



## Clinical education

## Nursing students' perceptions of a collaborative clinical placement model: A qualitative descriptive study

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## ABSTRACT

Clinical placements are specifically designed to facilitate authentic learning opportunities and are an integral component of undergraduate nursing programs. However, as academics and clinicians frequently point out, clinical placements are fraught with problems that are long-standing and multidimensional in nature. Collaborative placement models, grounded in a tripartite relationship between students, university staff and clinical partners, and designed to foster students' sense of belonging, have recently been implemented to address many of the challenges associated with clinical placements.

In this study a qualitative descriptive design was undertaken with the aim of exploring 14 third year third year nursing students' perceptions of a collaborative clinical placement model undertaken in an Australian university. Students participated in audio recorded focus groups following their final clinical placement. Thematic analysis of the interview data resulted in identification of six main themes: Convenience and Camaraderie, Familiarity and Confidence, Welcomed and Wanted, Belongingness and Support, Employment, and The Need for Broader Clinical Experiences. The clinical collaborative model fostered a sense of familiarity for many of the participants and this led to belongingness, acceptance, confidence and meaningful learning experiences.

## 1. Introduction

The ultimate goal of undergraduate nursing education is the development of confident, empathic and competent healthcare professionals. However, the realisation of this goal is somewhat dependent upon the quality of students' clinical placement experiences (Courtney-Pratt et al., 2012). The clinical environment provides authentic learning opportunities for nursing students to develop the knowledge, skills, attitudes and values of a registered nurse; but, as academics and clinicians point out, clinical placements are fraught with problems that are often long-standing and multidimensional in nature (O'Mara et al., 2014).

Although there is a plethora of studies related to clinical placements and frequent debates about the most appropriate placement models (Roxburgh et al., 2012), there is limited information about the impact and outcomes of collaborative placement models that have been designed specifically to facilitate a tripartite relationship with students, university staff and clinical partners. This paper, therefore, describes the design and implementation of an Australian collaborative clinical placement model and presents the qualitative findings from a study that

explored students' perceptions and experiences of this model.

## 2. Background

## 2.1. International clinical placement models

Internationally, there is a wide range of different types of clinical placement models in use. For example in the United Kingdom, the Nursing and Midwifery Council (2016) has dictated that nursing programs must be comprised of 2300 h of clinical practice undertaken in various locations depending on the branch that students are enrolled in (adult, mental health, learning disability or children's nursing). Supervision is provided mainly by trained registered nurse mentors (Warne et al., 2014).

In Japan many universities operate alongside partner hospitals, referred to as university hospitals, where students undertake the majority of the required 736 clinical placement hours in adult, paediatric, maternal, gerontological, and public health nursing settings (Honda et al., 2016). Academic staff and clinical facilitators supervise Japanese nursing students while they are on placement.

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Collaborative models, where students spend extensive periods of time in one clinical setting, have been the subject of research by Maguire et al. (2012) in the United States. Central to these models are the partnerships between industry and education providers, with the extended placements designed to foster students' familiarity with geographical layout, policies and procedures (Maguire et al., 2012), and the incorporation of clinical supervision into the professional development category of the nurses registration/credentialing (Anderson et al., 2016). For the clinical facilities in this model the main goal is retention of their students as registered nurses when they complete their degree. Essentially, clinical facilities are 'growing their own' nursing staff as students are immersed into the culture of the facilities (Maguire et al., 2012). This immersion is strengthened by offering students part-time employment as assistants in nursing (Maguire et al., 2012). Nursing schools enjoy outcomes of students' successful completions, therefore, all parties benefit in this collaborative partnership model (Maguire et al., 2012).

Consistent with the nature of a comprehensive curriculum, the Australian Nursing and Midwifery Council (2015) requires nursing students to undertake a minimum of 800 clinical placement hours across a wide range of clinical specialities, including, but not limited to, medical-surgical units, mental health facilities, aged care and community health facilities. Students are supported by clinical facilitators/educators who are employed by the university on a sessional basis or seconded for short periods of time from clinical venues. Students are also allocated clinical mentors/preceptors. Depending on the context and staff profile, consistent mentors are not always provided and students may be allocated to different nurses each day.

## 2.2. Collaborative partnership models

The notion of partnerships between tertiary education providers and health care organisations in order to support nursing students' professional socialisation and extend their learning is not new and has been explored in several countries. For example, the use of dedicated education units (DEU) where registered nurses are active participants in undergraduate education has been explored in Australia (Barnett et al., 2010) and the United States (Dapremont and Lee, 2013; Moscato et al., 2007) with demonstrable benefits for all stakeholders. In the DEU model only one nursing school has exclusive use of the placement and clinical supervision is undertaken by the staff nurses in the unit (Moscato et al., 2007). Academic staff work with the staff nurses to ensure students achieve their required competencies (Moscato et al., 2007). Findings from this type of clinical partnership model have reported a strengthening of communication through the development of a bridge between education and practice (Moscato et al., 2007). Furthermore, pride and a sense of ownership amongst clinical facilities and nursing schools was reported (Moscato et al., 2007). This type of model does require a commitment from both the University and the placement facility (Forber et al., 2016).

Newton et al. (2011) described another Australian clinical partnership model where belongingness and social participation were cited as key factors in developing the work readiness of graduates. This model was underpinned by preceptorships, i.e., where an experienced ward nurse supported the development of each student and students worked the same shifts as their preceptor (Newton et al., 2011). Clinical nurse educators facilitated the partnership between the student and the preceptor (Newton et al., 2011). It was reported that an advantage of this partnership model was the strong degree of work readiness for the student (Newton et al., 2011).

In the United Kingdom and in other countries a 'hub and spoke' model has been introduced and found to have a number of positive outcomes (Roxburgh et al., 2011). In this model students are allocated to a clinical context, termed the 'hub', for six weeks to three years. Students then negotiate to attend a number of secondary or 'spoke' practice learning environments related to the 'hub' that may consist of

one visit or a longer placement, depending on specified learning needs. This approach also emphasises person-centred care because students have opportunities to follow patient's healthcare journeys through various clinical settings (Roxburgh et al., 2012). A more recent qualitative study of the student experience of a hub and spoke model of clinical placement in the UK showed a strong sense of belonging and increase in satisfaction among students (Thomas and Westwood, 2016).

We acknowledge that similar partnership models have been used in midwifery for clinical placements for several years. Currently our Bachelor of midwifery program has developed a partnership model with the three local area health districts and midwifery students undertake their midwifery placements in the one facility enabling closer relationships and stronger partnerships with the area health districts. For the purpose though of this paper the focus is on the Bachelor of Nursing students not Bachelor of Midwifery students.

## 3. Implementation of a collaborative clinical placement model

In 2012 a Collaborative Clinical Placement Model (CCPM) was introduced at three local acute care hospitals affiliated with our university. This approach was designed to strengthen relationships between the university and our clinical partners, improve the quality of students' placement experiences and provide a sense of belongingness to a large cohort of students who in our student feedback sessions often stated that they had no sense of belongingness or cohesion amongst the undergraduate nursing cohort. There are over 2000 students enrolled in our nursing program and clinical placements are typically undertaken in metropolitan, rural and regional facilities across a geographical footprint that is larger in size than the whole of England. There are over 80 clinical sites in this area and most students rarely attend the same clinical site more than once and in our feedback students complained that they felt there was a lack of continuity as they had to change the environment so often. Although diverse clinical placements are valuable experiences they can present challenges, especially to mature age students who have carer responsibilities and work commitments. Thus, the CCPM was seen as a way of supporting students who wished to undertake placements close to their homes. Additionally, enrolment in the CCPM offered opportunities for students to apply to work as Assistants in Nursing and, on completion of their degree, they were encouraged to apply for a graduate position with the same healthcare organisations. Although employment was merit based, those who had been enrolled in the CCPM had a greater understanding of organisational policies and procedures.

Acceptance into the CCPM was based on a competitive process following completion of one semester of study and prior to students' first clinical placement. Students were required to submit a formal application consisting of a cover letter, a curriculum vitae and academic transcripts. Applicants who were shortlisted then attended an interview conducted by representatives from the university and the clinical organisation.

Students whose applications were successful completed all of their placements in the same healthcare organisation but in different units that aligned with course specific learning outcomes. An opportunity to attend an 'external' rural placement was also offered to students in second year. To enhance students' sense of belonging they were each allocated a designated mentor (registered nurse) from their clinical site who met with them regularly and provided informal support for the three years of their degree. This mentor was different to their clinical facilitator or preceptor as they did not have a direct teaching role. Their role as mentor was as a professional friend and role model. In contrast the preceptor or clinical facilitator had a supervisory and teaching role.

The Clinical facilitator supports the students learning both on-campus (laboratories) and in off-campus placements. They are sometimes called clinical supervisors. Preceptors are registered nurses and in our CCPM third-year students are allocated to a Preceptor. Students work the same shifts as their preceptors. Preceptors undertake student

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