New models to support the professional education of health visitors: A qualitative study of the role of space and place in creating 'community of learning hubs'

Sara Donetto*, Mary Malone, Lynn Sayer, Glenn Robert

Florence Nightingale Faculty of Nursing & Midwifery, King's College London, United Kingdom

ABSTRACT

Background: In response to a policy-driven workforce expansion in England new models of preparing health visitors for practice have been implemented. 'Community of Learning hubs' (COLHs) are one such model, involving different possible approaches to student support in clinical practice placements (for example, 'long arm mentoring' or 'action learning set' sessions). Such models present opportunities for studying the possible effects of spatiality on the learning experiences of students and newly qualified health visitors, and on team relationships more broadly.

Objectives: To explore a 'community of learning hub' model in health visitor education and reflect on the role of space and place in the learning experience and professional identity development of student health visitors.

Design: Qualitative research conducted during first year of implementation.

Settings: Three 'community of learning hub' projects based in two NHS community Trusts in London during the period 2013–2015.

Participants: Managers and leads ($n = 7$), practice teachers and mentors ($n = 6$) and newly qualified and student health visitors ($n = 16$).

Methods: Semi-structured, audio-recorded interviews analysed thematically.

Results: Participants had differing views as to what constituted a 'hub' in their projects. Two themes emerged around the spaces that shape the learning experience of student and newly qualified health visitors. Firstly, a generalised need for a 'quiet place' which allows pause for reflection but also for sharing experiences and relieving common anxieties. Secondly, the role of physical arrangements in open-plan spaces to promote access to support from more experienced practitioners.

Conclusions: Attention to spatiality can shed light on important aspects of teaching and learning practices, and on the professional identities these practices shape and support. New configurations of time and space as part of educational initiatives can surface new insights into existing practices and learning models.

1. Introduction

Analyses of space as not merely the "arena in which social life unfolds, but rather as a medium through which social relationships are produced and reproduced" (Gregory and Urry, 1985, p.3) have been relatively scarce in higher education research (Edwards and Clarke, 2002). Although, over the last two decades, a substantial body of research has emerged that applies geographical thinking to nursing enquiry (Andrews, 2006, 2016), there has been little analysis of the role of spatiality in nurse education (e.g. Gray, 2003; Brodie et al., 2005; Andrews et al., 2005, 2006). In this paper, we explore a learning

support initiative in health visitor education and reflect on the role of space and place in the learning experience and professional development of student health visitors.

Health visitors are Specialist Community Public Health Nurses (SCPHNs) with a varied and complex role which includes leading and supporting interventions aimed at improving the health and social outcomes of children aged 0–5 years. Student health visitors access their post-registration programme having previously qualified as either nurses or midwives. Qualification courses are usually delivered over 52 weeks (Nursing and Midwifery Council, 2006) and include both university and practice-based learning. Traditionally, practice place-

* Corresponding author at: The Florence Nightingale Faculty of Nursing & Midwifery, King's College London, James Clerk Maxwell Building, 57 Waterloo Road, SE1 8WA, London, United Kingdom.

E-mail addresses: sara.donetto@kcl.ac.uk (S. Donetto), mary.malone@kcl.ac.uk (M. Malone), lynn.sayer@kcl.ac.uk (L. Sayer), glenn.robert@kcl.ac.uk (G. Robert).
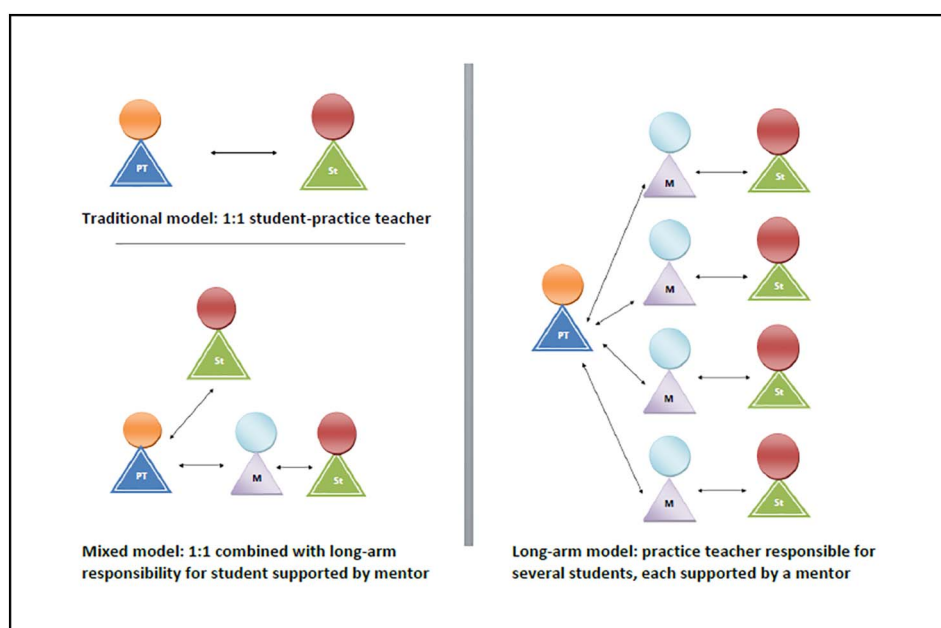
Fig. 1. Models of health visitor practice learning.PT = practice teacher; M = mentor; St = Student.

ments follow a model of preparation for practice where one student is assigned one qualified practice teacher (an experienced health visitor who has undertaken further training to supervise students) for the duration of the programme. However, more recently, in response to the Coalition government's drive to dramatically increase the number of health visitors in post by 2015 and re-frame the vision for health visiting services (Department of Health, 2011), other models have been tested. In particular, in view of the dramatic increase in student numbers caused by the policy-driven workforce expansion, long-arm mentoring approaches have been implemented, with one practice teacher being responsible for a variable number of students, each supported by a mentor (usually a qualified health visitor who has undertaken some mentoring training) (for more detail, see Devlin and Mitcheson, 2013; see also Fig. 1).

With the aim to ensure good learning experiences for the considerably larger and growing student body, in 2012 NHS London invited applications for funding to support local initiatives which would enhance health visitor learning. King's College London was awarded funds to pilot a 'hub-and-spoke' model for supporting health visiting students in their practice placements at two participating NHS trusts. The model draws upon the theoretical underpinnings of Lave and Wenger's (1991) 'communities of practice' and seeks to establish 'Community of Learning hubs' (COLHs) for the professional learning of health visitors. It does so primarily by facilitating organisational rearrangements which enable one experienced practice teacher in each COLH to dedicate protected (40% full-time equivalent caseload-free) time to supervising and coordinating learning not only for health visiting students but also newly qualified health visitors, practice teachers and mentors. The way in which the model was implemented in each trust and the activities it included were left to the expertise and local knowledge of service managers and senior practice teachers. The two participating London NHS trusts implemented three community of learning hubs projects, two in one trust—which we called the Oak and Pine projects, and one—the Sycamore project—in another. The projects started in November 2013 and ended in October 2015. Our evaluation explored the views of managers, educators, project leads, students and newly qualified practitioners on their experiences of the COLH projects during the first year of implementation.

Like Edwards and Usher, we find that the "relative lack of interest in space" in higher education research "becomes even more surprising when one considers the extensive use of spatial metaphors in the

discussion of education and pedagogy" (2003, p.1). In view of the marked spatial connotations of 'hub' metaphors, and indeed of 'communities of practice' models for learning, in this paper we focus on some possible effects of spatiality on the learning experiences of student and newly qualified health visitors and on team relationships more broadly.

2. Methods

Between July and October 2014, we carried out 29 individual semi-structured interviews with managers and leads (n = 7), practice teachers and mentors (n = 6) and newly qualified and student health visitors (n = 16) involved in the Community of Learning 'hub' projects supported by King's College London (a breakdown of interviews by project is provided in Table 1). Interviews were carried out by SD, who is an experienced interviewer as well as a researcher with experience of the health visiting setting but a complete outsider to the COLH initiative. They lasted approximately between 20 and 80 minutes and aimed to explore people's understandings of and involvement with the initiative, their experiences of providing and/or receiving learning support, and their views on the key benefits and challenges of the initiative. They were transcribed verbatim and analysed thematically. All members of the research team coded a sample of 5 transcripts. Emerging codes and categories were discussed at two team meetings and a coding framework generated to guide further coding. SD coded all

Table 1
Interviews.

Interviewees	Pine and Oak COLHs	Sycamore COLH
Head of children's services	1	1
Manager	1	1

	Pine COLH	Oak COLH	Sycamore COLH
Project lead	1	1	1
Practice teacher	1	2	–
Mentor	2	1	–
Newly qualified HV	2	–	5
Students	7	2	n/a
Total	29		