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The Impact of a Nursing Clinical School Model on Learning, Teaching, Research and Partnership: A descriptive exploratory study

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Abstract

The Clinical School Model is a unique feature of undergraduate nurse education at La Trobe University. After 20 years of operation, little is known about the value of this model for students, staff, the university, and clinical partners. This paper presents a study that is currently taking place to investigate the impact of the clinical school model on nursing students' learning, graduate nurses' practice readiness, and to explore clinical stakeholders and academic staff's perspectives. This study uses a descriptive exploratory study with a multi-method approach; combining quantitative surveys and qualitative descriptive exploratory phases, each involving a different group of participants. Quantitative surveys will be anonymous. Qualitative data collection will be done by individual semi-structured interviews and focus groups. The findings of this project will help fill a gap in the nursing literature on the outcomes of a nursing clinical school partnership, education and research model. The findings of this project will play an important role in clarifying a way forward for universities and health service agencies to work as partners in the enterprise of nurse education and nursing practice.

The Clinical School Model (CSM) is a unique feature of undergraduate nurse education at La Trobe University. Over the years, the CSM has expanded, growing from one to five clinical schools. Its primary aim is to provide opportunities for nursing students to study from a best-practice, field-based, practice-driven perspective.

Clinical Schools are practice based extensions of the university where students can engage in extensive periods of immersion in the realities of nursing practice to acquire fluency in clinical practice and familiarity within a specific health system. Essentially, the aim of the CSM is to merge the aims and operations of the university as a learning culture and the health agency as a provider of health services (Pearson, 2000). CSM models are characterised by an academic and physical presence co-located with the health network on site. Physical presence can include classrooms, computer labs, clinical laboratories, library access and staff offices, while academic presence includes lecturers and professoriate members of staff working on site, in partnership with the health network. After a first year on university campus, students are allocated to a clinical school for years 2 and 3 of their 3-year Bachelor of Nursing, with classes being physically held at the partner hospital, and clinical placements being allocated within the partner health network. Students in the CSM intellectually pursue nursing through studying its practices and searching for the science underpinning these practices, through engaging in clinical placements and processes of reflection, guided equally by the expert clinicians of the health agency and academics of the university (Pearson, 2000).

The CSM also aims to provide academic staff opportunities for strengthening partnerships and enhancing research collaborations with partner organisations. However, after 20 years of operation, little is known about the value of this model for students, staff, the university, and clinical partners. In 2019, a project was initiated to investigate the influence of the CSM on nursing students' learning, graduate nurses' practice readiness and to explore clinical stakeholders and academic perspectives of the model. While the CSM of undergraduate nurse education is quite unique, other partnership models between nursing schools and health agencies exist. Nguyen et al. (2020) published a scoping review examining the effectiveness of these models in terms of cost effectiveness, student employability, work readiness, confidence, competence and satisfaction, as well as stakeholders' satisfaction.

Findings of the scoping review indicate partnership models can have positive influences on the clinical learning environment for students and the experience of clinical teaching staff (Nguyen et al., 2020). Students reported feeling accepted as part of the team and supported in their learning, which arose from the consistent and continued exposure to the same organisational culture (Nguyen et al., 2020). Similarly, teaching staff felt the teaching opportunities available in the partnership models enhanced nursing practice, resulting in a preference for this model. However, significant gaps were also identified in the review with no reporting of the impact of these partnership models on cost effectiveness, student employability and work readiness (Nguyen et al., 2020). Additionally, most studies included in the review had major limitations which prevents the generalisability of their findings.

To determine the influence and perception of the CSM and its outcomes for student, staff and stakeholders, a descriptive exploratory study was designed. Supported by program evaluation and theory, data will be gathered from different groups of people involved in the CSM, including students, alumni and clinical partners (Keating, 2015). This paper outlines the CSM descriptive exploratory research study that is currently underway. The primary aim of the study is to investigate participant and stakeholder perceptions and experiences of a nursing clinical school model of education, with a focus on nursing students' learning experience, graduate nurses' practice readiness and clinical stakeholders and academic staff's perspectives.

It is also interesting to note that deliberately embedded in this research study design is the opportunity for research mentoring and development of novice academic staff. A requirement of academic practice is to be research active and achieve research outputs. However, it is noted in literature that for novice nursing academic staff, seeking out and securing opportunities to develop skills and outputs in research can be challenging (McDermid et al., 2016). It was identified early

during the design of the study that phases within the research provided a unique opportunity to mentor and guide novice academic staff in undertaking and reporting research.

I METHOD

A *Research methodology*

This study uses a descriptive exploratory approach supported by program evaluation theory that combines five phases using qualitative, quantitative or multi-methods. Four phases, each involving a different group of participants, have a specific focus such as students' learning experience and outcomes, new graduate nurses' preparedness for practice, clinical stakeholders' perspective on the outcomes of the partnership, and academic staff's perspective. A fifth phase will integrate findings from the multiple perspectives to enable the creation of a more adequate explanation of the CSM and its outcomes. Whilst the study is led by one chief investigator and overseen by a Project Steering Committee (PSC), comprised of leaders within the School, each phase will be led by a different researcher. The lead researcher in each phase is supported by a team of other academic staff, including at least one member of the professoriate and another experienced researcher.

B *Study context (settings and participants)*

This study is conducted in all five clinical schools concurrently, within the University facilities collocated at each site. A convenience sample from each site will be recruited for each phase. Emails will be sent to eligible participants by members of the research team overseeing each phase of the study. Each phase involves different groups of participants: second- and third-year students, graduate nurses, clinical educators and stakeholders and academic staff.

C *Sample size*

Online surveys are known to have low response rates; with health care professionals, the average response rate is 38% (Cho et al., 2013). To maximise the number of responses, surveys will be sent out to all eligible participants who meet the inclusion criteria. Each phase has identified inclusion criteria for participants and an estimated population (Table 1).

Table 1
Inclusion criteria

Phase	Inclusion criteria	Sample size
Phase 1	Be a SoNM undergraduate student enrolled in a second- or third-year subject in the Bachelor of Nursing preregistration, enrolled nurse or graduate entry pathway allocated to a clinical school.	n=930 Survey sample size = 273 10 focus groups of 6 participants each (n=60)
Phase 2	Be a registered nurse currently working in the clinical setting and have graduated from SoNM within the last year 2019; OR Be a graduate nurse program coordinator or clinical educator in a hospital where a clinical school is located.	n=900 Survey sample size = 270 5 focus groups (n=30)
Phase 3	Be a stakeholder who holds a role with clinical partners who educate, supervise or manage undergraduate nursing students.	One focus group between 3 and 5 individual interviews (n=17)
Phase 4	Be a SoNM academic staff allocated to teach second- or third-year students in one of the clinical schools.	10 focus groups of 6 participants each (n=60)
Phase 5	Be a SoNM undergraduate student enrolled in first-year subjects in the Bachelor of Nursing preregistration, enrolled nurse or graduate entry pathway.	3 focus groups of 6 participants each (n=18)

D *Data collection*

Quantitative data will be collected by online surveys using Research Electronic Data Capture (REDCap), which is a secure, web-based software platform designed to support data capture for research studies, providing: 1) an intuitive interface for validated data capture; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for data integration and interoperability with external sources (Harris et al., 2009).

Data in the quantitative surveys will be anonymous. Qualitative data collection will be obtained using individual semi-structured interviews and focus groups. Interview guides have been developed by a group of nurse academics with research experience and content validated by the PSC and each research team.

A recent systematic review in nursing education acknowledged the need for more robust studies with valid and reliable data collection methods (Edwards et al., 2015). To ensure the accuracy and usefulness of results, we chose valid and reliable scales to collect quantitative data. In phase 1, data will be collected using the Placement Evaluation Tool (PET; Cooper et al., 2020) as well as the Johns Hopkins Learning Environment Scale (JHLES; Shochet et al., 2015) to investigate students' perception of the influence of the CSM on their placement experience and learning environment. Even though the JHLES was developed to measure the learning environment in medical schools, most items also apply to nursing schools. Therefore, data collected will also be used to evaluate the construct validity and reliability of the JHLES in a nursing context, which could provide further evidence on the validity and generalisability of the scale. In phase 2, the Casey-Fink Readiness for Practice scale (CFRP; Casey et al., 2011) will be used to determine the influence of the CSM on the practice readiness of La Trobe University's new graduate nurses. Table 2 summarises each phase aim, sample, and data collection methods.

Table 2
Aim, sample, and data collection methods for each phase

Phase	Aim	Population	Methods	Tools
Phase 1	To investigate students' perception of the influence of the CSM on their learning experience.	Second- and third-year students	Quantitative REDCap survey and qualitative focus groups	Demographics, PET, JHLES questionnaires
Phase 2	To determine the influence of the CSM on the practice readiness and employability of graduate nurses	Graduate nurses	Quantitative REDCap survey	CFRP questionnaire
Phase 3	To describe the perspectives of clinical stakeholders on the value of having a CSM on site	Clinical stakeholders	Qualitative semi-structured individual interviews	Study specific interview guide
Phase 4	To describe academic staff's perceptions of the benefits and challenges of working in a CSM	Academic staff	Qualitative semi-structured individual interviews and focus groups	Study specific interview guide
Phase 5	To identify and describe key characteristics of the CSM from the perception of participants and stakeholders	First-year students	Secondary analysis of previously collected data from phases 1-4 and focus groups	Study specific interview guide

E *Ethical considerations*

The project has been approved by La Trobe University Human Research Ethics Committee. Participation is voluntary. All participants will have access to a participant information statement outlining the details of the research. Consent to online surveys is implicit by answering the survey (National Health and Medical Research Council et al., 2007/2018); data will be anonymous/non-identifiable and will not be collected until participants submit the entire survey. Participants undertaking an interview or a focus group will sign an informed consent. Participants may withdraw from the focus groups and interview prior to data collection and up until data analysis begins. However, in the REDCap surveys, once participants submit their responses, they will be unable to withdraw as responses are anonymous.

Since this study implies researchers from La Trobe University studying the CSM from their own university, three major validity threats can be acknowledged: a conflict of interest, power imbalance, and a fear of retaliation from other staff. To remove the perception of a conflict of interest, data analysis will be performed by at least two researchers and preliminary findings will be shared and reviewed by each research team. Final outcomes from all phases will be determined by consensus of the team. To address the power imbalance with students (Phase 1) and academic staff (Phase 4), qualitative data will be collected by a visiting postdoctoral fellow,

with no teaching or administrative responsibilities in the School. To mitigate the fear of retaliation, the study phase involving academic staff (Phase 4) will be led and data collected by the same visiting postdoctoral fellow.

F *Planned analysis*

Using SPSS software (version 25), descriptive statistics will be used to describe the sample for each phase. The mean, standard deviation, median and frequency will be given to describe the demographic data. Scores of validated scales will be analysed using the mean score and standard deviation.

Individual interviews and focus groups will be recorded using the software (Zoom or Microsoft Teams) recording option and will be fully transcribed by NVivo (QSR NVivo, version 12) transcription module. To ensure validation, transcripts will be verified against the audio recording by a member of the research team. An inductive thematic or content analysis (Hsieh & Shannon, 2005; Polit & Beck, 2017) will be performed using NVivo (QSR NVivo, version 12). Transcripts will be decomposed into meaning units, then labels will be attached to those units that will be regrouped into codes. Codes are grouped into categories that can be later turned into themes (Polit & Beck, 2017). As it usually is the case with focus groups, the analysis will be done on multiple levels: an individual level, a group level, and an individual level in response to the group context. Themes will be contrasted between groups from each site to see if any qualitative differences emerge.

II DISCUSSION AND IMPLICATIONS

The findings of this project will help fill a gap in the nursing literature on the outcomes of a nursing clinical school partnership education and research model. The findings of the research will aim to address some of the gaps identified in the scoping review by Nguyen et al. (2020), including student employability and work readiness. It will also assist in determining the influence of expert practitioners in coaching students and explore the effect of the professional socialisation of undergraduate nursing students. The outcomes of this project will assist to address the separation between similar Schools of Nursing and Midwifery and clinical agencies. Further, it will identify if the CSM is an innovative approach to improve the provision of high-quality nurse education.

Additionally, this research will actively develop and nurture the research knowledge and skills and capacity of novice nurse academics. Actively developing collegial mentoring relationships will develop resilience and support novice nurse academics transition into academia (McDermid et al., 2016). This collegial mentoring relationship will develop novice academic self-efficacy which will further instigate confidence, experience and interest in research. Moreover, the ability to support a collaborative research climate with supportive leaders in research teams will play an important role in research productivity (Ha & Press, 2018).

III COVID-19 PANDEMIC IMPACT

As it is the case with most research projects, this project is severely impacted by the COVID-19 pandemic and restrictions measures. After a three-month suspension, the research team have recommenced data collection with graduate nurses, academic staff and clinical stakeholders with all data collection, including interviews and focus groups, now being done online. However, the phase involving nursing students has been postponed to a time when normal face-to-face teaching can be undertaken safely in the CSM. This historic situation will most certainly affect the students' experience of the CSM, as most pedagogical activities have been moved online, except for clinical placements and some essential clinical skills laboratories. Even though this is the same for academic staff, their role remains similar in terms of expectations; they are still expected to teach, research, and engage with clinical partners.

IV CONCLUSION

This project will play an important role in clarifying a way forward for universities and health service agencies to work as partners in the enterprise of nurse education and nursing practice.

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