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Collaborative learning: Application of the mentorship model for adult nursing students in the acute placement setting

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ABSTRACT

Traditionally mentorship of pre-registration student nurses in clinical practice has followed a 1:1 model. Students are allocated a named mentor for the duration of the placement and they are responsible for supporting and assessing the learner. Many studies have identified problems with this approach to mentorship, including lack of time to facilitate learning on a 1:1 basis. In response to some of these challenges, a collaborative model of mentorship is being adopted both internationally and nationally. This involves placing a range of 1st, 2nd and 3rd year students on placement together, with students being allocated specific patients to care for collaboratively, under supervision. This model has already become established in Amsterdam, as an effective approach to mentorship (Lobo et al., 2014). In addition collaborative learning in practice has also been introduced in Ireland, Australia and the United States of America. This paper discusses the implementation of a collaborative model of learning by a district hospital and higher education institute (HEI) in the South West of England, commencing with a preliminary study in one placement area. Following success of this project this model is being implemented in other placement areas within the Trust.

1. Introduction

Traditionally mentorship of pre-registration student nurses in clinical practice has followed a 1:1 model. Students are allocated a named mentor for the duration of the placement and they are responsible for supporting and assessing the learner. Many studies have identified problems with this approach to mentorship, including lack of time to facilitate learning on a 1:1 basis. In response to some of these challenges, a collaborative model of mentorship is being adopted both internationally and nationally. This involves placing a range of 1st, 2nd and 3rd year students on placement together, with students being allocated specific patients to care for collaboratively, under supervision. This model has already become established in Amsterdam, as an effective approach to mentorship (Lobo et al., 2014). In addition collaborative learning in practice has also been introduced in Ireland, Australia and the United States of America. This paper discusses the implementation of a collaborative model of learning by a district hospital and higher education institute (HEI) in the South West of England, commencing with a preliminary study in one placement area. Following success of this project this model is being implemented in other placement areas within the Trust.

2. Background

Collaborative Learning in Practice (CLiP) was identified by the University of East Anglia (UEA) (Lobo et al., 2014) as an effective coaching model, which encourages peer learning amongst students, under the supervision of a coach. This approach has been shown to develop critical thinking and decision making skills alongside leadership and clinical skills (Health Education England (HEE), 2016). Whereas traditional models of mentorship rely on direction and problem solving by the mentor, coaching adopts a facilitative role, which encourages the learner to seek solutions to problems themselves (Narayanasamy and Penney, 2014). Garvey et al. (2014) identify the role of the coach as someone who supports the improvement of performance which is linked to a specific role. For this to be true the fundamental skills to do the job role must exist, emphasising the importance of adequate preparation for the role. Following evaluations from UEA it was noted that students reported increased confidence in a wide range of clinical skills and competencies (HEE, 2016).

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3. Implementation

The HEI arranged an interactive workshop in June 2016, led by colleagues at UEA, to garner interest from placement partners in adopting the CLiP model. The district hospital reviewed the concept and with the approval from the Director of Nursing, decided to collaborate with the local HEI on a pilot project. Over the following 6 months project meetings were arranged, leading up to implementation in January 2017.

Factors that were considered during the planning period included identification of a specific ward for the pilot. A medical ward was chosen, which specialises primarily in caring for patients who are medically fit but still need further rehabilitation prior to their discharge to a safe environment. This was selected by the practice education team and was influenced by the ward sister who was keen and enthusiastic to be part of the project. Lobo et al. (2014) identified that commitment from the team leader was crucial to the success of the project.

A decision was made to allocate a student zone so 2 bays (12 patients) were identified on the ward for this purpose. The number of students required to cover the shifts throughout the week was calculated and off duty was pre-planned to ensure the correct student: patient ratio. 9 students were required to cover 7 days off duty with 4 students on every 12 h shift. A decision was made not to include night duty. The pilot ran for a period of 12 weeks, during that time a variety of 1st, 2nd and 3rd year student nurses were on placement.

An implementation plan was drafted by the head of practice education at the HEI to identify a timeframe and key roles and responsibilities. The implementation team consisted of the head of practice education at the HEI, the practice education team at the district hospital, the ward sister and the University Education Link.

The preparation of students, coaches, mentors and the wider clinical team is crucial to successful implementation, and involvement of senior level staff across the organisation is also important (Lobo et al., 2014). The practice educator contacted senior personnel within the Trust to explain the project and confirm the role of the students to ensure supernumerary status was protected. A summary of the model and implementation plan was sent out to the ward sister and this was cascaded to mentors on the ward. Meetings were then organised with the ward team, including the wider multidisciplinary team, to ensure everyone was prepared for the project. In order to support the students effectively it was important to ensure that all the staff involved in patient care had an understanding of the model. The coaching approach means students would liaise directly with medical staff, allied health professionals and other specialist clinical staff. In a traditional 1:1 model of mentorship the mentor would often take the lead, so this change in approach needed to be communicated effectively (Lynam et al., 2015).

The practice educator and ward sister identified the coaches who would be supervising the students within the student zone. These were all qualified mentors so achieving the 40% requirement of mentor supervision (Nursing and Midwifery Council (NMC), 2008) was not a problem. In addition the HEI utilises an online assessment tool so all mentors working in the student zone were able to record their input with the students and contribute to the assessment process. The mentors were invited to attend a mentor update where the coaching model was introduced. Gray et al. (2016) acknowledge that the similarities between the role of the mentor and coach are so close that some have adopted the coach-mentor role, however the purpose of additional training was to ensure mentors understood that the coach is there to help someone learn, instead of just teaching them.

Students were invited to a meeting to discuss the project with the practice educator and university education link prior to commencing placement. They were also invited to the team meeting on the ward, which gave them the opportunity to meet the team and familiarise themselves with the ward environment. A diary was introduced to clearly identify the students, coaches and other team members who were allocated to the student zone on each shift.

4. Potential Challenges

The implementation team discussed some initial anxieties during the planning stage to explore potential barriers. We recognised that there may be some reluctance by clinical staff to engage in this new model of mentorship because it involved a change to the familiar process of supporting learners. Effective preparation of the mentors and the wider team on the ward was crucial to its success. There were also concerns regarding protecting the student's supernumerary status. With increased numbers of students on the ward we needed to ensure this did not result in staff being moved to other departments. Good communication across all levels within the organisation prevented this from happening and regular contact from the practice educator ensured that any problems were quickly resolved.

There were also some discussions regarding pre-planned off duty. Traditionally students have been able to negotiate shifts on an individual basis, however, in order to ensure the correct number of students were on each shift to enable the model to work, it was necessary to allocate off duty in advance. Students were given the option to swap with another student if necessary. The response to this was surprisingly positive, students were pleased to have their off duty for the whole placement in advance and very few shifts were swapped throughout the pilot project.

The potential impact of students reporting sick or absent from the placement and how this might affect the model was a further consideration. Recognising that the students were supernumerary meant that there would still be an identified team responsible for the student zone. This would normally consist of a staff nurse and two healthcare support workers. In the event of student sickness the team would be able to step in and support the remaining students, without the model being affected.

5. Placement Support

It is recognised that the successful implementation of this collaborative approach to learning is dependent on effective support networks (HEE, 2016). The practice educator at the district hospital was able to provide updates for mentors to help them prepare for their role. Placement preparation and induction for students was also provided by the practice educator. In addition daily visits to the ward were arranged during the pilot project to offer support to the students and ward team. Diaries were placed on the ward for students and mentors to reflect on their shifts, these were reviewed regularly by the ward sister, practice educator and university education link. The university education link was also involved in the placement preparation and ward meetings to offer additional support. Placements visits were also arranged throughout the 12 week pilot. A monitoring visit was also undertaken by the head of practice education.

6. Leadership

Whilst it was evident that the support mechanisms positively influenced the implementation of the project, it quickly became clear that the leadership role of the ward sister was crucial to its overall success. She was very enthusiastic about using her ward for the pilot and understood the principles of what the project was aiming to achieve.

It was clear from the ward Sister's diary entries that she invested a lot of time and effort into supporting the project:

"…it is very hard work and I am working extra, but I want this and it will work"

"Came in on day off to support"

"Definitely need the Band 7 to be supervisory"

Despite this, the initial investment and effective leadership have clearly had a positive impact on the outcome. As the 12 weeks progressed the ward Sister was able to step back and observe the team embrace the collaborative learning model stating:

"It is a privilege to do this project and an absolute pleasure to see the students grow in confidence"

7. Initial Findings

A formal evaluation of the project is currently underway and findings from a series of focus groups, exploring the experiences of students, mentors and educators will be published in due course, however informal feedback gained from the placement diaries has indicated that collaborative learning has many benefits.

Students have had the opportunity to be involved in holistic care, decision making and multidisciplinary team working. They are more confident in a range of skills, including planning care, identifying a deteriorating patient, documentation and handovers. Student nurses are encouraged to be autonomous and proactive with their own learning needs. Mentors share the learning, teaching and problem solving that may occur with the student. The benefits of providing holistic care to their designated patients throughout the shift, and being the point of contact for those patients, was also expressed in the placement diary entries.

The students themselves are encouraged to coach each other, by supporting those who require it, along with bringing their prior experience and sharing it with those who do not have the same level of experience. Huggins (2016) when looking at a similar scheme found that this style of clinical coaching reduced the burden of mentoring and helped the students to be more responsible in identifying their own learning needs and therefore able to deliver patient care more effectively. Peer support was highly valued within this model, giving students the opportunity to share knowledge and develop team working and leadership skills.

Although informal feedback has been positive, students and members of the nursing team did identify some concerns during the pilot. Some students felt overwhelmed with the level of responsibility, however regular visits from the practice educator enabled these incidents to be managed efficiently by identifying appropriate support and supervision. Some mentors found it difficult to step back and allow the students to take the lead, so further guidance on coaching techniques was provided by the practice educator. Because of the number of students in the bays there was a temptation for the regular nursing team to go and help out elsewhere on the ward as the students appeared to be coping well. This was also addressed by the practice educator by monitoring the skill mix in the student bays.

In addition the induction to the ward in the first week has been altered to ensure the students are fully integrated into the ward before the full coaching model is implemented. Whilst the coaching model encourages supervision by a range of team members, care has been taken to ensure the students have a specific named mentor who is their main point of contact and takes overall responsibility for their assessment. This also ensures that mentors do not feel overloaded with students and the mentorship responsibilities are more fairly distributed. The skill mix for the student bays has also been reviewed to ensure that students are supported appropriately and staff are supervising students throughout the shift.

8. Conclusions

Collaborative learning as a mentorship model clearly promotes effective team working and helps students develop their leadership and organisational skills. Effective support networks for mentors and students are crucial to the success of this model, as is the leadership from the ward sister. In order to support students effectively in the future it is important to identify effective mentorship strategies. This model is now in place on two wards at the district hospital. Staff from other NHS Trusts have visited the organisation to learn more about the implementation process and have started to implement this. Key learning from this pilot project will enable others to develop the model for alternative practice areas.

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References

Garvey, B., Stokes, P., Megginson, D., 2014. Coaching and Mentoring – Theory and Practice. Sage, London.
Gray, D.E., Garvey, B., Lane, D.A., 2016. A Critical Introduction to Coaching and Mentoring. Sage, London.
Health Education England, 2016. Case Study: Implementing Collaborative Learning in Practice – a new way of learning for Nursing Students. Workforce Information Network Online.
Huggins, D., 2016. Enhancing nursing students' education by coaching mentors. Nurs. Manag. 23 (1).
Lobo, C., Arthur, A., Lattimer, V., 2014. Collaborative Learning in Practice (CLiP) for Pre-registration Nursing Students. University of East Anglia Online.
Lynam, A., Corish, C., Connolly, D., 2015. Development of a framework to facilitate a collaborative peer learning 2:1 model of practice placement education. Nutr. Diet. 72, 170–175.
Narayanasamy, A., Penney, V., 2014. Coaching to promote professional development in nursing practice. Br. J. Nurs. 23 (11), 568–573.
Nursing and Midwifery Council, 2008. Standards to Support Learning and Assessment in Practice. NMC, London.