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| **Vodcast Transcript 02/04/14 – Part One** |
| **Workshop Theme:** Higher Education Institutions (HEI) and Health and Social Care (HSC) Provider Partnerships. |
| **Workshop Title:** Transitions, Learning and Confidence, Collaborative Pilot Project. |
| **Speakers:** Bridget Malkin, Senior Lecturer, Faculty of Health, Birmingham City University and Kay Wilson, Heart of England NHS Foundation Trust, Good Hope Hospital, Placement Support Sister. |
| Slide 1: Transitions, Learning and Confidence, Collaborative Pilot Project.  BM: Hello my name is Bridget Malkin. I am a senior lecturer at Birmingham City University. Part of my role is to work out in practice with some of our partner organisations.  KW: Hi I’m Kay Wilson. I am a Placement Support Sister at Heart of England Foundation Trust (HEFT) and I’m based at Good Hope Hospital, one of our key sites.  BM: I am just going to say very briefly that what we did was submit a collaborative bid to obtain some enhancing curricular qualities monies to be able to fund our project. And we went through the ethical approval process for this to work. And really the way that we have worked together across our organisations is very much reflected in the Willis commission recommendations.    Slide 2: Reality Shock  BM: So through our experiences of working across practice and within education what we have identified is that student nurses also go through reality shock as defined by Kramer (1974). Particularly during their management or their final placement before registration. And really that reality shock is really evident in role conflict and the lack of feeling prepared for practice. Students feel overwhelmed and unable to cope which totally undermines their confidence. So we have looked and read quite a lot about in relation to the impact of confidence on professional’s roles and ability to perform their job effectively in essence.  BM: We know that this is quite key and that people have picked up on this because nationally the preceptorship programme has been introduced to offset some of these elements. As well as the fact that what happens is that obviously people leave when they are unable to cope. So preceptorship has also been introduced perhaps as a capacity improvement initiative as well for improving recruitment and retention.  BM: So we have looked at these elements in relation to identifying that our students were getting a fail rate. One in ten adult students you could expect to fail their management placement. And we looked at three previous cohorts for that. To pick up on those figures we found that that was average across whatever Trust they were working at. And actually that is quite significant. That has a massive impact on our students, a massive impact on their confidence and also on capacity issues for students re-visiting placements again. That was in all fields bar child, OK, that those figures are reflected, so that’s interesting.  Slide 3: Confidence  KW: We just have a little definition of confidence up there for you. We are not going to read it to you. This pilot focused on students self-rating their levels of confidence. And we introduced some learning activities to enhance their management expectations and outcomes during their transitional placement. So it was the final placement for this cohort. It seemed like a logical starting point for us as practitioners really, didn’t it.  KW: Because of our experiences out there in practice and because of what Bridget said picking up on the one in ten fails. In my role a lot of what I see out there in practice is that students struggle and have that little ‘wobble’ at third year. I can see you all nodding here. It is that confidence, they just lose it. As it is that realization of ‘oh my goodness, I am going to qualify in a few months’ time’. So what could we do to help support that transition period for them?  Slide 4: Case Study Approach  BM: Our approach was a case study approach. We wanted to identify a targeted intervention, as the question says on the board, a targeted intervention to enhance students self-rating. We designed our project using a mixed methods approach as we were collecting qualitative and quantitative data. To be able to improve the credibility of the work. We collected a series of cases really.  Slide 5: Design  KW: So the design of the project was just twenty students, so a small group out of the cohort as a pilot. Just one tenth but we felt they were a representation of their peers. We located the study at one site, my home, Good Hope Hospital. Because we have our effective working relationship with Bridget and my team as well. So we had an established team to enable the activities and interventions that we were going to put in place for the students.  KW: And it sounds quite simple. It was just four ten minute meetings. But we will go onto explain what we did in those meetings now. But that was the design in a nutshell.  Slide 6: Measures and Interventions  BM: I’m just going to briefly list those. These are the sort of measures, or we were measuring some of these and these were the interventions that we put into place for the students. We adapted Barr’s impact tool, I’ll talk about that in a minute. We did a review of student activity and practice reflection. We introduced a ‘step-up’ toolkit with them. And we got them to self-evaluate against the Boychuk Duchscher (2007) transitions stages model and I have got that later for you to have a look at.  Slide 7:  BM: So in effect…  KW: So these are the interventions over a four week period. So week one, really it was day one, wasn’t it.  BM: Day one  KW: We met with all of the students and outlined the project and what we were looking to do with them. And we introduced the adapted Barr’s impact tool and asked them to self-rate themselves at that point before they had done anything on the wards at that point. We also outlined expected learning activities to be doing between week one and week three. Which was managing a case load of patients, looking towards stepping up from being that ward coordinator role. We launched that in there from the outset didn’t we? Or nurse-in-charge- whatever you call it in your organisations. You can imagine what students felt – a little bit freaked out at first weren’t they:  BM: Yeah  KW: But once we had won them round, you know and just said that you will be supported through this process and explained it. Some of them were quite excited even with a little bit of apprehension.  KW: At week three we had our first ten minute meeting with them. Got them to self-rate their confidence again across the four levels. And we asked them just some short questions in a questionnaire. An activity reviewing what they had been doing to date. We invited the mentor in at that point. Now that’s normal process in any placement. It was around about the interim assessment period. So if the student wasn’t performing then we would know about it as well and we could put some measures into place i.e. a development plan or an action plan. If they needed that or required that – none of them did.  KW: At week six again we meet with them and got them to self-rate levels of confidence and again review and reflection on the activities they had been doing. And at the end of placement it was an overview of the whole of the placement and again asked them to self-rate their levels of confidence. And we got them to…and I can’t say that Bridget  BM: Boychuk Duchscher  KW: Thank you. And we got them to self-rate themselves to see where they were. But when you see it, if you haven’t seen it already it might make a bit more sense rather than me talking about it. So that’s sort of how we designed our interventions.  Slide 8: Adapted Barr’s Impact Tool  BM: Very quickly the adapted Barr’s impact tool is a quite well known tools and methods and it is based around Kirkpatrick’s self-learning tool, it’s quite similar. What we did to adapt this was introduce confidence as the variable that we were looking at measuring in relation to the four levels of impact. And of course it’s got time running down the side. Five point self-rating scale. One being the lowest, five being the highest. Is what we asked students to rate themselves each week, or at each of the points of measurement there. So we would get students to rate themselves in their confidence in themselves as a learner. Being able to recognize things and do. Their confidence in relating their theory to their practice so they were looking at elements there. Their confidence and or ability to adapt to change or initiate changes and their confidence in their organisational impact and/or recognizing what their role was in that. And just to say that self-rating perceptions is quite a well-recognized and is recognized in the literature as being an effective method of capturing information. And it being accurate. OK.  Slide 9: Student Activity Review  BM: Student activity review. Our theory reading generated a lot of the way the questions were focused in relation to how we wanted to structure and focus the students in their reflection in these ten minute meetings with us. And the questions were posed in weeks three and week six and additionally comments that students made, we also captured that and validated that with students at the time. OK because we were capturing both qualitative and quantitative data to try to support the project.  Slide 10: Step-up toolkit  KW: So the step-up toolkit that we pulled together, this is what it included. This is what it included. Quite simple…are you alright…it was a staff nurse job description so they could look at that every day and know what was expected of them. For me, I don’t think that the students, until you put that in front of them, think ‘oh my goodness, have I really got to do all of this’? So it helped facilitate and focus their activities on a day-to-day basis.  KW: A coordinators role and activities checklist that we use in our organisation or some of our departments use in our organisation. Or you might call it the nurse-in-charge role, whatever you call it that’s what it is. Capacity awareness activities i.e. spending time with the capacity team, discharge coordinators or whatever you may call them and flow meeting you are expected to and our Trust discharge plan/policy was included in that.  BM: Within the literature a lot of the activities about lack of preparedness i.e. lack of role awareness actually formulated some of the activities we designed within the model for students to do.  Slide 11: Boychuk Duchscher  BM: So the Boychuk Duchscher (2007) transitions model looks like this and actually what we find is…is this the first time we have shown this…  KW: Yes  BM: OK first time…so… do I need to tell them that now…  KW: No  BM: OK I do that in a minute  BM So OK we actually got the students to look at this and to look at some of the feelings across the model. And also gave them a copy of this to keep which would perhaps help them in the future in relation to some of their experiences. Across the bottom as you can see it says months of practice and there has been a lot of work, for something like twenty years, repeating the work of Kramer and re-doing some of the evidence to actually create that model.  KW: But we didn’t show this until then end did we?  BM: This was post pilot at our last meeting with the students when we actually showed them this and got them to start talking about where they felt they were at in relation to it.  Slide 12: Findings  BM: OK let’s get onto the really interesting bit really nice and quickly. I have already said to you that we used a mixed methods approach and that we have got qualitative and quantitative data. So the first thing that we are going to talk about in relation to our findings is that students self-rated themselves in their confidence as a learner.  BM: So at week three 56% of the students had initiated their own development plans to be able to step themselves up. And themes that we were able to collect were increased role awareness and activities they were identifying were about undertaking the coordinator role and patient safety elements. Confidence boosting activities they identified were things like delegation and teaching. At week six they got themes like professional socialization and decision making they were picking up and some sort of self-awareness; starting to identify their skills gaps really.  BM: Their average factor increase by the end…this was an eight week placement by the way…usually would have been ten but there was two weeks less than usual. There was a 1.7 increase so they had made a huge move and change in a very short period of time. Shorter than we were expecting really.  KW: And all the results we have put on are averages as well.  BM: So that…we’ve got them all individually but it is difficult to look at so we average pointed at the timed interventions for student’s results.  Slide 13:  KW: So level two was the self-rating of confidence relating their theory to practice. It’s important to mention at the start that 86% used the step-up toolkit every day within their clinical areas. The qualitative data themes for week three they were identifying leadership skills. So they were undertaking more activities than they were doing previous to that. They were already managing their own case loads and patients but they were coordinating and doing capacity and safer staffing elements too by week three.  KW: And then by week six they were doing all of that but they were also doing more independent working and also working more autonomously. Supporting others within the team and some of them were also developing resource packs for students, others students and patients. By the end of placements students demonstrated the ability to acquire new concepts and skills and apply them to everyday practice. The average factor difference for level two was a 1.8 increase.  Slide 14: X  BM: So the level three outcome looking at students confidence in adapting to change. At week three themes that they were generating were around self-awareness and their role recognition and expressed things like feeling challenged and thoroughly out of their comfort zones. And these were comments that recurred across a lot of the students in relation to that.  BM: In week six they were all recognizing what their role was. They were all picking up and identifying independent working as being critical. In fact most of the students had identified it by that stage. And actually taking the lead in activities. And this had the largest measure of increase of 1.95 as the average across the cohort.  Slide 15: X  KW: for me this was kind of the most exciting point if you like, it was in self-rating their confidence in organisational impact. At the start you can see they self-rated their confidence, that’s the lowest score they gave themselves. And it’s significant to mention that because the qualitative data the train was that they don’t feel identifiable within an MDT team as a student. Because of the uniform that they wear, because of the role that they have and that they are only there for a short period of time. So they didn’t feel important within the organisation.  KW: But by week three things like coordination, taking on those additional activities and roles, time management but fundamentally throughout it was that mentor feedback they found that they needed that feedback underpinning their practice.  KW: By week six capacity and flow themes were coming through and identifying their skills and knowledge and being more autonomous in their everyday practice. And by the end of placement quality data indicates a positive effect overall. 86% of students who I have already said used and adapted the toolkit stated they would continue to use it after they qualify.  KW: And we are quite excited as we know all of the students have gained employment. Around about half the students have gained employment within my organisation and several of them were offered more than one position to. They used this project within their supporting information within their applications.  Slide 16: Boychuk Duchscher (2007)  BM: So we are going back to this model again because I think it’s really important to say that actually when we average pointed where students self-rated after the eight week pilot about where they felt they were they were averaging at about 4.5 which is here. Which is past the critical shock point where people leave or want to quit or drop out of the profession. And I am sure you have all had conversations with students who have felt like that, particularly newly qualified’s because I know I have. And it’s very distressing for the student and for you to think wow they have gone through all of that and that is how they feel.  BM: So they have moved to this and when we looked at them separately it ranged from one month to eight months. And what we realized is that we hadn’t put into the design that we actually needed to talk to the students six months later. But fortunately because I know where they are being employed I am going to be able to go and see them all again. And I have already asked them and they are happy to come back to this.  BM: So we’ve talked very quickly…so we are onto the discussion bit now but it’s nicer to look at this perhaps than the discussion slide.  BM: So we are going to look at confidence, reality shock and preceptorship which is the three points that we started with. All four level outcomes in relation to confidence scores suggested that students have benefited during the transition placement and the average if you put all four scores together is 1.8.  BM: Students weren’t keen to rate and use the five because they said that that was like the end point. And they said they were still learning and expected to learn. So within our design using five as the end point was sort of an error on our part and something I hadn’t thought about so something that could be that the scores are a little bit lower because how the students felt about the five being well you’re really it and they said they wouldn’t feel like that. It also shows that they are very aware of their roles and how they are going to be required to develop and learn. So I thought that was really great.  BM: Qualitative data students felt empowered to ask and to challenge and looking for different experiences through the project that really came through. Ok Kay will talk to you about that one reality shock.  KW: Reality shock, a student, I mean as Bridget has already mentioned that students self-rated at average of 4.5 months. So that means students had already gone past the transitional shock and into the being elements there. And that was in eight weeks. All of them had positive things to say, didn’t they, about the intervention. So you could argue that this project has helped prepare them. We will find out in six months’ time. But it has prepared them regarding their expectations as a registrant.  BM: And in relation to preceptorship were the themes that students identified. Well the data we generated actually fed into themes that are central to preceptorship. Such as real time clinical reasoning skills, orientation to patients and services with their skill review and refinement as well as the socialization aspects within healthcare. So what we really feel with the project and the interventions we have supported the confidence elements. They have started to recognize and be using preceptorship which we know from some of the literature we know is needed to be introduced sooner rather than when it is at registration. It needs to be introduced prior to registration really. As well as their confidence.  Slide 17: Discussion  BM: So we’ve done that one  Slide 18: Themes  BM: So the themes generated focused around those elements really. Role elements, theory practice gap, the time. They liked the time of the interventions and the mentor being involved within that.  Slide 19: Limitations  BM: And we obviously did the timing so as to make it…so as to ensure that we fitted in with what would be their usual practice and process. So that we weren’t stepping outside of that and the students were only assessed on their usual documentation despite the activities. So OK Kay…  KW: Some of the irritations we came across for the pilot project were staffing levels had an impact within some of the clinical areas and how students would be exposed to all of those activities. And working alongside their mentor. Because we all know what it’s like out there in the real world of nursing. Equally it was only a small study. Although we do feel that the group that we undertook this pilot project with were a representative of their peers.  KW: We didn’t quite factor in all the variables so things like attendance and academia issues as well.  KW: One thing that stands out for me was mentor limitations. We didn’t actually factor that into it well. As not all mentors regularly take charge of the ward or regularly ward coordinate, whatever you call it. So we had to either facilitate that or find a way the student could be exposed to that within their departments and problem solve that with or alongside the mentor.  KW: Clinical shift patterns. Some of the students, I think three of the students predominately worked nights for the whole of the placement because of capacity issues with mentors. Which wasn’t ideal and that may have put limitations on their exposure to undertaking those activities. And equally our time as well as it was difficult to catch up with those students if they were working unsocial hours. And as we have already said we did not factor in that we would have to speak to the students in six months’ time and see how they actually feel when they have transitioned into a fully-fledged registered nurse.  BM: And get to say was it really, really, realistic. They were really supportive and could articulate now why they rated themselves but I would really like to go back and visit that again with them.  KW: Yeah.  Slide 20: Benefits of the study  BM: The benefits of the study very quickly. We definitely felt that we were preparing our future workforce to be ready with supporting their confidence levels. Very confident and really quite an articulated group. Supporting recruitment and retention, very important to us to do that and as we’ve already said they’ve all got jobs and they have had more than one offer each.  BM: In relation to capacity. By the students working at a more independent and autonomous level they are actually taking on more senior roles with less supervision which actually enables the mentor capacity for mentors to be freed up. So things like updates could occur. With the students actually working in that role and being less directly supervised. It’s about being imaginative with your workforce. And actually our capacity in being able to support students. Four ten minute meetings. I know when the students are going out. I know when week one, thee, six will be and actually targeting them earlier and the timing of the intervention actually set them up and there in after. You’ve only go to see them then at the end so it worked very, very well.  BM: It certainly helped with the early identification of weaker students so that you are actually able to support everyone to be successful. Or put actions in place to support them to be successful. Shall we say any of the others that we found, anything else?  KW: We enjoyed ourselves didn’t we  BM: We’ve been asked to do it again and the students enjoyed it. We are certainly going to continue with the project and sort of work it through into our roles and with the curriculum and do more with that.  Slide 21: X Strategy  BM: So this is where we are going with it so we thought this is quite useful. It’s had quite an impact on a lot of places and a lot of people really. Further projects have been identified. Nobody has said it and perhaps she might and people say well weren’t the students doing that anyway? Shouldn’t they be doing all the things that we’ve identified? What we would say to do is because of the capacity issues with mentors….  Slide 21: X strategy continued  BM: Students do need that extra support and it’s all there in the literature too. Sometimes students are not being pushed, developed and challenged. This provided structure and a means of ensuring that those events occurred. And I haven’t got all of that yet but I would also perhaps say that it would depend on the age of the mentor and the years of experience as to the relationship to the activities they are actually able to accommodate and support the students to undertake.  BM: Which is why we might have got into this vicious circle of a lack of being prepared and challenged for our newly qualified. Anything else?  KW: No  BM: Go on then…  Slide 22: Conclusion  So we think we’ve answered the question posed at the start but we will be going back to the students to follow up in six months’ time. And we are planning to launch this across the organisation, well my organisation, rather than the one site so that we can support, with my team and the Practice Support Teams (PST’s) that come out because we can’t do it independently we need to do it together. And the student’s comments…  BM: Oh yes, this is great  Slide 23: Student comments  KW: We thought we’d show you some of the students comments  BM: Really nice so we’ve put those up for you guys to see  BM: And really we have four meetings worth of qualitative data and comments which we were also then able to theme up which is what we have used within the work.  ***Audience member begins to ask a question and the video ends.*** |