The Learning Environment...
"What I hear I forget, what I see I remember, what I do I understand"
Xun Zi 340BC-245 BC (Scholar of Confucius – Chinese philosopher and reformer 551BC-479BC)

A survey of Student Midwives to determine what they perceive as the primary influences on their learning environment.

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Introduction

Nurse and midwifery education has experienced dramatic transition during the last decade. The objective of professional educational is the student's fitness to practice competently upon completion of programme, at the point of registration with Nursing and Midwifery Council (NMC 2008 NMC 2009)

It has shifted from apprentice type training where students, clinical nurse/midwife mentors and teachers are employed within the same hospital trust (Leap and Barclay 2002 Beasley 2011), to a Higher Educational Institutional based education programme, where a significant proportion of learning occurs within Hospital Trust's clinical practice environment supported and assessed by clinical nurse/midwife mentors NMC 2008 NMC 2009)

Grave concerns have been raised regarding some clinical environments within a NHS Hospital Trust where students are placed to experience learning (Francis 2010)

The aim of this project is to identify midwifery student views on the primary influences affecting learning within the clinical learning environment and make recommendations to enhance that learning experience.

Literature Review

• The Nursing and Midwifery Council is the regulatory body for the United Kingdom, it exists to safeguard the health and well being of the public by maintaining the professional register within the UK and setting standards for education, training and professional conduct (NMC 2008 2009 2010a)

• Standard 12 – Balance between clinical theory and practice advises the practice to theory ratio of each nursing and midwifery programme of education is required to be no less that 50% practice in the clinical learning environment and no less that 40% theory (NMC 2009)

• Students on NMC approved pre-registration midwifery educational programmes can only be supported and assessed in the clinical learning environment by mentors who have met additional mandatory educational requirements (NMC 2008)

• There are eight domains in the framework to support learning and assessment of students in the clinical learning environment which are: Establishing effective working relationships; Facilitation of learning; Assessing and accountability; Evaluation of learning; Creating and environment for learning; Context of practice; Evidence-based practice; Leadership (NMC 2008)

• Role modelling is acknowledged as an important feature of mentorship within the clinical learning environment (Armstrong 2008 Chappel et al 2004 Gray et al 2000)

• NMC offers comprehensive advice and guidance to establish principles for best practice and in the raising and escalating of concerns (NMC 2010 a)

• Conceptual philosophical and ethical framework surrounding organisational voice and silence. Silence being defined as "a collective phenomenon where employees withhold the opinions and concerns about potential organisational problems" (Van Dyne et al 2003), this has important implications for practice in the contemporary clinical learning environment. The framework emphasizes 3 specific employee motives bases on existing theory on silence: Acquiescent Silence (disengaged behaviour) being associated with resignation, Quiescent Silence being associated self protective behaviour based on fear and other orientated behaviours and Pro Social motives where silence is proactive and based on altruism and cooperation

• Whistle blowing represents a dilemma in that it strikes the heart of professional values and raised questions about the responsibilities nurses and midwives have to communities and clients (Firtko et al 2005)

• It has been identified by Cable (2010) that this country will be taking the current lack of incentives for good teaching more seriously in future with suggestions of tying in the rise in student contributions more explicitly to improvements in student satisfaction and teaching excellence

• The Teaching and Learning Research Programme (2009) advises that evidence about students' experiences can help staff to 'fine tune' the teaching and learning environments and guide course developments
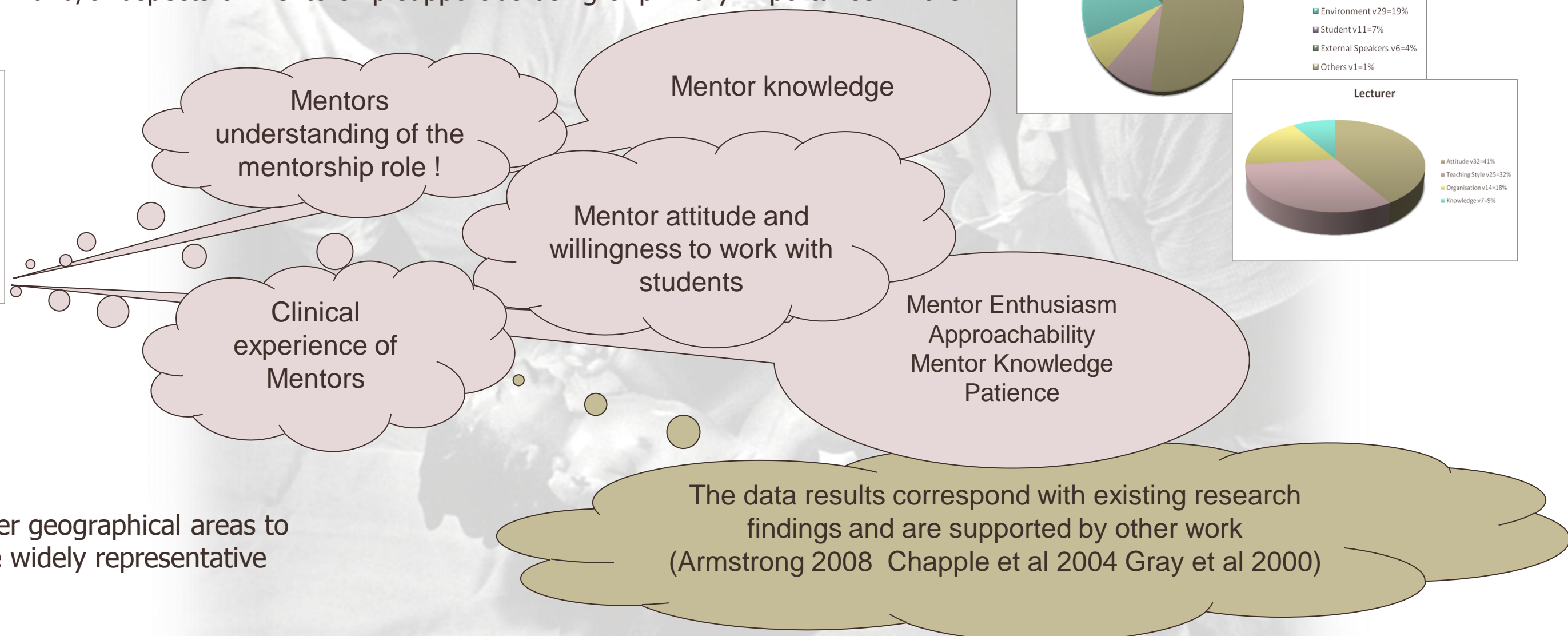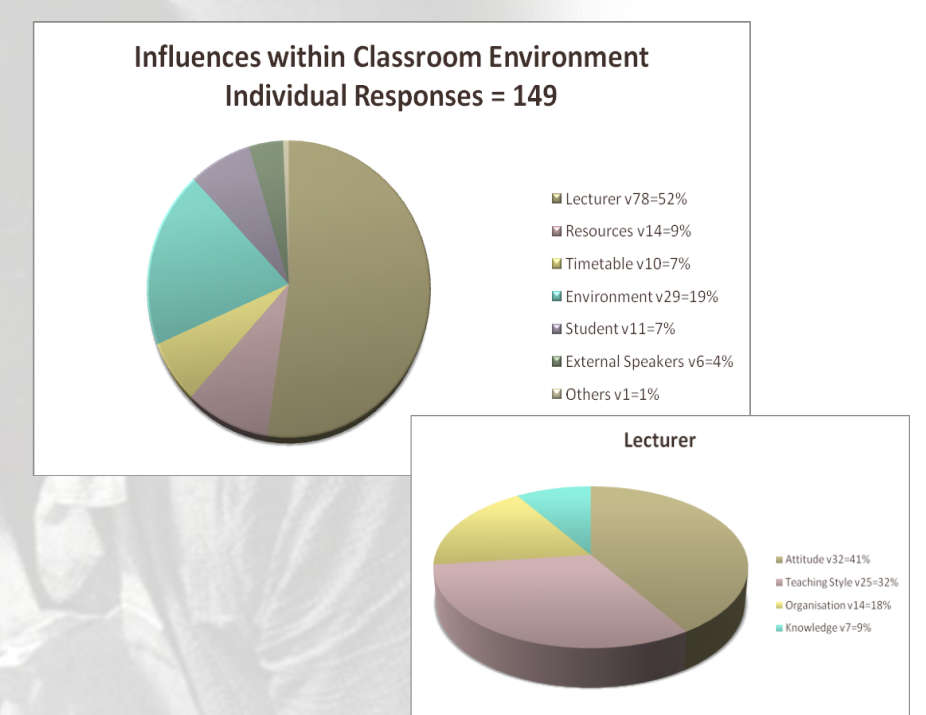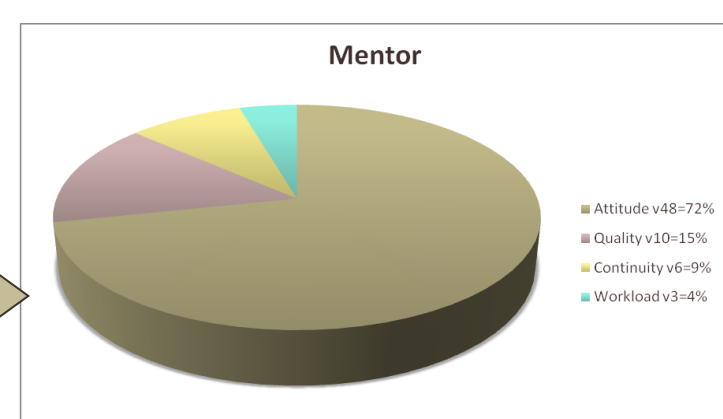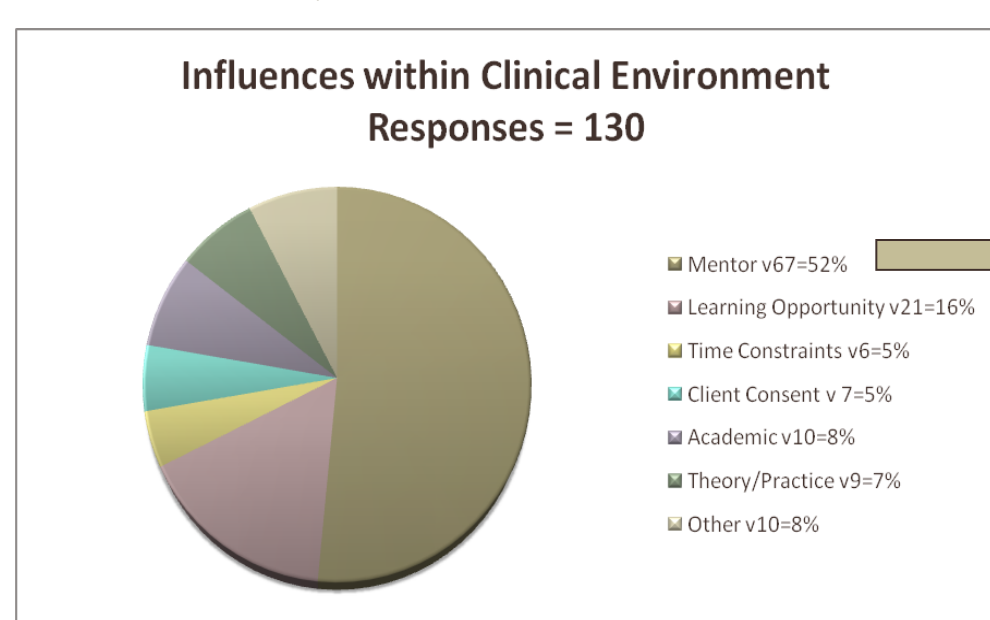
Investigative Approach

Cross Sectional Survey (Babbie 1973)

· The survey design provides a quantitative or numeric description of research findings from the sample population (Creswell 2003) – in this study all Student Midwives currently enrolled on BSc(Hon) Midwifery Practice

· The study purpose is to generate data so that inference can be made about the characteristics, trends, attitudes and opinion of the sample population and indeed the wider Health Faculty student population who experience clinical placement as an integral part of their program of learning

· The survey method is the most feasible for the purpose of this study as it provides rapid, economical turnaround in data collection (Trochim 2006)

Data Collection and Analysis

· Fink (1995) identifies four forms of survey data, Interview, Structured Record Review, Structured Observation and as in this study Self Administered Questionnaires – considered to be most appropriate to obtain accurately the information required

· All students attended a conference which facilitated the administration and collection of questionnaires with relative ease. All participants were aware of their participation was voluntary and anonymous, they were advised that all data would be treated confidentially and there would be opportunity to know the data results

· There is reassurance the data will accurately reflect students views, attitudes and belief without concern regarding sampling complexities and the potential for bias (Busha and Hartner 1980 Trochim 2006) There was therefore no requirement to account for response bias in data analysis (Fowler 2002)

Summary of Findings

• **Demographic of study population**
  • Student midwives. 40 of the 47 students completed the survey. Initially sub group analyses was undertaken on duration of student experience, Year 1: 8 respondents, Year 2: 16 respondents, Year 3: 8 respondents, Post Registered shortened course: 8 respondents, however no trends pertaining to these sub groups were identified therefore all data results were unified

• **Main Findings**
  • 100% of respondents identified " the mentor" and/or aspects of mentorship support as being of primary importance in the clinical learning environment

Influences within Classroom Environment
Individual Responses = 149
- Lecturer v78=52%
- Resources v14=9%
- Timetable v10=7%
- Environment v29=19%
- Student v11=7%
- External Speakers v6=4%
- Others x1=1%

Lecturer
- Attitude v33=40%
- Teaching Style v25=32%
- Organisation v9=8%
- Knowledge v7=9%

Influences within Clinical Environment
Responses = 130
- Mentor v67=52%
- Learning Opportunity v21=16%
- Time Constraints v6=5%
- Client Consent v 7=5%
- Academic v10=8%
- Theory/Practice v9=7%
- Other v10=8%

Mentor
- Attitude v48=72%
- Quality v10=15%
- Continuity v6=9%
- Workload v3=4%

Mentors understanding of the mentorship role !

Mentor knowledge

Mentor attitude and willingness to work with students

Clinical experience of Mentors

Mentor Enthusiasm Approachability Mentor Knowledge Patience

The data results correspond with existing research findings and are supported by other work (Armstrong 2008 Chapple et al 2004 Gray et al 2000)

• **Limitations**
  • The study needs to be replicated within other geographical areas to validate the results and identify if findings are widely representative or potentially of national relevance

Improvement Strategies

• **Recommendations for Practice**
  • Nurture positive relationships and collaborate with managers and mentors in the practice environment (Armstrong 2008, Chapple et al 2004, Gray et al 2000, Jones 2011)

  • Be highly visible in practice. Visibility of midwife lectures in practice is recognised as having an impact on the confidence of students being able to put their learning into practice (NMC 2010 b)

  • Where possible plan for the personal tutor to be the same person who is linked to practice placement mentor rather than having only placement area linked lecturers, where this is not possible roles of all those involved should be clear and all parties need to communicate appropriately and effectively (NMC 2010 b)

  • Ensure midwife lectures involvement in monitoring practice and assessment of student competence and mentor consistency through tripartite discussions (mentor, student, midwife teacher)

  • Encourage, reassure and support students to escalate concerns surrounding clinical practice learning environments to ensure concerns are reported sooner, "students need to feel they are free to whistle blow without fear of victimisation" (Beasley 2011)

  • Implement mandatory evaluation from placement areas which assess their experiences, currently this is optional (Jones 2011) and facilitate both quantitative and qualitative feedback on both their learning as at present and in addition specifically on the standard of care

  • Facilitate classroom reflection on the learning achieved in the clinical learning environment

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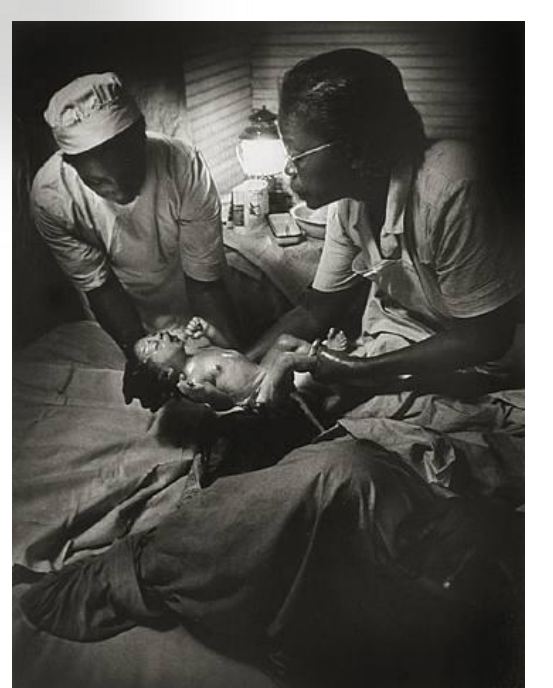
Photograph: William Eugene Smith (1918-1978)
LIFE Magazine 3 December 1951
Nurse Midwife Maude Callen (1898-1990)
known to her South Carolina community as a healer teacher