

Clinical school partnerships: the way forward in nursing education, research and clinical practice

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Abstract

This paper describes the development of a partnership between a university clinical school and a sub-acute health care facility in Melbourne, Australia. A brief history of nursing education is given to provide a background for the development of this collaborative model. The paper explores the partnership, what it has achieved and continues to achieve, as well as the challenges that have been faced along the way.

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NURSING IS multidimensional. “[It] encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well and in all settings”.¹ Nursing includes health promotion, illness prevention and the care of ill, disabled and dying people.¹ In undertaking these activities nursing should involve the implementation of standards of professional performance and care, and the integration of current research and evidence-based findings to provide the highest level of care.² (p. 8) The education of nurses, so that they can perform these roles, needs to include both theory and practice.

Nursing education

According to the Productivity Commission³ (p. ix) “the efficiency and effectiveness of the health workforce is inextricably linked” to Australia’s education and training regime. Given that nurses comprise about 60% of the Australian health workforce⁴ it is imperative that not only are they appropriately prepared for the workforce, but that they are also provided with the opportunity for ongoing learning throughout their working lives. Up until the 1980s nursing education in

What is known about the topic?

The transition of nursing education to universities has expanded the theoretical knowledge underpinning the profession, but has created a gap between theory and practice. While nurses working clinically may accept the importance of research, the majority do not get involved in undertaking research or in the implementation of research findings. Various partnership models have been developed to increase the involvement of clinical nurses in research, and to bridge the gap between what is taught in universities and the reality of nursing practice.

What does this paper add?

This paper describes a developing partnership model between a university clinical school and a sub-acute health care facility where the university has located a Gerontic Nursing Clinical School at the Bundoora Extended Care Centre.

What are the implications?

This collaborative partnership, which encourages education and research activities at the point of care and enables students to develop strong relationships, has benefits for both the university and industry. The model has the potential to improve the student experience and their preparation for future practice.

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Australia generally took place in hospital schools of nursing. Students were employed as part of the workforce in the hospital and therefore gained extensive practical experience. This system was basically an apprenticeship model which provided cheap labour for health care facilities.⁵ While such a system produced graduates who were well trained in the practical side of nursing there was concern that there were some limitations in their theoretical understanding of the nursing practice they undertook. There was also concern that the demands of the health service meant that nursing students could be overly influenced by the vagaries of clinicians and they would adopt a narrow view of clinical practice, as their exposure was mainly limited to one facility.⁶ (p. 4)

Nursing peak bodies across Australia lobbied over many years for a transfer of professional nursing education from hospital schools of nursing, and later colleges of advanced education, to universities. It was argued that nursing is a practice discipline requiring a research base for knowledge development and safe practice and that university education would facilitate students' effective use of theory and knowledge in a variety of areas.⁷ (p. 15) By 1990 all nursing education had been transferred to the tertiary education sector and since 1994 all registered nurses in Australia have been educated to bachelor degree level within universities.⁸ By transferring nursing education to the higher education sector it was believed that the teaching of the theory that underpins nursing practice could be improved, as the focus would be on the learning needs of nursing students, rather than on the service needs of health facilities. It was also thought that "being a student rather than an employee would lessen the need for conformity in order to be accepted".⁹ (p. 1219) Rather than spending the majority of their practical experience at one facility, which was the case with hospital training, nursing students would be placed in a variety of health service agencies over short periods of time, throughout their undergraduate education. Student status was also intended to encourage a safe place to

question, debate and challenge the culture of obedience that had historically been associated with nursing.

However, these arrangements for educating nurses often distance the health care system from involvement in the design and processes of clinical education of the nurses who eventually will be employed within it. It is also difficult for undergraduate nurses to become totally familiar with the day-to-day operations of a health care facility in which they are undertaking only a short clinical placement. Clinical teachers who supervise these placements are often not familiar with the particular health care institution and there have been challenges associated with the selection, administration and facilitation of these clinical experiences.¹⁰ (p. 23) Lack of industry investment and ownership of nursing education may also mean that some staff are unwelcoming of students and critical of their inability to "hit the ground running".

These difficulties that have arisen in the transition from the university to clinical work are attributed to the gap between theory and practice, and education and service.^{7,9} A partnership between the university and clinical health facilities is one strategy that potentially can overcome such difficulties,⁷ and it is agreed that collaboration between academics and clinicians is essential to the development of the profession of nursing. However, how to develop, foster and then maintain an effective collaboration given the very different institutional and cultural identities remains a challenge.⁷

Nursing research

Nursing peak bodies across the world have incorporated into practice standards the requirement for research to inform practice. As with other disciplines, evidence-based practice is taught and accountability can be tested against evidence. However, Australian studies^{11,12} reported 10 years ago found that while nurses working in clinical practice believed that nursing research was important for advancing clinical care, few applied research

findings to their practice, participated in research or regularly read research journals. The respondents in these studies cited workloads and lack of time as the main impediments as to why nurses did not participate in research and implement its findings. A later study¹³ looking at nursing research activity in Victoria also identified lack of infrastructure, lack of management support and a lack of resources as barriers to research involvement. As long as nurses in everyday practice attribute a very marginal role to research it is difficult to convince students and new graduates that safe, contemporary practice requires a research base and critical enquiry.

Improving the quality of clinical education

There have been various attempts to improve the quality of education for nursing students. Examples include partnership arrangements involving placement of students with selected clinical agencies and secondment of agency-based clinicians as clinical teachers who in turn were provided with intensive ongoing support and professional recognition.⁸ (p. 8) These models were found to enhance student learning through: familiarity with the organisation, its resources and procedures; acceptance and trust of the seconded clinical teachers by other clinical staff; and creation of a supportive learning environment through credible, committed and motivated clinical teachers to access diverse learning opportunities.⁸ (p. 8) Other models have involved dedicated education units (DEU) where the partnership with three health care units facilitated an optimal clinical teaching and learning environment.⁸ These DEUs resulted in enhanced transfer of theory into practice and enabled students to work collaboratively within the ward team.⁸ (p. 8) In an effort to acknowledge and capitalise on the “best” of both the hospital training and university education by utilising practice-based theoretically informed education, La Trobe University adopted a clinical school model which will now be described.

The Gerontic Nursing Clinical School vision

In 2001, La Trobe University School of Nursing and Midwifery * saw the establishment of clinical schools located at health care facilities as one way of ensuring that undergraduate nursing education remained practice driven.[†] The University developed a model that incorporated several clinical schools covering aged care, acute care, palliative care, community nursing and midwifery.⁶ It was proposed that ideally the clinicians themselves working in the facilities would provide the clinical teaching to the students and therefore their education would be grounded in practice.

Clinical schools are practice based extensions of university schools where students can engage in extensive periods of immersion in the realities of practice and utilise this as a means of both acquiring fluency in clinical competence and expertise in reflecting on and critiquing nursing practices and health systems.⁶ (p. 8)

This paper describes the gerontic nursing clinical school partnership with Bundoora Extended Care Centre (BECC) in Melbourne. BECC provides inpatient, ambulatory, community, mental health and residential care services. There are 72 inpatient and 30 residential beds. Both Division 1 and Division 2 nurses are employed at BECC. Eighty per cent of inpatients are admitted from acute hospitals, with the remaining 20% admitted electively from the community. Patients are admitted to BECC for rehabilitation and geriatric evaluation and management.

Given the progressively ageing population and the increased incidence of chronic disease in the community, a clinical school in a sub-acute care facility, such as BECC, is aimed at not only preparing individual nurses for the future, but also at meeting the demands of a diminishing

* The La Trobe University School of Nursing and Midwifery is now known as the La Trobe University Division of Nursing and Midwifery.

† Although there had been postgraduate clinical schools at La Trobe University this was a move to incorporate undergraduate education and introduce more formal education and research collaborations.

nursing labour force by increasing support and on-site education for those nurses who currently care for older people. It also provides clinical staff with an opportunity to be involved in research.

The clinical school, known as the Gerontic Nursing Clinical School (GNCS) established at BECC in 2001 involves the following commitments from La Trobe University:

- provision of staff development/continuing education to staff within the host organisation
- promotion of the development of innovative, cost-effective nursing practice in the service areas of the Clinical School through practice development strategies and research
- development of nursing science through research
- provision of a service to managers and clinicians within the Clinical School through the conduct of relevant contract/project research at the operational and policy levels
- recruitment and training of clinicians to coach students
- provision of ongoing support and training to agency staff who hold clinical titles
- management of the allocation of students within the Clinical School
- provision of additional library resources on the health facility site
- incorporation, where appropriate, of other agencies into the Clinical School with the agreement of both the health facility involved and the School of Nursing and Midwifery
- direction of clinical teaching within the Clinical School and any extensions
- organisation and carrying out of a program of research within the Clinical School and any extensions
- development of a strong, agency-based program of clinical research within the Clinical School and any extensions
- liaison between the agency and the University and
- supervision of honours and higher degree students within the Clinical School and any extensions.⁶

BECC as the health care agency has made the following commitments:

- access to clinical staff as clinical tutors and lecturers for students

- accommodation for the Clinical School
- opportunities for placement of nursing students to study from a field-based, practice-driven perspective
- funding (at an agreed level) for the University to provide staff development/continuing education to staff within the agency
- funding (at an agreed level) for the University to provide specified clinical services within the agency and
- funding (at an agreed level) for the University to provide practice development strategies and research specified by the agency.⁶

The GNCS and BECC specifically agreed on the following principles:

- both facilities would share the commitment for student learning
- there would be stronger partnerships but with fewer agencies
- La Trobe University students would have priority for clinical places
- clinical staff would provide student teaching
- academic staff would provide support/education to clinical staff
- clinical staff could have easier access to continuing education, research and development and
- reduced costs to both organisations.¹⁴

It was envisaged that there were three stakeholders who could potentially benefit from the establishment of the GNCS at BECC. Firstly, there were the nursing students who would find it easier to become familiar with the clinical agency. The shared philosophy flowing from the university across to the clinical placement, and reinforced by both academics and clinicians, would mean that it would be less likely that nursing students would be exposed to practices that conflict with theory taught by the university. Students would be made to feel welcome, valued and part of a team. Students would be exposed to clinical teachers and researchers who were at the cutting edge. By satisfying the requirements of the Nurses Board of Victoria for registration as an enrolled nurse (EN),[‡] students would have the opportunity for relevant employ-

[‡] Enrolled nurses are designated Division 2 Registered Nurses in Victoria.

ment in a facility well known to them. For BECC and its clinical staff there would be less disruption as fewer affiliations would be needed. There would be opportunities for staff development. Staff would be exposed to, and involved in, relevant clinical research. Such support has the potential to improve recruitment and assist in the retention of staff. Clinical staff would have access to the best available evidence on which to base their practice. The Australian Centre for Evidence Based Aged Care (ACEBAC)[§] is also located on site at BECC and its objective is to increase evidence-based care of older people through primary and secondary research. GNCS staff could also contribute to the development of policy at BECC and could potentially enhance its reputation in the community. As the third stakeholder, the University would benefit from the location of a clinical school on site at BECC as there would be fewer agencies with which to negotiate, and there would be a narrowing of the theory/practice gap. Being on site would mean that access for research and practice would be facilitated. By liaising with “real world” clinicians the La Trobe University School of Nursing and Midwifery would have increased credibility, funding opportunities would be enhanced and there would be increased capacity to attract students.

A work in progress

Over the last 6 years the GNCS and BECC have utilised several strategies to achieve their objectives. BECC education and GNCS staff are housed together. BECC staff are members of the GNCS committees and research reference groups and hold adjunct positions with the University. The GNCS staff are members of several BECC committees including Nursing Management, Ethics, Quality, Education and Advance Care Planning (Respecting Patient Choices).

BECC have supported their staff with time in lieu to take up both undergraduate and postgraduate education. Several enrolled nurses have undertaken the Bachelor of Nursing conversion course, and, with the assistance of Department of Human

Services’ scholarships, 13 Division 1 nurses have undertaken postgraduate studies in gerontic nursing. Two BECC staff have also commenced PhD studies under the supervision of GNCS staff. Because of the location of the GNCS on site, university staff are able to provide education at an accessible place and time, with less interruption to the clinical care of patients. GNCS staff have provided BECC clinical staff with preceptorship training, and the student education model is more team focussed, with academic staff supporting clinicians and the direct care staff providing direct supervision of students. We are also experimenting with a model that involves teams of junior and senior students with a registered nurse. This provides an opportunity for the senior students to develop leadership and delegation skills. Junior students report appreciation of the opportunity to see “where they will be” in a couple of years, and all participants learn teamwork. The clinical assessment tool has been developed with clinical staff to make it more user-friendly while maintaining its academic rigour. BECC and GNCS staff provide education for both organisations. The interdisciplinary team approach to education has been received positively by students and models the rhetoric they often hear in the classroom but do not often see in practice. ACEBAC is cohosted by BECC and La Trobe University, which has facilitated collaboration in practice-relevant research.

A BECC-funded program of clinical practice improvement (CPI) in areas of practice identified by BECC staff has ensured that the research conducted responds to the needs of the “real” clinical world. Within this research program BECC staff have been identified as CPI consultants and work in partnership with university staff to implement research in practice. All areas of research involve multidisciplinary participation, and a number of honours and post graduate projects have been identified by BECC and conducted by GNCS research students. BECC and GNCS staff have co-authored a number of publications.

Reflections and review

The success of this initiative has required an ongoing commitment to the collaboration by the leader-

[§] ACEBAC is the multidisciplinary research centre of the GNCS.

ship of both organisations. Despite the achievements of the partnership there have been challenges. Some of these are related to the relocation of an academic nursing unit away from the main campus of a university. There are increased costs involved in information technology, equipment and required travel to attend university meetings. Being off campus also means that there is less administration and information technology support, and visits to the library are needed for academic references that are not available on line. There are also space restrictions for holding conferences and large lectures. BECC has lost significant space for their activities by housing the GNCS. The establishment of several clinical schools has challenged a “whole of school” culture within the School of Nursing and Midwifery, as there can be a tendency to competition and fragmentation. GNCS staff often identify more with BECC than the university.

Initially, academic staff had to work at establishing credibility with clinicians and avoid being seen as “spies for management”. Clinicians often report feeling overwhelmed with the expectations to be involved in research, education and patient care. Nevertheless, a recent external review of the GNCS found that the majority of objectives were being achieved. A criticism was that high impact publications were taking second place to the focus on clinical responsiveness. This is a fair observation. How to translate evidence into everyday, time-poor practice is an ongoing learning opportunity for all of us!

National reviews of the Australian nursing profession have reinforced “the need to strengthen collaboration between the education sector and industry in the delivery of clinical education”¹⁵ thereby acknowledging the relationship between theory and practice. Currently, the predominant model of nursing education in Australia involves students receiving both theoretical and simulated clinical practice teaching at the university and then the “real life” clinical teaching in the clinical settings.⁸ The clinical school described in this paper is an extension of this model and was designed to address the gaps between theory and practice in nursing education by ensuring that staff at both the university and the health care facility share the commitment and responsibility for student learning. This model also provides the opportunity to bring research into practice by involv-

ing clinicians. However, while we feel the GNCS is a successful model, it remains a work in progress in the real world of competing demands.

Competing interests

The authors declare that they have no competing interests.

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