Group 1 of theme sessions

Education in clinical practice and practice development 1

Core paper and theme paper abstracts

Tuesday 2 September 2014
Group 1 of theme sessions

Education in clinical practice and practice development 1

Core paper and theme paper abstracts

Tuesday 2 September 2014

Please note:
References are as supplied by authors
USA and Australian spelling has been retained as appropriate
Papers included are those being presented at the conference at the time of going to press.
Core paper

Biographical details of core presenters

Education in clinical practice and practice development 1

Amanda Kenny, Research Program Lead, La Trobe University, Bendigo; Karen Riley, Consultant; Deborah Mellor, Senior Project Manager Quality; Natalia Smith, Project Officer; David Whitrow, Clinical Safety and Development Manager; Cos Ambrose, Project Officer, Bendigo Community Health Services, Australia

Dr Amanda Kenny (PhD) leads the research program of the La Trobe University Rural Health School. She has attracted over AUS$3 million dollars of research funding, including $713,950 of funding for teaching related projects. Amanda has completed extensive research and consultancies for Government, with an emphasis on service design, funding models and workforce development and has sat on major Government workforce committees. Her role in learning and teaching has been significant, and she has led major curriculum development projects, including the development for Government, of Australia’s first Bachelor of Nursing with a Major in Mental Health. She has been the recipient of a La Trobe University Excellence in Teaching Award and is widely recognised for her expertise in online development. Amanda has developed exemplary, fully online subjects and in partnership with industry, attracted major Government funding for the development of the highly innovative, online Student Orientation Space (SOS). She is a Chief Investigator on a current NHMRC partnership project. Her publications are extensive and are largely focused on learning and teaching. She has been cited over 600 times.
Supporting practice placements for multidisciplinary health science students: The student orientation space

Amanda Kenny, Research Program Lead, La Trobe University, Bendigo; Karen Riley, Consultant; Deborah Mellor, Senior Project Manager Quality; Natalia Smith, Project Officer; David Whitrow, Clinical Safety and Development Manager; Cos Ambrose, Project Officer, Bendigo Community Health Services, Australia

Introduction

Health service placements are integral to the education of students in the health professions. The ‘student orientation space’ or ‘SOS’, an innovative, multidisciplinary, online orientation and support program, is designed to maximize quality outcomes from student practice placements. There is a growing body of literature that documents the importance of student placements for knowledge and skill development, professional socialization, and preparedness for the realities of the workplace (Chan, 2002; Higgs, 2012; Kilminster and Jolly, 2000; Newton, Billett and Ockerby, 2009; Rodger et al., 2008). Authors argue that quality placements are characterized by the level of student learning, the alignment of experiences with individual student need, the level of preparation of students and supervisors, and the ability to achieve good outcomes from an efficient use of resources (Rodger et al., 2008; Trede, 2014). Whilst there are shared views of what makes a quality placement, there is a wealth of research that indicates that universities, industry, supervisors and students face a myriad of complex problems and challenges associated with student placement (Boyle, 2008; Leduq, Walsh, Hinsliff-Smith and McGarry, 2012; Lucas and McCall, 2013; Trede, 2014; Williams and Irvine, 2009).

The ‘SOS’ was designed to maximize student learning, create stronger links between industry and universities, support students and supervisors, and strengthen the capacity of health services to increase student placement numbers. Using an action research approach, the ‘SOS’ represents a successful partnership between universities, health services, supervisors, students and people who use healthcare.

Background

Globally, researchers argue that universities, health services and students often have competing interests in ensuring quality student placements. For universities, the focus is on placement capacity, with many courses having minimum attendance hours as a requirement for a degree (Kenny, Nankervis, Kidd, and Connell, 2012). Universities face major challenges in ensuring sufficient placements in environments that optimize student learning (Siggins Miller Consultants, 2012).

For health services, challenges associated with balancing service delivery and clinical care priorities with the need for student learning, are well documented (Berntsen and Bjork, 2010; Henning, Shulruf, Hawken and Pinnock, 2011). The major driver for services to take students on placement is workforce imperatives to ensure sustainable service delivery that meets quality, efficiency and productivity performance indicators (Trede, 2014). Productivity imperatives and under-resourcing of services often results in staff being supervisors, in addition to high clinical loads (Trede, 2014). Supervisor burnout is well documented, resulting in a reticence to take students on placement, and in some cases, supervisory pressures have been attributed to staff resignation (Sanderson and Lea, 2012). Research indicates that for many staff, students are seen as a burden, with a resultant low value and priority given to student supervision (Barton, Bell and Bowles, 2005; Heath, 2002; Sanderson and Lea, 2012).

From a student perspective there are a myriad of reports of poor placement experiences leading to student disenrollment or dissatisfaction (Boyle, 2008; Leduq et al., 2012; Lucas and McCall, 2013; Trede, 2014; Williams and Irvine, 2009). Key issues include inadequate orientation, lack of interest from supervisors, lack of opportunity for inter-professional working, too much ‘down time’ and lack of direction, lack of structure, compromised learning, through a sense of needing to impress staff and not challenge practices, lack of clear learning objectives, and lack of familiarity by services of students theoretical preparation (Boyle, 2008; Leduq et al., 2012; Lucas and McCall, 2013; Trede, 2014; Williams and Irvine, 2009). Students indicate a lack of connection between universities and clinical settings and argue that their learning is compromised as they attempt to negotiate and align what is taught in universities with expectations of practice (Grealish and Trevitt, 2005).

In the United Kingdom, a study by Hamshire et al. (2012), with students who had discontinued their health studies, indicated major dissatisfaction with clinical placements, and identified placements as the ‘tipping point’ that hastened their withdrawal from studies. Students felt undervalued and unsupported by supervisors, with learning compromised by staff who saw them as ‘just another set of hands’ (Hamshire et al., 2012 p.184). These findings have been echoed in numerous other studies (Siggins Miller Consultants, 2012).

Expanding placement capacity: the Australian experience

In the Australian context, there are significant pressures to expand student numbers in universities. In 2008, a review of higher education in Australia (Australian Government, 2008) resulted in major reforms and the creation of a demand driven system for domestic student enrolment. Prior to deregulation, higher education places were capped, but full deregulation of all courses, except medicine, essentially means that funding follows the student. Supporters of a demand driven system argue that reforms have resulted in greater student choice and improved access to higher education, particularly for those...
from disadvantaged groups (Norton, 2013). The reforms aim to ensure that by 2025, 40% of 25-34 years olds will have a degree. The current level sits at approximately 26%, but current projections indicate that government targets for 2025 will be met (Dow, 2014).

Like many countries, Australian health workforce projections indicate that changing demographics, the ageing of the population and substantial increases in chronic disease, will create major workforce shortages (Health Workforce Australia, 2012). Workforce maldistribution, with major shortages of health professionals in rural and regional areas, has been a feature of the Australian healthcare system for decades (Duckett and Breadon, 2013). The strategy to dramatically increase student numbers is welcomed from a workforce perspective (Norton, 2013), however, for the health system, the resultant increase in student numbers has placed significant pressure on universities and industry to ensure sufficient placement capacity to meet professional accreditation/registration requirements (Mason, 2013).

In Victoria, Australia, the need for a larger health workforce, increasing numbers of students, diversity in educational providers, a desire to improve quality and student placements in different health service settings, and a need for efficiency and transparency in the organization and conduct of placements have been articulated as core drivers for system change (Department of Health Victoria, 2012). Expanding placement capacity, particularly in the primary health sector, is a core strategy to ensure sufficient student placements, reduce reliance on the acute sector, meet future workforce targets in the expanding primary health sector, and improve community access to a sustainable, skilled workforce.

**Strengthening placement support**

There have been a multitude of initiatives aimed at supporting student placements. Professional development of supervisors (Huysbrecht, Loecke, Quaequahagens, De Tobel and Mistiaen, 2011), information packages for students and supervisors (Reid-Searl and Dwyer, 2005), learning contracts (Chien, Chan and Morrissey, 2002), tool kits to increase student engagement (Cleary and Walter, 2010), and feedback tools (Bloomfield, Magney and Segelov, 2007) are some examples. Most of the initiatives focus on students and supervisors, predominantly in the hospital context, with less attention given to broader organizational development or the primary health context.

As part of government student placement initiatives, funding was made available for a region wide approach to expand placement capacity in the Australian primary health context. The rural region in which we work is 56,965 square kilometers, or 26% of the State of Victoria. Health services are geographically dispersed, with many being small rural/remote primary health services, with previously limited capacity for student placements. Identification of the enablers and barriers for expanding clinical placements indicated enthusiasm for student placements, but limited infrastructure for co-ordination and delivery, and limited capacity to release clinicians for supervisory preparation. Our successful funding bid was targeted at a capacity building package; including orientation materials to strengthen students understanding of Aboriginal, paediatric, aged and mental health clients.

**The study**

**Aim**

The aim of our study was to build regional student placement capacity by strengthening co-ordination and support to increase the volume and quality of placements in expanded primary health settings.

**Method**

Consistently, researchers have identified collaboration as essential to creating quality placement learning environments. Lack of communication about placements between services and universities have been noted (Levett-Jones, Fahy, Parsons and Mitchell, 2006). Students report attending placements where staff are poorly prepared (McCall, Wray and Lord, 2009), services complain that communication from universities about students theoretical preparation, placement details and clinical objectives are substandard, and all stakeholders report poor orientation practices (Levett-Jones et al., 2006). These issues drove our study approach and we deemed it vital to actively involve all stakeholders in developing our capacity building package.

Action research was regarded as an ideal approach as we believed that the cyclic, systematic processes of planning, action, observation, evaluation and critical reflection (Carr and Kemmis, 1986) were key to promoting change amongst key stakeholders. Given the complexity of issues surrounding student placement, we deemed that students, clinicians, academics and consumers were all ‘experts’ and we needed to capitalize on their shared knowledge and experiences to capture multiple perspectives (Zuber-Skerritt and Fletcher, 2007).

**Findings**

Acknowledging the challenges associated with practice placements; university, health service, supervisor, student, and consumer representatives were actively involved in our action research process. Whilst initially, our funding was focused on the development of materials to support student confidence in working with particular population groups, our action research process indicated that need was far more than simple support materials.

In reviewing literature on supervisory support, the early work of Proctor (1986) was useful in structuring our thinking. Proctor argued that there are three functions of supervision: normative (administrative), formative (educational) and
restorative (supportive). To increase placement capacity there was agreement that administrative, educational and supportive strategies were needed for organisations, supervisors and students. Additional drivers for our work were the geographic location of services, the need to develop a sustainable resource that could be expanded and refined, and a desire to ensure any package could be accessed across services and universities. Through extensive discussion, it was clear that we needed a format that would support a multitude of resources aimed at students, supervisors, services, and universities. To ensure accessibility across universities, geography and settings, we settled on a learning management system, using a Moodle platform, hosted by a community health service.

As we built the site as a portal to extensive resources, students, consumers and clinicians became actively engaged, producing short digital stories on IPads for inclusion on the site. Sourcing and incorporating innovative resources from around the world developed a visually exciting and stimulating product. The incorporated supervisor and organizational sites contain a myriad of resources and templates that are open access and can be downloaded and modified by individual services. The focus of the site is on creating a ‘friendly’ space that reflects the reality of practice so the level of stylized production has been kept to a minimum.

Health service and university uptake of the ‘SOS’ is rapidly expanding. Surveys, focus groups and feedback through the ‘SOS’ indicate that access to the program has enabled small services to place students for the first time. Individual orientation programs have been cut considerably, and students indicate expanded learning opportunities prompted by the ‘SOS’ materials. Early outcomes indicate that the project has been successful in building regional placement capacity. The following quotes are reflective of feedback to this point:

‘I just wanted to say how fabulous the site is. Some of the stories and tips are useful for everyone; not just students.’

The action research, collaborative approach was deemed useful and the product was viewed as important in improving interprofessional collaboration, quality, and student orientation. A service representative explained:

‘Participating in the collaborative project has enabled [organization name deleted] to ensure that students on placement have information relevant to their placement prior to arrival.’

Whilst the uptake of the ‘SOS’ is still in its early stages, comments by organizations actively involved in the action research process indicate early success in meeting our aims:

‘As a small rural organization, capacity building without burdening limited staff is integral to successful outcomes. I believe that this project will continue to deliver that outcome for our service ... an accessible, realistic and capacity building support system so we can provide a quality student clinical environment.’

‘This is the difference between our organization having students or not.’

Discussion and conclusion

Whilst quality student placements are a central component of undergraduate health science education, and are integral to student knowledge and skill development, professional socialization, and preparedness for practice (Chan, 2002; Higgs, 2012; Kilminster and Jolly, 2000; Newton et al., 2009; Rodger et al., 2008), there is a wealth of literature that documents significant practice placement issues for students, supervisors, universities and services (Boyle, 2008; Leduj et al., 2012; Lucas and McCall, 2013; Trede, 2014; Williams and Irvine, 2009). The need to develop strategies to support all student placement stakeholders is clear, however, in an environment where there is pressure to significantly increase student numbers, strategies to expand placement capacity, whilst maintaining quality, are urgently required. Our early success in the development of the ‘SOS’ provides an exemplar of university/student/service and consumer partnerships and how collaboration and communication can be fostered using an action research approach. The Victorian Government has provided further funding for expansion of the ‘SOS’ and we believe that it has the potential to continue to build as a sustainable, innovative strategy to meet the challenges associated with student practice placements.

This project was possible due to funding made available by Health Workforce Australia, An Australian Government Initiative and the Department of Health, Victoria.

References


---

*NET2014 Conference, 2–4 September 2014*

*Group 1: Education in clinical practice*


**Keywords**
- practice
- placements
- educational innovation
- students
- supervisors
Theme papers
An exploration of the community placement experience for pre-registration nurses: Developing tomorrow’s nurses

Tracey O’Keeffe, Clinical Education Lead, Hillingdon Community Health (Central and North West London Foundation Trust), West Drayton, UK

The public interest in nursing and healthcare is not new or surprising but with the recent Francis Report (2013) which raised such grave concerns around care delivery, the political agenda focused on nurse recruitment, education and development has perhaps never been more intense. Both the Francis Report (2013) and the Cavendish Review (2013) highlight the need for nurses and healthcare workers to be clear and unflinching in their approach to patient care in that it must be person-centred and holistic. This concept has not unfortunately come from miraculous new research but from a tragic realisation that the standards professional bodies (NMC, 2008) ask their members to adhere to are not always attained or assured within the clinical environment. Nurses, as the leaders of care delivery within practice, arguably have to take the majority of the responsibility and develop, as the Cavendish Review (2013) suggests, ‘an intolerance of poor performance’.

The Willis Commission (2012) resulted in recommendations with six key themes, three of them implicating the importance of nurse education and training: The Future of Nursing Workforce; Degree-Level Registration; and Learning to Nurse. As healthcare educationalists, questions cannot therefore be ignored which challenge the assumption that students qualifying today are stepping forward into professional practice with the skills, knowledge and qualities that are needed to form the foundations of tomorrow’s nursing workforce.

This paper explores the community placement experience for adult and child field pre-registration nurses within one Trust. Although community nursing has perhaps traditionally been seen as a less attractive or appropriate avenue for newly-qualified nurses, there has been an overall 30% increase in the community workforce over the last ten years (HEE, 2014). Furthermore, with the Government drive for the out of hospital healthcare agenda, end-of-life strategy for palliative care at home (DH, 2008) and focus on support for self-care (Willis Commission, 2012), it seems vital that the community placement works as a key learning environment for students that it is useful and productive, not only for those with an interest in out of hospital care, but for those too whose heart lies within the boundaries of the hospital walls.

The structure of the community placement within this Trust is based on two key elements – ‘hub and spoke’ and provision of ‘Thursday club’, where students gather, reflect and learn together with facilitation from the Clinical Education Lead and other speakers. The ‘hub and spoke’ approach broadens the learning experience whilst the Thursday Club deepens it and encourages reflection and contemplation within a safe forum. Indeed, developing a reflexive nature to practice has been explored and expounded in literature over the years (John, 2009; Kolb, 1984; Schon, 1983; Tarrant, 2013) as a way to help merge theory and practice (Willis, 2012). The final Thursday club of placement, therefore, was transformed a year ago into a purely reflective session (individual and in groups) around the placement experience as a whole and utilises two simple exercises. This paper explores the feedback from students concerned with what they had learnt and what they would use in the future.

The results were both expected and surprising. The clinical skills and knowledge highlighted were predictable and included such things as wound care, catheter and bowel management, diabetes management, palliative care, child development and breastfeeding. Nevertheless, it was important to note the breadth of experience gained which mirrors the Willis Commission (2012) proposal that care closer to home should be available from ‘cradle to grave’. Alongside these practical elements, the students also commented on issues such as the importance of documentation and record-keeping, multi-agency working, accurate patient referrals between teams, and health promotion, as well as showing awareness into how the lines of distinction between mental and physical health can blur and merge in the care of the holistic patient. These issues reflect that continuum of human wellbeing from health to sickness and back.

Perhaps more exciting and intriguing, however, were the less tangible or concrete experiences explored by the students. The themes of learning were rarely unique to one or two individuals, instead being cited by many. They ranged from communication skills, compassion and confidence to professionalism, respect and open-mindedness and from collaboration and teamwork to tolerance and adaptability. Indeed, some of the comments were uplifting, encouraging and thought-provoking (see appendix). If education is to fulfil and achieve both the three patient definitions of quality and the five domains indicated with the Education Outcome Framework (DH, 2013), it would seem that these softer and, arguably harder to teach, skills and changes in perspective are vital.

The community placement appears, upon discussion with the students, to provide a more relaxed yet less safe and controllable environment which, for many, seemed a pivotal point of realisation that the patient in the bed or in their care, is fundamentally a person who cannot, and should not be moulded or treated in a generic fashion. They were able to visualise the complexity of both hospital and community care which acknowledges the person as a unique individual with social and psychological issues embedded in their being. In essence, nurse education has got to be a parallel process which actively bounces the student between academic foundations set out and embedded in universities and the reality of patient care in the clinical setting with all the challenges that brings.
References


Key words:
• holistic care
• community care
• out of hospital care
• compassion
• reflection.

How this contributes to knowledge development within this theme:
• explores the community as a valid placement area which contributes to an understanding of holistic patient care across all clinical settings
• considers drivers underpinning nurse education today and what the nurse of tomorrow needs to be in order to fulfil the political agenda around healthcare
• discusses student nurse reflections and learning outcomes from practical skills-based learning to less tangible, concepts of healthcare.
Appendix

A selection and flavour of comments made by students

What the students said they learnt and would use in the future....

- How important it is to genuinely care for patients
- How to treat people as individuals with respect and dignity no matter how they live their life
- To always look at the wider picture and surrounding influences
- Listen and try to spend more time with patients to know them and who they are, think what is waiting for them outside the hospital and how they live their daily life
- Attention to detail
- Be responsible - speak up - I am the future!
- 'Bedside manner'
- Learnt never take anything on face value and make sure you have all available info before you can assess the situation
- Think about the patient more than just 'somebody in hospital'
- I will be able to have a greater degree of empathy and understanding when caring for people with complex social needs as working the community has given me valuable insight into the difficult situations and circumstances many people have to live with.
Non-medical prescribing assessment in practice: An evaluation of a multi-method approach to assessment

Susan Redman, Lecturer, University of Dundee; Ruth Paterson, Lecturer, Napier University, Edinburgh, UK

Background
In the United Kingdom, legislation, in response to both service and political drivers, has permitted suitably qualified nurses, midwives and allied health professionals to prescribe for patients within their care. Preparation for this new role includes learning, teaching and assessment that is embedded in practice and evidenced in a reflective portfolio (Courtney, 2010).

The portfolio has six components; achievement of clinical competencies, a learning log, sample prescriptions, clinical management plans, critical reflective narratives and a systematic and detailed examination of consultation skills in practice with accompanying reflective summary. The assessment strategy for the programme has evolved over time to meet the need to assess students from a diverse range of clinical settings and disciplines. Generally, within non-medical prescribing (NMP) programmes within the UK, the approach to objective structured clinical examinations (OSCE) is to conduct them in a simulated environment. This may be considered unfair, when clinicians who are experts within one field might be asked to perform within an OSCE that focuses upon a condition that is outside their clinical expertise (Forward and Hayward, 2005). With this in mind, non-medical prescribing programme leaders in Scotland opted to explore the use of a systematic and detailed examination in the practice setting, assessed by mentors (who are doctors) and to include this within the portfolio. Evaluation of this novel approach to assessment of consultations skills within NMP programmes is embedded in the study aims.

Aim
This qualitative study explored the role of the learning in practice experience and use of portfolio assessment in developing safe and effective prescribing practice.

Methods
Online surveys were conducted with students (n=67), mentors (n=28) and line managers (n=22). Participants were invited to rank the six assessments in the portfolio of evidence in terms of their contribution to achieving safe and effective prescribing practice. Descriptive data analysis of survey findings was followed up with semi structured telephone interviews, carried out to explore in greater depth, emergent themes from survey data. Interview data were analysed thematically.

Results
Survey and follow up interview results suggested that the portfolio provided the opportunity to develop prescribing skills and knowledge relevant to the specific clinical specialty.

Doctors (mentors) and managers agreed that the use of a systematic, detailed examination of a consultation in practice was a valuable way to verify competence. In contrast, managers and mentors agreed that the least valuable of the portfolio components in assessment of safe and effective practice, were students’ critical reflective narratives on the application of prescribing knowledge to practice. Students ranked the use of their learning in practice log as the most valuable constituent of the portfolio assessment.

Conclusions
There was agreement amongst all stakeholders that the use of learning in practice portfolios effectively enables non-medical prescribing students to evidence prescribing competence in practice. The novel use of a systematic and detailed examination of a consultation in practice rather than an OSCE in a simulated setting, along with a detailed practice learning log are the two most valued parts of the assessment strategy. The findings of this study have implications for partnership working amongst healthcare providers and higher education institutions, since there appears to be tension between what is valued by practitioners and mentors, ‘seeing and doing’, compared to the value that is placed upon critical reflective narratives, components within the portfolio, by course academics.

References


Key words:
• non-medical prescribing
• assessment
• portfolio.
How this contributes to knowledge development within this theme:

- systematic examination of consultation skills in practice is an effective approach to assessing this aspect of prescribing competence
- systematic examination of consultation skills in practice by designated medical practitioners is a valued alternative to the use of OSCE with non-medical prescribing students
- different non-medical prescribing programme stakeholders value the components of the portfolio assessment differently, with direct observable and practice participatory elements being most valued by practitioners and their managers and mentors.

T3

How to survive as a student on placement: Use of blended learning workshops to prepare radiography students for their first clinical placement

Michelle Ellwood, Radiography Lecturer; Nicholas Crohn, Radiography Lecturer, University of Leeds, UK

Radiography as a practice-based profession where clinical education is an integral element within the radiography degree (Price et al., 2000). It provides radiography students with opportunities to apply their learning to practice and develop the expected skills of a graduate radiographer. Literature suggests that the transition to the clinical environment has associated problems for healthcare students, including stress due to the new learning environment and not knowing what is expected of them (Prince et al., 2005), being unfamiliar with procedures and other healthcare professionals (Andrews et al., 2006), and facing situations that can be challenging and unpredictable (Chess-Smyth, 2005). It is noted that the first clinical placement can be the point of confirmation whether the student has made the correct choice regarding their chosen career (Yong, 1996 in Chess-Smyth, 2005).

Anecdotal evidence suggests that it is common for first year radiography students to be apprehensive about their first clinical placement in the imaging department. It can be an intimidating and unfamiliar environment where the student has to become accustomed to technology, the clinical environment, diversity of patients and established imaging teams. They can be unsure of their place in the imaging team and what is expected of them.

In order to address this, induction workshops were designed to prepare first-year radiography students for their first clinical placement in the imaging department during in semester 1.

The aims of these workshops were:

- to improve their confidence for their first clinical block and help them settle in to the imaging team more quickly and smoothly
- to make them aware of their place on the imaging team and how they can contribute effectively as a new first year student
- provide an overview of basic radiographic technique of common radiographic examinations that they should be able to get involved with and develop radiographic skills
- what they can expect of the imaging staff and what is expected from them as first year students.

The induction workshops were designed using a delivery of blended learning and delivered over 1½ days:

- a 1-day workshop was held in the university setting covering key themes such as infection control in the imaging department, professionalism and uniforms, basic patient monitoring such as blood pressure and pulse, an e-tour of the imaging room on a mobile gadget, expectations of students on placement and ‘top tips’ on how to survive their first placement
- a ½ day practical workshop-based in the clinical skills room to cover basic radiographic techniques, the control panel and an insight to the patient experience
- an e-book was developed to facilitate learning and student engagement during the workshops and subsequent clinical placements.

The 1-day and ½-day workshops were evaluated at the end of each session and were very well received. This was followed up after completion of their first 3-week clinical placement to gain further insight as to whether the workshops had helped the students to feel well-prepared and settle in smoothly. The majority of students indicated that they had been given the confidence to become an active member of the imaging team, to get involved in imaging examinations and had a good idea of what was expected of them. The key theme that emerged for improvement was their apparent lack of underpinning knowledge of radiographic technique. This was symptomatic of recent changes in the delivery of the radiography degree where the radiography technique module was moved from semester 1 to semester 2. This has already been addressed for the next academic year.
The team also provide a series of ‘IV drop experiential learning enabling learners to practice clinical skills.’ Thus, combining theory and learning from experience (Dewy, 1984). The team also provide a series of ‘IV drop-in’ sessions to support individuals with complex drug calculations. IV therapy is no longer an extended role, since most in-patients today will require treatment at some stage (Peate, 2011; Kramer, 1974).

**References**


**Key words:**
- student support
- induction
- preparation for clinical practice
- blended learning.

**How this contributes to knowledge and development within this theme:**
- innovative blended approach to student induction and preparation for clinical placement
- the recognition of student’s fear and apprehension about their first clinical placement
- the benefits of a structured induction programme to prepare new first year radiography students for clinical practice.

---

**T4**

**Preceptorship education in clinical practice and the development of newly qualified nurses**

Gail Mackey, Preceptorship Development Nurse; Katie Wallis, Preceptorship Development Nurse; Caroline Marsh, Preceptorship Development Nurse; Alison Dinning, Critical Skills Educator, Nottingham University Hospitals NHS Trust, UK

Education in clinical practice has direct future implications for healthcare and should be seen as a priority. Our newly qualified practitioners of today are the workforce of the future; hence, it is imperative that newly qualified nurses are provided with the right support, education and skills before and after registration to equip them to develop into competent practitioners (Benner, 1984).

Pro-active preceptorship frameworks, as recommended by the Department of Health (DH, 2010) and other key institutions (DH, 2010; NMC, 2006; NMC, 2008; RCN, 2012) will enable consolidation of knowledge and skills and reduce transition shock. This investment enables the workforce to deliver compassionate high quality care and improve patient safety.

The transition period between student nurse and newly qualified nurse is recognised as a challenging time (DH, 2010; Kramer, 1974). The preceptorship development team at one large acute teaching hospital has designed a Trust wide programme for all newly qualified nurses to support and facilitate the transition from student to competent nurse. This paper will discuss how investment in this focused programme is considered a priority in a climate of predicted shortages of nurses (Lintern, 2013). It is anticipated it will impact on our ability to recruit and retain staff, by encouraging nurses to apply for posts.

The programme comprises a variety of different approaches to education and support. The team work clinically in practice alongside newly qualified nurses. This aims to improve their individual practical skills and knowledge, and help develop confidence, assertiveness and communication skills.

It has been identified by newly qualified nurses themselves that learning specific acute care skills enables new registrants to become effective in practice, with the ability to deliver high quality care (RCN, 2013).

A 7 day Acute Care Foundation Programme is being piloted, which aims to improve key clinical assessment skills using an ABCDE approach, developing communication and professional skills required to care for acutely ill patients. Simulated patients in objective structured clinical examinations feedback to attendees about their professional behaviour, and the course prioritises the chief nursing officers 6C’s as an inclusive part of learning (DH, 2012).

Intravenous (IV) clinical simulation practice, safer medicines, and a local high level medication incident workshop provides experiential learning enabling learners to practice clinical skills. Thus, combining theory and learning from experience (Dewy, 1984). The team also provide a series of ‘IV drop-in’ sessions to support individuals with complex drug calculations. IV therapy is no longer an extended role, since most in-patients today will require treatment at some stage (Peate, 2011;
RCN, 2010). Partnership working with the Trust Medicines Management Committee is facilitating a future e-learning dynamic package.

A multi-professional preceptorship day enables candidates to augment skills in time management, delegation, assertiveness and explore future potential career opportunities. The newly launched preceptorship development pathway provides a structured framework for guidance to enable a smooth transition during the first year.

In response to feedback from newly qualified staff we have embraced an innovative approach to communication using social media. Guided by new technology the team has updated the preceptorship intranet website page and created new communication channels using Twitter, a closed Facebook group for newly qualified nurses and the development of a newly qualified shared governance council.

Improving the experience of newly qualified nurses by having a focussed preceptorship programme is essential to recruit and retain new practitioners, but also to support and develop their acute care skills and improve patient safety.

References


Nursing and Midwifery Council (2006) Protecting the Public through Professional Standards. NMC Circular 21/2006 SAT/gl


Key words:
• patient safety
• preceptorship
• transition shock
• newly qualified nurses
• education
• clinical practice
• development.

How this contributes to knowledge development within this theme:
• the newly launched preceptorship development pathway provides a structured framework for guidance and development to enable a smooth transition during the first year
• IV clinical simulation practice enables experiential learning and education
• a 7 day acute care foundation programme develops clinical skills using an ABCDE approach, develops communication and professional skills required to deliver high quality care for acutely ill patients.
A smoother ride: Facilitating the transition from classroom to clinical placement

Emma Hyde, Assistant Subject Head – Radiography, University of Derby, UK

Research has shown that the transition to first clinical placement can be a stressful time for some undergraduate radiography students (Hyde, 2013; Strudwick et al., 2012). The move from the classroom environment to the clinical setting can cause some students considerable anxiety, and in some cases a loss of confidence (Hyde, 2013). This can range from concerns about using radiographic equipment and getting radiographic technique correct, to concerns about working with ill patients and with clinical staff (Hyde, 2013; Strudwick et al., 2012). These types of concerns are not unique to student radiographers, and have been observed in other groups of healthcare professionals. Watson et al. (2008) observed these concerns in their study of social work students’ transition to their first clinical placement. Mackintosh (2006) also identified these types of concerns in her study of the socialisation process of pre-registration nursing students.

Radiography educators at one UK university have been working to address these types of concerns, and facilitate a smoother transition to clinical placement. Learning and teaching strategies such as blended learning, in particular simulation, have been proven to support students’ preparation for their first clinical placement experiences (Bleiker, et al., 2011; Sloane, 2010; Aldridge, et al., 2010). Simulation is currently included as part of many programmes of study for healthcare professionals in the UK (Borneuf, et al., 2010; Ricketts, 2011), including the radiography programme at this author’s institution. However, despite the use of this learning and teaching strategy, first year student radiographers continue to have concerns before their first clinical placement, and it appears that more needs to be done to facilitate the transition process. Module and placement evaluations completed by students at the institution have identified transition to placement as a key area which impacts greatly on satisfaction levels with the programme of study. With the increasing importance of the National Student Survey (and other feedback mechanisms) for students within university league tables and other key performance indicators, supporting students in this transition is therefore crucial.

This paper will disseminate research carried out at one university in the UK, which investigated students’ experiences of their transition to their first clinical placement. The research involved current student radiographers at the university, academic staff from the university and clinical staff from placement providers. A mixed methods approach was used to elicit quantitative and qualitative data. The paper will explore the issues around transition to placement raised by staff and students during the research. It will discuss a number of characteristics that were identified as making a student ‘placement ready’. The paper will share a number of recommendations for curriculum development and academic practice related to transition to placement. These include changes to placement induction activities, the provision of additional information prior to placement, and the introduction of a number of new learning and teaching opportunities. The paper aims to encourage discussion and debate around the topic area, and to share good practice identified by the research, in order to improve the student experience.

References


Key words:
students’ experiences were rather similar to experiences from preceptors and clinical lecturers. Students’ way of working gave some new insights as well to preceptors and clinical lecturers concerning their professional roles.

Conclusions
From an educational point of view, this study shows that peer learning during clinical practice in elderly care can enhance students’ learning in many aspects. Caring for elderly patients may give these unique experiences of responsibility, independence and control of the total patient situation that are important for the professional growth.

References


**Key words:**
- peer learning
- implementation
- supervision
- elderly care
- clinical practice.

**How this contributes to knowledge development within this theme:**
- research exploring experiences of peer learning in clinical practice in elderly care is limited in Sweden as well as internationally
- implementation of peer learning in elderly care, where the basis is caring for the whole person, can mean that students get unique possibilities to develop their responsibility for own learning and further development of their ability to be problem-oriented, critical thinking and independent
- a supervision model build on peer learning, where preceptors and clinical lecturers get a slightly different professional role, can give new knowledge about students’ development in many aspects, and also bring development of their own professional roles.

---

**T7**

**Introducing a structured model to determine student nurse capacity on practice placement within a large teaching hospital setting**

Barbara Foggo, Practice Placement Facilitator; Karen Coles, Practice Placement Facilitator; Suzanne Medows, Senior Nurse Practice Development, Newcastle upon Tyne Hospitals NHS Foundation Trust, UK

An aspect of developing my knowledge in a new role as practice placement facilitator I needed to understand individual ward capacity. During this exploratory process it became apparent that not all placements were as accommodating in the number of students they were prepared to support. No trust policy or university policy indicated or gave guidance as to the number of students each placement should be able to support. The only guidance offered was the Nursing and Midwifery Council (NMC) guidance of a maximum of three students per qualified educator (NMC, 2010), this was not appropriate to apply across the trust. There were obvious dissimilarities for example one 30 bedded inpatient medical ward supported up to five students, whilst another 30 bedded inpatient medical ward with identical numbers of registered nurses and mentors only supported one student. Hutchings et al. (2005) acknowledge that determining the number of students allocated to a placement is a complex issue with a variety of features. It was vitally important to explore the factors which could influence and impact on the patient, student and mentors.

The factors considered in the capacity allocation were based on comparable placements that at present had the highest capacity and were therefore used as the benchmarks. This would add validity to the calculation and emphasis that the model was based on an achievable goal.

Comparable placements were reviewed and the following influencing factors identified as significant:
- the type of placement, was this an inpatient ward or a critical care area
- the number of beds available
- the number of whole time equivalent (WTE) registered nurses
- the number of WTE mentors available to ensure adequate support for the student.

In February 2012 the capacity model was introduced and since then has been associated with an increase of 58 available placements. The model has allowed some invaluable flexibility during difficult periods. Its introduction has also supported the major changes initiated by the new curriculum with minimum disruption. The aim of the capacity model was to apply
equitable student numbers across placements and provide a framework within which decisions regarding changes in capacity could be made. Other benefits experienced were increase in the number of mentors, peer support to student and mentors, highlighting areas of excellence and the ability to offer students a mentor and co-mentor.

Assessment of a student can be complex and challenging, the feelings of the mentor during the placement should also be considered. If the numbers of mentors have increased to support the number of students allocated this offers the mentors time for reflection when they do not have a student and the ability to support each other. It is anticipated this will have a positive impact on the experience of the mentor and reduce burn out.

References

Nursing and Midwifery Council (2010) *Standards for Pre-registration Nursing Education*. London: NMC.

Key words:
- capacity
- student mentor
- model nursing.

How this contributes to knowledge development within this theme:
- development of a capacity model
- equity of student capacity on placement
- development of mentors.