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Cross disciplinary knowledge transfer: The experience of student to RN

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Abstract

Australian RN students are required to complete a minimum of 800 hours of supervised clinical placement throughout the course of their Bachelor of Nursing (BN) and can undertake these placements in a number of nursing settings.

Keywords

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By Caitlin Goman, Christopher Patterson and Lorna Moxham

Australian RN students are required to complete a minimum of 800 hours of supervised clinical placement throughout the course of their Bachelor of Nursing (BN) and can undertake these placements in a number of nursing settings.

It is asserted that within these placements students will learn skills and knowledge which they will then implement in their future nursing practice as a RN.

Clinical placements are crucial to producing 'work ready' graduates with placements purported to provide a realistic sense of the hours of nursing, improvements in time management and opportunities to understand what skills are required of a nurse. Once learned, this knowledge needs to be transferred.

Within nursing, knowledge transfer is understood as evidence based knowledge being applied to create evidence based nursing practice. Knowledge is commonly transferred from research and learning environments (the classroom or clinical placement) into clinical practice.

Within nursing the application of knowledge transfer is perceived to

have a positive outcome in facilitating improvements in overall nursing care. This honours research explored how knowledge can be transferred from a student mental health clinical placement to RN nursing practice in a non-mental health setting.

Using a qualitative paradigm, in-depth individual interviews were conducted with five RNs who currently work in non-mental health settings to explore the experience they had as a student nurse on mental health clinical placement (MHCP).

The aim was to examine their understanding of the knowledge transfer between the two settings and from student to RN. Using van Kaam's Psychophenomenological Method (PPM) the following three key themes were identified: Engagement, understanding mental health and holistic care.

All participants expressed that engaging with consumers during their MHCP had an impact then, and has an impact on their practice now.

Engagement in this context refers to being able to establish and maintain meaningful connection and was experienced through the elements of time, communication and building therapeutic relationships.

Because of that experience at XX I try to make time, like I rarely sit around in the nurse's station chatting to staff I generally try to go and have a chat with patients especially where I work with people on contact precautions with infection control it's a big barrier for patients. People sort of pop their head in because having to put on those yellow gowns and gloves and mask and all that is a bit of a pain, so it makes it quite isolating for the patient so I definitely go in and spend more time trying to get to know them and give them someone to talk to restrict that isolation (Tom).

Understanding mental health was identified through participants' descriptions of shifts in their knowledge and understanding of mental health, mental illness and the treatment and interventions options available. Understanding mental health refers to being able to interpret the meaning of mental health and not to be critical or judgemental, which participants said they regularly reflect on.

It has made me not really judge people on a face to face value now. I think as a result regardless whether it's a mental health condition or whatever their illness is I try to be more empathetic and I try not to judge on face value now (Barbara).

Holistic care relates to participants' description of caring for all aspects of a person including social and psychological components of care not just the physical and physiological components. Participants learning of the significance of holistic care was described as being important to their current practice and closely linked with RN practice being person centred.

My student MHCP helped me because when I look at one of the residents at work and they've got some type of illness as well as mental health issues, I don't only see the illness I see them as a person more than just the clinical aspects (Mary).

The elements above informed the overarching theme of meaningful connections. Participants described the importance of forming and maintaining meaningful connections with those who they now termed as 'their patients'.

They described their MHCP as a learning experience that made them really appreciate the importance of person centred care and the value of the person's own experience.

The RN participants stated that if you want to 'know your patients' then you need to connect with them in a meaningful way and suggested that this was the foundation of nursing care.

Having a real meaningful nurse patient relationship and spending time with patients like I said before it's just one of those things that I really focus on and I think my MHCP has a lot to do with that (Gina).

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