scope
Contemporary Research Topics

health & wellbeing 8:

November 2023

Commentary

https://doi.org/10.34074/scop.3008004

COLLABORATIVE LEARNING OPPORTUNITIES IN UNDERGRADUATE NURSING EDUCATION: BRIDGING THE THEORY TO PRACTICE DIVIDE THROUGH COMMUNITY CONNECTIONS

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Published by Otago Polytechnic Press. Otago Polytechnic Ltd is a subsidiary of Te Pūkenga – New Zealand Institute of Skills and Technology.

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COLLABORATIVE LEARNING OPPORTUNITIES IN UNDERGRADUATE NURSING EDUCATION: BRIDGING THE THEORY TO PRACTICE DIVIDE THROUGH COMMUNITY CONNECTIONS

Amy Simons and Jo Speirs

INTRODUCTION

For many nursing ākonga (learners), at the beginning of their journey towards registered nurse, the idea of becoming paediatric nurses and working with children holds great appeal. Informal feedback obtained from nursing ākonga at Otago Polytechnic / Te Pūkenga's School of Nursing, suggests that a large majority of the first-year cohort see themselves as future paediatric nurses. Consequently, the desire for a paediatric clinical placement experience amongst the first-year cohort and throughout the Bachelor of Nursing (BN) degree, is strong. These findings are congruent with national and international research which has highlighted that paediatric nursing is regarded as a desirable career destination for nursing graduates (Hunt et al., 2020, Studnicka & O'Brien, 2016). However, despite this interest in working with children, it is our observation that most nursing ākonga have limited understanding of child development or specific issues around child health and well-being. Many ākonga enter undergraduate study with little personal experience of children. They often have little understanding of what working with children as registered nurses might entail or where this work might occur beyond conventional settings such as paediatric hospital wards or well-child health providers such as Plunket. It is during the first year of the degree, that ākonga begin to explore 'what' nursing is and 'where' nursing occurs; it is the role of nurse educators to help facilitate their developing nursing world view. Using Rolfe et al.'s (2001) self-reflective framework – 'What? So what? And now what?' – this article explores the development of a collaborative clinical learning opportunity for first-year nursing ākonga designed to help bridge the theory-to-practice divide involving child health and the scope of community health nursing while making meaningful connections with the wider community.

WHAT?

In New Zealand, BN graduates enter the Registered Nurse (RN) workforce potentially able to work with clients of any age and in any setting. The Nursing Council of New Zealand (NCNZ) takes the view that following graduation RNs "may practice in a variety of clinical contexts depending on their educational preparation and practice experience" (NCNZ, 2023). Our current Otago Polytechnic School of Nursing curriculum reflects the need for generalist nursing knowledge, referring to nursing and nursing knowledge "across the age / life span" (Otago Polytechnic, 2019). Despite this curriculum statement, a review of current content conducted over the 2021–2022 period, revealed a definite adult focus. We teach that children are not simply 'small adults' and have specific health needs and developmental challenges, however the content we do provide is limited.

Child-focused content during the first year of the BN degree sits predominately within two courses. In one theory course, ākonga are introduced to developmental theories, developmental milestones and age-appropriate

communication considerations. In the first-year clinical course, ākonga are introduced to age-related differences in physiology and to the beginning clinical assessment of infants and children. Prior to the development of the new collaborative clinical learning opportunity, there were limited opportunities for nursing ākonga to consolidate this initial learning about children during clinical placement experiences.

In the current climate of nursing shortages, it is challenging to obtain clinical placement opportunities to meet both the learning needs of BN ākonga and the clinical hours mandated by NCNZ (Te Whatu Ora Te Aka Whai Ora, 2023). The limited opportunities for traditional paediatric clinical placements is now well recognised and experienced nationally and internationally (Studnicka & O'Brien, 2016, Te Whatu Ora Te Aka Whai Ora, 2003). This situation is likely to persist, and increase, as governments strive to address nursing shortages by increasing the numbers of undergraduate nursing ākonga and thus compounding the demand for clinical placements (Verrall, 2023). At present, traditional paediatric placement opportunities are extremely limited for the BN ākonga. Te Whatu Ora Southern's Dunedin Hospital, our main clinical provider, contains a single paediatric ward and can currently only accommodate a paediatric placement opportunity for six first-year nursing students out of their cohort of 120 ākonga.

We identified a clear need for the expansion of the paediatric theoretical content currently being delivered and sought to support this by developing and increasing the clinical placement opportunities involving children. This was seen as an exciting opportunity to explore non-traditional placements involving well children, which would give all first year ākonga the opportunity to bridge their theory-to-practice divide, spend time with children and form connections with the community. Non-traditional settings are utilised in nursing programmes globally to provide clinical placements with the aim of linking theory to practice, broadening clinical experiences, connecting with communities, and easing the pressure on high demand clinical areas such as acute care paediatric wards.

A variety of non-traditional community settings involving children have been successfully used as clinical placements and have been well researched and discussed in the literature. These settings have included public and private schools, early childhood centres, community centres, health promotion days, and Teddy Bear clinics (Campbell & Brown, 2008; Gaylord et al., 2012; Harwood et al., 2009; Studnicka & O'Brien, 2016). Non-traditional placements have consistently offered a rich learning experience, providing links between theory and practice as well as broadening ākonga understanding of the role of nurses in community settings (Broussard, 2011; Lane-Martin, 2019). There is clear benefit in this approach for both the community and learners. Campbell and Brown (2008) evaluated a student-led Healthy Teddy Bear Clinic project for pre-school aged children with the aim of providing health education and a safe setting for children to interact with health care professionals. Ākonga reported growing in confidence in their communication skills and knowledge of child development. Parents of the participating children found it was an effective way to prepare children for future interactions with health care providers. Schultz and Krass (2022) implemented non-traditional clinical placements in American public school settings with nursing ākonga. They concluded that schools provided a learning environment that enhanced ākonga clinical skills, and knowledge about children, which reached beyond the hospital setting and helped prepare ākonga to enter the paediatric nursing workforce.

SO WHAT?

We originally had two main aims for this project. Firstly, to help ākonga bridge the theory-to-practice divide involving child health and development, and secondly, to explore new clinical placement opportunities involving children which could be incorporated into the BN curriculum. The project would allow the integration of developmental theories, the application of communication skills, the recognition of milestones, and health promotion concepts. As the planning phase of the project developed, it became clear that this project would facilitate a number of additional learning objectives: consolidating knowledge and skills new to the first-year cohort including group work, time management, research, communication and professionalism.

We proposed a project to provide first-year BN learners a non-traditional community health placement to complement the existing first-year clinical hours in acute medical and surgical settings. Local schools were approached and their interest in collaborating in the project was explored. Three schools agreed to participate, providing a placement opportunity in which nursing ākonga could interact with children. Combined, these schools educate children aged between 5 to 14 years which provided ample opportunity for ākonga to observe a wide range of child development.

Ākonga were orientated to the project in a session facilitated by the authors. Content in this session included reviewing key concepts regarding developmental stages, common health issues for children, and age-appropriate communication techniques. In small groups of four to five, ākonga were assigned to specific school classrooms and age groups and worked collaboratively to develop a health promotion lesson on a topic chosen by the school. Topics included oral and general hygiene, social determinants of health, and techniques to manage stress. Akonga were required to plan a lesson with consideration of the developmental age and stage of the children in their classroom. An interactive activity using simple and accessible resources which did not rely on technology was a central requirement of each lesson. A few examples of the interactive activities included reading age-appropriate stories, demonstrating oral hygiene practices, quizzes, cutting and colouring pages, and active movement games. A detailed outline of their lesson plan, supported by evidence-based resources, was reviewed by the authors and provided to classroom teachers prior to each session. Schools scheduled 30 to 40 minutes of classroom time for each health promotion lesson.

A guided debrief session was held at the School of Nursing, following the school visits. In this session, ākonga were asked to discuss what went well, what was challenging, and what they learnt from the experience. A staged approach was taken to the debrief sessions – starting with the group working with new entrants, progressing in class age and finishing the year 10s this encouraged ākonga to keep child development in mind. Informal feedback in the debrief sessions highlighted key learning which included the expected linking of developmental theory to practice. Ākonga discussed being able to see a wider community nursing role with a wellness lens. Professionalism in nursing was discussed by students, this included the importance of having adequate evidence-based nursing knowledge when communicating health messages and the importance of being well-prepared. Ākonga were aware that they were being regarded as role models by the school children during the school visits. Comments were made about not wanting to "let the children down", and this experience seemed to have motivated ākonga to work more collaboratively and to produce a high-quality and meaningful lesson. In addition to the expected linking of theories of child development to practice, ākonga reflected more widely and discussed theories such as social determinants of health and health promotion which they observed in diverse classrooms.

Teachers in the three schools reported their students enjoyed the teaching sessions and commented on the importance of children being exposed to health professionals particularly in the early high school age group as they start to consider future career paths. Overall, teachers found the lessons and activities well pitched to class age and developmental stage, however there were some comments that suggested the nursing ākonga underestimated the pre-existing knowledge of the children. The schools also commented that although this health content is provided by classroom teachers, having it reinforced by nurses gave it greater weight with the children.

NOW WHAT?

Feedback from ākonga and schools has indicated that this project is both needed and beneficial for all involved. The schools who participated in the 2022 pilot project have invited us to continue with the project and the school health promotion visits in 2023. The school children also seemed to enjoy the opportunity to meet and learn from future nurses; many expressed this sentiment in 'thank you' cards. The 2022 cohort of nursing ākonga found that the experience provided the opportunity to develop skills and confidence in working with

children and enthusiastically recommended the project continue in future years. In view of the positive response from schools and ākonga, the project has been formally incorporated into the first-year clinical course and it now contributes six hours to the clinical hours required by the School of Nursing / Te Kura Tapuhi and NCNZ. A written assessment component has been added to the project and ākonga are now required to submit a formalised lesson plan and to write a reflection on their learning.

We plan to seek ethics approval from Otago Polytechnic to evaluate this clinical project formally, seeking further feedback from ākonga and school stakeholders. Local public health nurses have also expressed interest in collaborating with the School of Nursing / Te Kura Tapuhi in this project, another collaborative opportunity which will be explored in the future. The authors anticipate that the project could be extended in the future, to provide nursing ākonga the opportunity to connect with different age groups such as pre-school children.

CONCLUDING THOUGHTS

Nursing ākonga and local schools enthusiastically engaged in the collaborative health education project. The opportunity to develop and deliver health education sessions challenged ākonga to utilise their new theoretical learning in a practical and public-facing experience. They explored their developing professional nursing identities, becoming aware that the wider community sees them as role models and health educators. The developing connection between the School of Nursing / Te Kura Tapuhi and local schools provides collaborative learning opportunities that benefit both ākonga and the wider community.

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Jo Speirs is a Senior Lecturer in the School of Nursing / Te Kura Tapuhi at Otago Polytechnic / Te Pūkenga. She comes from a critical care nursing background and has research interests in critical care, particularly in mentoring nurses new to this environment and the learning and teaching around end-of-life care and the withdrawal of care. Other research interests include sustainability and clinical supervision. Jo is a member of the School of Nursing Ethics Committee and the Critical Care Nurses Section of NZNO.

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