



Field visit placements: An integrated and community approach to learning in children's nursing

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SUMMARY

This paper reports on the development of a new initiative, field visit placements towards and integrated and community approach to learning for nursing students. To date, limited literature exists on the potential of community field visits as meaningful learning opportunities for nursing students. Drawing on our experiences, the structure and processes involved in implementing field visits are described in this paper. Students evaluated the field visits positively indicating that they provided a wealth of learning opportunities that enhanced their knowledge and awareness of services available to children and their families in the community. The potential of field visits to promote an integrated and community approach to placements in children's nursing is discussed.

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Introduction

Over the past 15 years, nurse education in Ireland has evolved from a traditional apprenticeship model to an undergraduate programme with students being awarded a Bachelor of Science in Nursing/Midwifery on successful completion of pre-registration education. Full integration of nurse education into the third level sector commenced in 2002 for General, Psychiatric and Intellectual Disability pathways to professional registration. In 2006, two additional pathways were introduced: direct entry Midwifery, and Integrated Children's and General Nursing. The underpinning philosophy of the Integrated Children's and General Nursing programme is to create flexible, resourceful, reflective and innovative nurses who have the abilities to deliver evidence based quality nursing services to children, adolescents, adults and their families in acute and primary care settings in an efficient, caring and sensitive manner.

The introduction of new pathways into undergraduate nursing programmes presents challenges and opportunities to educators and partner health service providers in relation to the provision of high quality and meaningful clinical learning experiences to students. A fundamental consideration for the provision of practice learning is that the requirements and standards for professional registration are met. In Ireland, the Integrated Children's and General Nursing pathway is structured over 4.5 years to accommodate the *Requirements and Standards for Nurse Registration Education Programmes* (An Bord Altranais, 2005). These requirements specify a

minimum number of clinical instruction weeks that nursing students must have in adult and child placement categories: 28 weeks general and specialist medicine nursing, 28 weeks general and specialist surgical nursing, and 18 weeks specialist placements (e.g. accident and emergency, home nursing/community, maternity care). An additional 14 'discretionary' weeks of clinical instruction is required of which seven must be child specific. The scope and flexibility offered by these additional weeks prompted the team to explore opportunities for new placement experiences that would increase time in the community and that could be structured to enhance the integration of learning between theory and practice. The potential of field visits as short-term experiential placements (Scarce, 1997) were considered. To date, little has been published about the value of field visit placements as learning experiences in nursing curricula. In this paper, we report on the development and evaluation of field visits for nursing students.

Providing practice placements: Challenges and opportunities

Current and future changes in healthcare pose challenges in that fewer and more acutely ill patients are being treated as hospital in-patients and in addition the availability of acute care clinical placements is decreasing resulting in limited practice experiences for nursing students (Ellenbecker et al., 2002). Campbell (2008) noted that providing child specific experiences is a challenge in nursing programmes due to a rapidly changing healthcare system and a reduction in the length of hospital stays. However, the scarcity of clinical placements, although problematic, has been reported by Hall (2006) as an opportunity to reconsider the structure of students' clinical experiences and the goals to be

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achieved. According to [Ellenbecker et al. \(2002\)](#), innovative approaches to provide practice placements could be successfully addressed by adopting an enthusiasm to go beyond traditional acute care settings involving a variety of service providers to broaden the scope of learning opportunities for students.

A further challenge in the provision of practice placements is increasing student numbers in nursing programmes in an attempt to boost domestic supplies of graduates to address workforce shortages ([Barnett et al., 2010](#)). Increasing student numbers has had a far bigger impact on clinical placements than anticipated with support for learners having increased to a level beyond the capacity of some service providers ([MacLellan and Leyshon, 2002](#)). [Harrison \(2004\)](#) highlighted that students may fail to learn adequately if too many are placed at one time in a clinical area. Expanding the capacity of quality practice placements for nursing students is thus a high priority and there is a need to increase the number and diversity of placements outside the acute sector to include community placements. This is of significance not only to address capacity problems but also because healthcare delivery is moving towards community based care.

Moving from hospital to community placements

The context of healthcare is changing internationally with a shift from hospital to community care as evident in government healthcare strategies in many countries. For example, in the United Kingdom (UK), a vision for the future of the National Health Services (NHS) is that “primary and community health services play a central role in helping people live healthy lives” ([Department of Health, 2008, p. 3](#)). This vision has implications for ‘training tomorrow’s clinicians’ with a commitment to embedding education within the everyday work of primary and community care. Likewise in Ireland, there is a *Primary Care Strategy* in which the transition of services from hospitals to community care is central ([Department of Health and Children, 2008](#)). A commitment towards primary care in Ireland was first launched by the [Department of Health \(2001\)](#) with an emphasis on postgraduate education of professionals in primary care. To date, there has been little debate in Ireland about the implications of primary and community healthcare for undergraduate education contrary to other countries where the issue of competence to practice in community settings has been raised.

In Canada, changes in practice experiences have been observed to ensure competent nurses who have the knowledge and expertise necessary to provide care in rural or community settings ([Sedgwick and Yonge, 2008](#)). Likewise, in Australia, it is recognised in nurse education that challenges confronting nurses in today’s rapidly changing health care environments have highlighted the need for rural placements and requirement for nurse graduates to be competent and prepared for practice ([Edwards et al., 2004](#)). Providing students with community placements has been proposed in Australia as one strategy for future graduate nurses to become familiar with the rural workplace and future employment opportunities in the community ([Smith et al., 2001](#)).

Field visits as community practice placements

As part of the B.Sc. Integrated Children’s and General Nursing pathway at UCC, students are scheduled to complete community placements with public health nurses (PHN) usually of 1–2 weeks duration. This placement exposes students to the role of the PHN in the community and they gain insights into some aspects of community services for children, for example, post-natal home visits and developmental assessments. Students are also placed with school nurses for 1 week which exposes them to services such as

immunization programmes and health checks on school aged children. While these placements are important, we were reticent to increase the time students spend on these placements because of concerns about capacity and demands that could be placed on PHNs and school nurses. [Kenyon and Peckover \(2008\)](#) found that allocating increasing numbers of nursing students to community placements resulted in community nurses and health visitors having to juggle the demands of their workload and client needs with the demands of student learning. Furthermore, existing placement with PHNs and school nurses allow little time or flexibility to expose students to a broader range of services that children access in the community including social and recreational services focusing on the ‘well’ child.

Field visits were considered as a flexible approach to providing meaningful learning opportunities in the community for students without the risk of burdening any one placement area with too many students. Field visits have been described as short experiential placements that involve reflection on experience, with both the nature and the quality of the experience being significant to the overall learning ([Scarce, 1997](#)). Although field visits may form part of other nurse education programmes, little has been written to date about the potential of short placements to facilitate community learning for nursing students. In the UK a “Hub and Spoke” method of allocating students to clinical areas is being developed as a way of expanding the capacity of existing placements and broadening students’ experiences. The ‘spoke’ of this model is a short term placement (1 h–10 days) which may be hospital or community based serving as a secondary learning experience linked to a student’s primary placement, the hub ([University of Salford, Manchester Metropolitan University and University of Manchester, 2008](#)).

The use of short project-focused community placements of 3 weeks duration have been described by [Smith and Flint \(2006\)](#) in Australia. These involved small groups of students working on a negotiated project specific to a community organisation for which they were required to review literature, assess needs of a particular community group, summarise the project for the organisation, and prepare a statement for local press. The project-focused placements aimed to facilitate students gain an appreciation of citizens’ needs as a basis for developing skills towards working in partnership with communities as registered nurses. Our field visit initiative has some similarities with the short placement initiatives in the UK and Australia, mainly in relation to broadening students’ practice placement with a focus on the community. However, our use of field visits differs in terms of structure and process.

Structure and process of field visits

Timetabling of field visits was scheduled to coincide with child specific modules delivered in Year 2 ([Table 1](#)). This timing was an important consideration in attempting to bridge practice with theory and to encourage integration of learning between child specific theoretical modules. Working towards an integrated curriculum can be a challenge in modularised programmes because modules are structured into distinct units of study running the risk of students compartmentalising their learning rather than making connections between learning ([Rust, 2000](#)).

Students were provided with guidelines for field visits which stated that the broad aim of field visits was to enable students appreciate and appraise various services and opportunities available to ‘well’ children and their families in the community. The guidelines stated that:

“Extending placements to include field visits is important to broadening your thinking and knowledge about the lives of children and families, which in turn should help you in your

Table 1
Child specific theoretical modules.

Therapeutic interpersonal relationships with children adolescents, adults and their families
Growth and development during pregnancy, childhood and adolescence
Nursing children and their families in the community

interactions with children and families in your present and future role for example, advocacy, education and support.”

The guidelines listed a range of community services that students could access as field visits, which were stated as compulsory or optional (Table 2). To focus learning, specific activities for each field visits were stated in the guidelines (see example in Table 3).

Students were responsible for negotiating access to field visits and were encouraged to seek out services in their hometown community areas. Learning through direct involvement is suggested to increase motivation and to encourage students to have control over their learning (Swallow and Coates, 2004). Field visits were restricted to three hours each. Students completed 24 h of field visits in total.

Meetings were scheduled between students and lecturers (AC, ES) three times over the course of field visits: an introductory meeting to provide field visit guidelines; a mid placement meeting to discuss and review progress; and a final meeting to review overall progress and to evaluate field visit experiences. Lecturers were also available for students to be contacted by phone about any queries or issues that might arise for students. Smith and Flint (2006) highlighted the importance of providing support and encouragement to motivate students to use their initiative while engaged in project-focused placements.

Students provided evidence of field visit learning in a portfolio, which is an organised presentation of their learning. The portfolio was a folder with separate sections for each field visit. Evidence of learning included various materials such as pamphlets, leaflets, catalogues and website literature where applicable. Students critically reflected on and documented the perceived benefits of each field visit. Reflection as a medium for learning is promoted in the nursing literature as a means of developing knowledge set in practice (Paget, 2001).

Field visit to pharmacy

A module entitled ‘Nursing Children, Adolescents and their Families in Specific Contexts in the Community’ delivered by one of the authors (MO’S) is an example of how field visits became an integral and valuable component of student learning. In the module, each student was asked to learn about a minor child health problem (e.g. colic, teething) including a visit to the pharmacy. Following this field visit, students shared and discussed their learning with peers in the classroom as part of the module. The potential for students to seek out field visits that complement one another and to draw on relevant literature to support learning was

Table 2
Examples of field visit placement.

Compulsory	Optional
Pharmacy	Family resource centre
Children’s library	Book store
Citizens Information Bureau	Taking child to cinema
Mother care	Mother and toddler groups
Toy store	Others selected by students

highlighted during presentations. For example, one student who presented on the problem of head lice explained that through field visits to a pharmacy and a local health store, she learnt about the range of pharmaceutical products available and the vast array of natural remedies available to manage this problem. She presented her learning in the context of best practice drawing on nursing and other healthcare literature. The sharing of information among students was exciting, insightful, very well received and appreciated by students and lecturer.

Student evaluations of field visits

On completion of field visits, students were asked to anonymously evaluate their experiences and session for this was scheduled into the timetable in a classroom setting. All students in both the 2006 and 2007 intake ($n = 38$) attended and completed a short open-ended evaluation questionnaire designed by the lecturers. Student’s gave permission to use their evaluation comments in this paper. They commented favourably on their experiences of field visits as community placements. Although initially daunting for students in terms of being self-directed in planning field visits and negotiating access to services, they reported little difficulty:

“In general, I found my field visits easy enough to organize.”

“The majority of the people I came in contact with were very helpful.”

The field visit guidelines were viewed as particularly helpful to focusing them on what to achieve from various services, for example:

“I found them (the guidelines) beneficial and I kept them in mind on each placement I completed.”

The support of lecturers was also valued by students:

“I found my assigned lecturer very helpful in directing me in my learning and participation in my field visits.”

All students reported that portfolios were useful for recording learning experiences and compiling resource material specific to each field visit. It was apparent that completing portfolios involved a reflective process:

“I enjoyed compiling my portfolio as it gave me the opportunity of looking back on my field visits and it gave me a chance to reflect on what I had learnt from the experience.”

The students perceived field visits to be “a great method of learning and definitely very interesting”. In particular, the field visits were reported to “enhance your knowledge of what is available in the community for families”. Students commented that their learning from field visits would help them in their nursing encounters with children and families in the future. Of particular note were students’ comments on the interface between acute hospital care and community services suggesting enhanced appreciation of the needs of children and families on planning for discharge from hospital to community.

“From the field visits you get to learn what exactly is out there for parents and children in the community because it is important for us to have further information for parents and children on discharge”.

“I gained invaluable experience about services which are available to children in the community. These ranged from support services to leisure activity services. I did not realise how many services there are for children and adults in need. I believe this will benefit care of patients after discharge to integrate them back into the community.”

Table 3
Example of field visit learning activity.

Local library
<ul style="list-style-type: none"> • Identify what services/activities are offered by your local library • Identify the 'usage' of services by children and adolescents • Negotiate access to one activity involving children e.g. storytelling; art, etc. • Identify what books are mostly sought by children (various ages) through the library • Briefly record the value you attached to this field visit as a learning experience

Many students sought out field visits not listed in the guidelines. For example, one student described how she organised a fundraising coffee morning towards developing a children's hospital locally. Consequently, the student was invited to speak about her initiative at her local secondary school, which in turn raised further funds. This student's initiative illustrates the potential of field visits to motivate students to exercise an advocacy role towards enhancing the lives of children and their families in the community.

In addition to developing field visits as community placements, we aimed to facilitate integration of theory between child specific theoretical modules and placement experiences:

"I linked it (field visits) to Nursing Children and their Families in Specific Context (in the Community) as many of the goals overlapped."

"I was able to link my field visits to Nursing Children and their Families in Specific Context (in the Community) and Growth and Development during Pregnancy, Childhood and Adolescence (Module)."

Although students indicated having connected field visit learning with theoretical modules, this was mainly with individual modules rather than integrating course content across all three child specific modules. In particular, students highlighted having connected field visit learning with the module 'Nursing Children and their Families in Specific Contexts in the Community'. Explanations for this may be that the module was specifically community focused and learning activities planned for some field visits (e.g. pharmacy visit) were directly linked to the module as course content through student presentations.

Discussion and future recommendations

Our experiences of introducing child focused field visits for second year nursing students has been positive overall and have motivated us to continue these placements. We plan to maintain the focus on 'well' children and their families for second year students. We have now expanded the scope of field visits for third year students focusing on vulnerable children and families in the community (e.g. respite for homeless, day care services for children with special needs, life skills community projects for adolescents with behavioural problems).

Problems of placement capacity to meet the demands of increasing numbers of students coupled with placement scarcities have been reported as stimuli to reconsider the design and aims of providing practice experiences (Hall, 2006). Our decision to implement field visits at an early stage of the introduction of a new pathway to an undergraduate B.Sc. programme was in part a proactive strategy to offset problems of capacity in acute care settings. However, the primary aim of field visits was to increase community learning opportunities for students in line with international trends seen in other countries such as Canada, Australia and the UK. Student evaluations clearly indicated that they valued field visits in the community as helping them gain insights into a range of services available for children and families and they particularly

commented on the implications for discharge planning from hospital services. To further enhance students' appreciation of the acute care and community care interface, field visits could be developed along the lines of the UK 'hub and spoke' model of providing practice placements, described earlier. For this, the community field visit could be the 'spoke' for a primary 'hub' placement in the hospital setting. However, a move in this direction with field visits would require careful planning and negotiation between all the relevant stakeholders.

A secondary aim of field visits was to encourage students integrate theory and practice as well as integrating learning across child specific modules. Students' evaluations suggested that this aim was met in part, most notably in one module which was community focused and in which students integrated field visit learning with theory content in seminar presentations during module class time. Planned seminars on field visit activities as part of course content of theoretical modules is needed to help students make learning connections between field visits and modules. While this may help students link field visit learning with individual modules, the challenge of integrating learning across modules remains. To address this challenge, the tracking and recording of student learning in portfolios could be developed further. Rather than record learning and document resource materials for individual field visits, students could be guided to report on specific field visits in ways that present exemplars of integrated learning drawing on child specific theoretical modules. According to Rust (2000), giving students responsibility for profiling learning in portfolios could solve problems of fragmentation in modularised courses.

Conclusion

To date, little has been written about the potential of community field visits as meaningful learning opportunities for nursing students. This paper goes some way to addressing this gap by sharing our experiences of implementing child focused field visits for second year undergraduate nursing students. Field visits have offered a wealth of learning opportunities for students of relevance to children's nursing, including increased knowledge and appreciation of a range of services available to children and their families in the community. Although field visits have shown potential in terms of facilitating students to integrate learning across course content of theoretical modules, this is an area that requires further development. We are motivated to continue our efforts towards harnessing an integrated and community approach to learning in children's nursing through field visit placements.

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References

- An Bord Altranais, 2005. Requirements & Standards for Nurse Education Registration Programmes. An Bord Altranais, Dublin.
- Barnett, T., Cross, M., Shahwan-Akl, L., Jacob, E., 2010. The evaluation of a successful collaborative education model to expand student clinical placements. *Nurse Education in Practice* 10 (1), 17–21.
- Campbell, A., 2008. The healthy teddy clinic: an innovative pediatric clinical experience. *Teaching and Learning in Nursing* 3, 72–75.
- Department of Health & Children, 2001. Primary care, a new direction: quality and fairness – a health system for you health strategy. Government of Ireland, Dublin.
- Department of Health & Children, 2008. Statement of strategy 2008–2010 department of health & children. Government of Ireland, Dublin.

- Department of health, 2008. NHS next stage review our vision for primary and community care: what it means for nurses, midwives, health visitors and AHPs. <www.dh.gov.uk/publications> (accessed 23.02.09).
- Edwards, H., Smith, S., Courtney, M., Finlayson, K., Chapman, H., 2004. The impact of clinical placement location on nursing students' competence and preparedness for practice. *Nurse Education Today* 24, 248–255.
- Ellenbecker, C.H., O'Brien, E., Byrne, K., 2002. Establishing partnerships with social services agencies for community health education. *Journal of Community Health Nursing* 19 (1), 1–6.
- Hall, W.A., 2006. Developing clinical placements in time of scarcity. *Nurse Education Today* 26, 627–633.
- Harrison, S., 2004. Overcrowded placements hinder student learning. *Nursing Standard* 18, 7.
- Kenyon, L., Peckover, S., 2008. A Juggling Act': an analysis of the impact of providing clinical placements for pre-registration students on the organisation of community nursing and health visiting work. *Nurse Education Today* 28, 202–209.
- MacLellan, M., Leyshon, L., 2002. Meeting demands for clinical placements in one community trust. *British Journal of Community Nursing* 17, 24–31.
- Paget, T., 2001. Reflective practice and clinical outcomes: practitioners' views on how reflective practice has influenced their clinical practice. *Journal of Clinical Nursing* 10, 204–214.
- Rust, C., 2000. A possible student-centred assessment solution to some of the current problems of modular degree program. *Active Learning in Higher Education* 1 (2), 126–131.
- Scarce, R., 1997. Field trips as short-term experiential education. *Teaching Sociology* 25, 219–226.
- Sedgwick, M.G., Yonge, O., 2008. Undergraduate nursing students' preparedness to "go rural". *Nurse Education Today* 28, 620–626.
- Smith, S., Edwards, H., Courtney, M., Finlayson, K., 2001. Factors influencing student nurses in their choice of a rural clinical placement site. *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy*. <<http://rrh.deakin.edu.au>> (accessed 10.02.09).
- Smith, M., Flint, E., 2006. Project – focused placements: enhancing students understanding of citizen's perspectives. *Nurse Education in Practice* 6, 117–121.
- Swallow, V., Coates, M., 2004. Flexible education for new nursing roles: reflections on two approaches. *Nurse Education in Practice* 4, 53–59.
- University of Salford, Manchester Metropolitan University and University of Manchester, Hub and Spoke Policy, 2008. <<http://www.nursing.manchester.ac.uk/mentors/resources/policies/hubandspokepolicyDec08.pdf>> (accessed 9.02.09).