



The evaluation of an early graduate educational intervention

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A B S T R A C T

Literature points to a gap which exists in the preparedness of new nursing/midwifery graduates for clinical practice. In Ireland, a two year programme was established in 2013 for all new graduates employed by the public health system. This paper provides a report on the evaluation of the programme which aimed to gauge the impact of the programme on student experience, stakeholder opinion and on health service delivery. A mixed methods approach, combining qualitative and quantitative methodologies, was utilised. Students who undertook the programme, along with non-student stakeholders, were invited to participate. The quantitative element involved an online evaluation survey which was administered to all students participating in the programme, while the qualitative element involved interviews with the participants. Students believed the programme to be relevant to their practice and positively evaluated the use of blended learning, the support of tutors and the contribution to their professional development. Non-student stakeholders also positively evaluated the programme, but the direct impact on clinical practice was not particularly evident. The evaluation offers a positive view of this initiative and broadly supports the concept of early graduate education programmes. A number of recommendations are offered for the development of future programmes.

1. Introduction

The preparedness of nurse and midwife graduates for professional practice and their contribution to social, educational and economic developments in Ireland and further afield, has been commended by a number of reports (Department of Health, 2012; European Commission, 2012). There is however, also a body of literature that point to the gaps which exist in the preparedness of new nursing/midwifery graduates for clinical practice (Del Bueno, 2005; Li and Kenwood, 2006; Dyess and O'Sherman, 2009; Glen, 2009; Gardiner and Sheen, 2016). In response to these perceived gaps, a two year Graduate Nurse/Midwife Programme was established in Ireland in 2013. Offered at postgraduate certificate level to all new graduate nurses and midwives employed by the public health system, the programme was designed and delivered in a partnership approach between a higher education institute (HEI) and the Office of the Nursing and Midwifery Services Director (ONMSD) in the public service health provider (Health Services Executive). This

paper provides a report on the evaluation of the programme delivered between 2013 and 2015. The evaluation focused on student experience, stakeholder opinion and perceived benefits to health service delivery, of the programme.

2. Background

The perception of a theory practice gap is a long standing point of discussion in nursing and midwifery education (Rolf, 1998; Landers, 2000; Corlett, 2000) with a constant narrative pointing to the difference between what students learn in pre-registration programmes and the actualities of practice (Gardiner and Sheen, 2016). Despite development in education in recent years, with a move toward graduate pre-registration education in many countries, these concerns have persisted and some would argue have become more pronounced (Allan et al., 2011). A recent review of undergraduate education in Ireland (Department of Health, 2012) recommended that the integration of

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theory and practice be strengthened within pre-registration programmes in order to address the theory practice gap. However it also points to the need for recognition that there is a limit to how much content can be included in an undergraduate curriculum, highlighting a need for early graduate education initiatives.

The concept of “Reality Shock” and the difficulty of bridging theory to practice have been constant themes in literature regarding early graduates. Al Awaisi et al. (2015) found that newly qualified nurses found themselves graduating with minimal practical experience, but had a high level of theoretical knowledge which they found very challenging to apply to clinical practice. Graduates found great difficulty prioritising care and coordinating complex situations, leading to a focus on task orientation and in turn compromising patient care. Similarly, Kumaran & Carney (2014), examining the transition into practice, found that newly qualified nurses felt increased confidence and pride on their graduation, but once socialisation into their clinical role started these feelings changed to anxiety, stress and frustration associated with their responsibility and accountability which became overwhelming for many. The supports offered to new graduates while in practice, often in the form of preceptorship or mentorship programmes, is another area that has gained attention in the literature. For example Rush et al. (2013), in a systematic review identifying best practices for nurse transition programmes, showed that out of the forty seven papers examined, an overwhelming majority included the resource of either a preceptor or mentor. They also found that this support should focus on clinical skills development and be made available at least for the first six to eight months post qualification. Rush et al. (2013) highlighted that the most beneficial graduate nurse transition programmes included formal education and peer support opportunities. This finding is substantiated further in studies by Henderson et al. (2015) and Gardiner and Sheen (2016).

More formalised education programmes have also been suggested as the solution to the difficulties for early graduate transition. Henderson et al. (2015) explored perceptions of a structured clinical support programme which included interactive study days for newly qualified nurses. They found that graduates felt that the programme allowed them to competently complete their work and that they received valuable professional and emotional support. Similarly Anderson et al. (2009) showed that an interactive learning environment was found to be beneficial by the students and job/work satisfaction rating post completion were high. Structured education programmes were found in thirteen of the forty seven papers reviewed by Rush et al. (2013). Although there was significant discussion on the benefits of a structured education programme, there was a large variance in terms of curriculum and content of the education programmes making comparisons difficult.

While the above highlights the benefits for graduates in having such structured programmes in place, less attention has been given to capturing the benefits to health services and organisations. One study by Hillman and Foster (2011) set out to identify the impact of a graduate nurse programme on nursing retention and cost savings. It showed that before the introduction of the programme, nurse retention figures for the newly qualified were as low as 50%. The retention figures years later after the introduction of the programme showing an increase to 72.5%. As well as the cost savings, they highlighted the increase in nursing satisfaction and a demand for nurses seeking to work in the hospital (Hillman and Foster, 2011). Vittrup and Davey (2010) examined the impact of a structured problem based group as part of a graduate nursing programme in an acute inpatient hospital in Australia. The impact on retention figures was overwhelmingly positive with a figure of 95% retention after the first year. These outcomes support the finding from Hillman and Foster (2011) and Rush et al. (2013) in that implementing structured educational programmes for graduate nurses reduces expenditure on recruitment and costs related to staff shortages such as overtime and agency rates.

3. The educational intervention

Against a background of public spending austerity in Ireland, the Public Service Stability Agreement 2013–2016 (otherwise known as the Haddington Road Agreement) provided for the establishment of a Graduate Nurse/Midwife Programme. The Postgraduate Certificate in Nursing/Midwifery (Applied Professional and Clinical Development) was funded by the state employer (HSE), part time, over two years to coincide with the duration of the employment contracts for new graduates. The programme was introduced at a difficult period for industrial relations and budgetary constraint in the public health sector where nurses and midwives underwent significant pay cuts and reduced access to jobs. This programme aimed to better prepare graduate nurses for the transition to practice, but also served as a means of providing a 2 year contract and some compensation for lost pay.

The programme utilising a blended learning approach which included face-to-face teaching (offline) combined with computer-mediated teaching (online) in the virtual learning environment (VLE). Uniquely this programme was delivered on a nationwide basis and teaching was delivered at regional sites as well as in Dublin. Video conferencing was used as a delivery method to accommodate students from different geographic locations. Furthermore, the programme was designed to suit the needs of differing branches in nursing and midwifery. Hence students completed two core modules and chose a third module from a choice of five according to their branch of registration (see Table 1).

Table 1
Content themes and modules.

Themes	Module	Aim
Quality and Safety	Contemporary Issues in Nursing: Clinical Governance, Safety and Risk Management	This module aimed to provide students with the opportunity to critically explore the changes occurring within contemporary Irish healthcare and to examine the implications and influences on their area of practice and on quality and patient safety
Communication and Teamwork	Interdisciplinary Communication and Teamwork	This module aimed to provide students with the opportunity to critically explore interdisciplinary communication and team work and develop effective communication and team work strategies.
Patient Centred/service user centred/ child and family centred care	<ul style="list-style-type: none"> Strand A: Patient Assessment Care and Evaluation (Adult Nursing) Strand B: Patient Assessment Care and Evaluation (Mental Health Nursing) Strand C: Patient Assessment Care and Evaluation (Children's Nursing) Strand D: Patient Assessment Care and Evaluation (Midwifery) Strand E: Patient Assessment Care and Evaluation (Intellectual Disability Nursing) 	This module aimed to develop the students' knowledge and competencies for history taking, diagnosis, systematic assessment and evaluation in patient care along with promoting effective patient/nurse relationships

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