based interventions and good practice guidance. It has also been shown that student nurses value the opportunity to discuss their experiences in a confidential setting (Crawford et al., 2000). The Department of Health (DH, 1994) outlined the need for students to experience supervision of their clinical practice during pre-registration education in order to gain an understanding of what to expect from clinical supervision once qualified. In Europe a study of student nurses experience of supervision demonstrated that regular supervision of clinical practice was favourable amongst students across eight nursing schools (Saarikoski et al., 2007). According to Cummins (2009) the development of clinical supervision within the nursing profession has not been a priority in Australia, although this has only been recognised as being beneficial for mental health nurses specifically. In reviewing the literature, Hyrkäs (2005) identified that supervision structures for nurses in the United States involves supportive supervision for undergraduate nurses, this is not as formalised as the structured supervision offered in Britain and the Scandinavian countries.

As the provision of healthcare changes rapidly, it is essential that nurses are competent in their ability to use innovative communication technology such as asynchronous discussion boards and professional blogs to maintain their clinical knowledge. To meet this requirement the proposed model aimed to incorporate an e-learning element. E-learning is seen as an opportunity for students to enhance learning and to develop the essential information technology (IT) skills necessary for self directed learning (McVeigh, 2009). Salmon's e-moderating model (Salmon, 2000) outlines a number of processes that are essential for the effective use of e-learning. These broadly relate to creating the right conditions to promote students' confidence in managing their own learning, through encouraging interaction between students and the 'e-moderator.' It is suggested that students'

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online interactions foster a sense of belonging in the academic community, promote information sharing, critical reflection, and, crucially, independent learning styles (Salmon, 2000). E-learning offers increased flexibility for learning and enables students to confidently communicate with a wide range of professionals and organisations (NHS Executive, 1998; DH, 2004) and provides access to evidenced based databases and health service technologies such as the NHS Evidence database (NICE, 2010) and the E-learning for Healthcare website (DH, 2010). In recent years, there has been an impetus to develop blended e-learning approaches in nursing education in the UK (Glen and Cox, 2010; Simpson et al., 2008; Kiteley and Ormrod, 2009). The Department of Health (2001) have identified the use of information technology competence in the policy for lifelong learning and higher education strategies (HEFCE, 2005: DfES, 2003) with the use of Virtual Learning Environments (VLE) becoming the norm for many health professionals. Nurses of the future must be equipped to develop their future learning needs through the continued development of interactive online resources. E-learning is a form of facilitated learning using a range of information and communication technologies in academic and training environments (DH, 2010; JISC, 2009).

Development of the 'making your experience count' (MYEC) model

The blended learning model adopted by the authors for the project was underpinned by Proctor (1986) three-function interactive model of supervision to facilitate self awareness and reflective practice. Supervision included the formative element of increasing the students' knowledge and skills and normative factors which emphasises professional accountability and ethical aspects of clinical practice (Cutcliffe and Proctor, 1998). The restorative component of Proctor's model, which involves the supportive quality of supervision, was not the focus of the supervision although this was monitored by the teaching team. Students identified as needing additional support were directed to their academic advisors or clinical mentors.

Prior to the implementation of the MYEC model, students received a weekly Problem Based Learning (PBL) session in small groups using a 'paper scenario' based upon clinical cases generated by academics with clinical expertise. However, there is conflicting evidence as to whether PBL approaches improve nursing students' critical thinking skills, and the use of ambiguous scenarios have been evaluated as being stressful (Tiwari et al., 2006; Yuan et al., 2008). Furthermore Cooke and Matarasso (2005) identified that the use of real clinical scenarios is more effective in the education of mental health students rather than the traditional fictitious case studies used in PBL. It was predicted that students might be more inspired and motivated if the focus of their enquiry based learning was driven by their own experiences on clinical placement rather than by the tutor devised scenarios.

The Enquiry Based Learning (EBL) component to the MYEC model was developed from the traditional PBL approach of problem solving, critical analysis and self reflection which is established as being an effective and enjoyable method of learning by both students and tutors (Albanese and Mitchell, 1993; Vernon and Blake, 1993; Wang et al., 2009). It has also been shown to promote deep learning and interest (Murphy, 2004) and encourages the exploration of the underpinning issues in a diverse range of contextual environments using small scale investigations into complex problems or case studies, as advocated by Kahn and O'Rourke (2005).

Implementation of the MYEC model

The MYEC model was developed within a university in the North-West of England; The University of Manchester. The model was used within a course unit focused upon using a recovery approach in the assessment and treatment of service users who experience on-going and complex mental health problems in community settings. Students attended the University for one day per week for academic input which included didactic teaching, clinical skills workshops and EBL. The clinical placements were provided for four days each week in a range of community settings by local NHS partner organisations which included: community mental health teams, rehabilitation units, early psychosis teams and mental health assertive outreach teams. Students, as part of the multi-disciplinary team, were expected to develop their clinical skills within these placements and to apply their knowledge and existing skills to meet the needs of service users who had experienced complex and enduring mental health problems.

The project team included Clinical Teaching Fellows who had additional clinical roles within the local mental health Trust, a teaching and learning expert, and a Teaching Fellow with specific expertise in on-line learning. A student representative from a previous undergraduate course was also involved, as were two researchers within the School of Nursing. In order to establish the most effective and acceptable form of delivery of the MYEC model, various combinations of face to face and e-learning methods were evaluated by students. The students involved were from three cohorts of 3rd year undergraduate students specialising in mental health nursing, from 2007 to 2009.

Cohort 1: face to face facilitated EBL and supervision

The first cohort of students participated in a twice monthly face-to-face facilitated 'supervision' group in which students were expected to identify and present a 'supervision issue' or a clinical dilemma. Clinical Teaching Fellows assisted the group to develop a shared understanding of the dilemma and to formulate an expected outcome following the enquiry process. Due to time limitations students were required to prioritise one or two of the issues identified by group members to study in depth. Once agreed, a prioritised issue would be discussed using the 'Maastricht Seven Step' process (Table 1) as a framework (Barrows and Tamblyn, 1980). Once the group had generated appropriate learning objectives from the clinical issue, students identified a specific line of enquiry to research either as individuals or pairs.

Students were encouraged to follow different routes of enquiry by identifying good practice guidance and current policy, reviewing relevant studies or research; utilising their own previous experience or experiences of other professionals in their clinical placement and considering the perspectives of other stakeholders such as clinicians or service users. This acquired knowledge was then brought to the next group face-to-face supervision meeting in order to apply it to the clinical issue or dilemma under examination. The process was then repeated throughout the unit. The outcome of this process was the acquisition of knowledge concerning a specific subject area alongside the experience of using a structural framework to resolve clinical dilemmas.

Cohort 2: e-learning facilitated EBL and supervision

In order to increase the flexibility of group supervision provision, the second cohort of students was introduced to an on-line version of

Table 1

Maastricht 'seven step' approach
1. Clarify and agree working definitions and unclear terms and concepts
2. Define the problems, agree which phenomena require explanation
3. Analyse the problems (brainstorm)
4. Arrange possible explanations and working hypotheses
5. Generate and prioritize learning objectives
6. Research the learning objectives
7. Report back, synthesize explanations and apply newly acquired information to the problem. Identify further learning needs