

**NET2012**

**TUESDAY 4 – THURSDAY 6  
SEPTEMBER 2012**

**Robinson College, University of Cambridge,  
CB3 9AN, UK**



# **23rd International Networking for Healthcare Education Conference**

**First group of theme sessions  
Education in clinical practice  
and practice development 1**



# First group of theme sessions

## Education in clinical practice and practice development 1

Core and theme papers

Tuesday 4 and Wednesday 5 September

**Please note:**

References are as supplied by authors

Papers included are those being presented at the conference at the time of going to press.

# Core paper

## Biographical details of core presenter

### Education in Clinical Practice Development 1 and 2

#### Kath Sharples

**Kath Sharples** is a Senior Lecturer in Adult Nursing at Kingston University and St George's; University of London. With experience as a registered nurse and nurse teacher in both Australia and the United Kingdom, Kath has a comprehensive and realistic understanding of the current challenges within nurse education. Her expertise and research interest is focused on developing and delivering innovative approaches within nurse education; particularly in relation to teaching student nurses self-regulatory skills in preparation for practice learning experiences.

**Please note:** both Education in clinical practice and practice development sessions will start together and the core paper will be presented to the joint session. Delegates will then divide into two groups for the rest of the theme papers.

### C3

#### **Preparing postgraduate student nurses for learning in practice**

**Kath Sharples, Senior Lecturer in Adult Nursing; Sue Fergy, Principle Lecturer, Postgraduate Diploma (RN) Course Director; Ann Ooms, Senior Lecturer in Research Methods, Kingston University and St George's, University of London, UK**

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#### **Preparing postgraduate diploma student nurses for learning in practice**

In the United Kingdom (UK) learning and assessment in practice constitutes 50% of the pre-registration nursing programme (NMC, 2010). The intention of this practice experience is to equip students for the operational role of nursing, whilst ensuring that their skills are underpinned by a sound knowledge base (Cope *et al.*, 2000). Practice experience requires students to undertake a range of practice learning opportunities, providing little time for students to make the necessary adjustments to fit in (Spouse, 2003).

#### **The community of nursing practice**

Engagement in social practice is the fundamental process by which we learn and so become who we are (Wenger, 1998). It follows that barriers to joining the community of nursing practice could compromise a student's exposure to learning on-the-job through occupational socialisation (Melia, 1987). Levett-Jones *et al.* (2009) identified how student experiences of belongingness in practice settings affect a wide range of student attributes; these include motivation, the capacity to learn, self-concept, confidence, the extent to which students are willing to question or conform to poor practice and their future career decisions. The literature suggests that students report difficulties in being accepted into the community of practice, as they are not regarded as belonging to the practice environment in a professional sense (Cope *et al.*, 2000). Elcock *et al.* (2007) argue that the intended advantage of supernumerary status following the move of nurse education into higher education has not been realised in the student learning experience.

#### **Barriers to joining the community of practice**

The *Standards for Pre-registration Nursing Education* (NMC, 2010) encourage innovation in the way that practice learning opportunities can be achieved. The new standards recognise the existence of student learning opportunities wherever nurses practise (NMC, 2010).

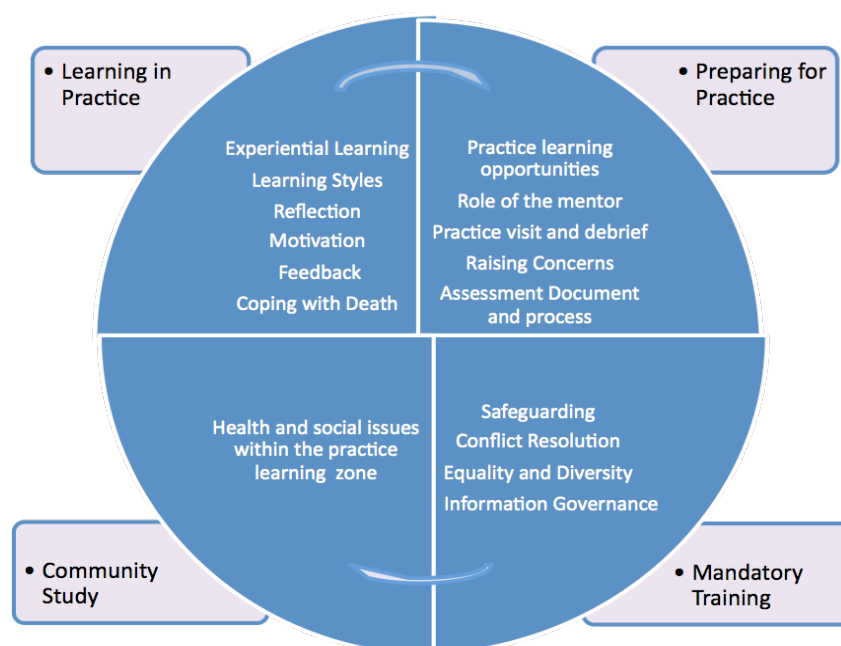
#### **Preparation for learning in practice programme**

The School of Nursing at Kingston University and St. George's, University of London commenced delivery of its Postgraduate Diploma in Nursing/Registered Nurse programme in February 2012 incorporating the new standards. Development of this programme has provided an opportunity to work collaboratively with our practice partners in devising an innovative approach to prepare students for learning in practice.

This paper describes the first part of a longitudinal study. This first paper describes the delivery and initial evaluation of a two-week 'Preparation for Learning in Practice Programme' for postgraduate student nurses. The two-week programme was developed and facilitated through collaboration with Kingston University lecturers and practice educators. The programme design reflected the reality that some students are unable to naturally join in and negotiate their learning needs with nurses in practice environments (Sharples and Moseley, 2011). Inadequate preparation for learning in practice can result in student uncertainty about how to join the community of practice; it has been found that some students hide away so as not to be viewed unfavourably by staff (Spouse, 2003).

Programme development was informed by the literature regarding student needs to prepare for practice. The programme focused on developing the skills required for learning during practice experiences and had four key themes, (Figure 1):

1. Learning in practice
2. Preparing for practice
3. A community study
4. Mandatory training.



**Figure 1**

The programme consisted of 20 taught sessions delivered by a range of university lecturers and practice partners. Table 1 presents the taught sessions by theme.

**Table 1: Taught sessions**

Theme	Session
Learning in practice	1. Learning styles
	2. Using reflection to learn
	3. Motivation and learning
	4. Coping with death
	5. Experiential learning
	6. Identifying learning goals
	7. Expectations of feedback and using feedback to learn
Preparing for practice	8. NMC Standards: <i>Role and Responsibility of Mentors and Students in Practice</i>
	9. Practice learning opportunities
	10. Self-directed online investigation of first practice learning opportunity
	11. Raising concerns
	12. Practice assessment process
	13. Overview of practice assessment document
	14. Debrief from practice experience
Community study	15. Introduction to the community study
	16. Community study student presentations
Mandatory training	17. Safeguarding adults and children and managing risk
	18. Information governance
	19. Equality and diversity
	20. Conflict resolution

The programme content and structure was designed to promote self-regulatory skills; namely reasoning, accessing of key resources, prioritising information, solving problems and making clinical decisions (Kuiper, 2005). Specific sessions on motivation, learning styles, reflection and feedback were aimed at developing students' meta-cognitive knowledge and skills, acknowledged as crucial for effective thinking and problem solving (Sung, 2006). The programme promoted opportunities for development of self-regulatory learning skills, thereby encouraging students to self-assess what they did and did not know (Langendyk, 2006). It is proposed that the

development of these skills enhances students' preparedness for practice, their ability to enter the community of practice and effectively undertake patient care.

### **Evaluation of the preparation for learning in practice programme**

On the final day of the programme, students were invited to participate in an evaluation study. An online questionnaire was constructed using the Tailored Design Method (Dilman, 2000); it measured the students' perceptions of the value of the programme, its benefits and challenges, and suggestions for future development. The questionnaire was developed around the four key themes of the programme: learning in practice, preparing for practice, community study and mandatory training. The questionnaire contained five Likert-style questions for each of the 20 taught sessions. Students were asked to what extent they agreed or disagreed with the timing, length, format, content and relevance of the sessions. Four additional Likert-style questions related to overall perceptions of the programme and 11 open-ended questions collected qualitative data. The vast majority of the students completed the questionnaire, 18 out of 22, resulting in a response rate of 81.8%.

### **Evaluation findings**

#### **1. Timing, length and format of the taught sessions**

Students were asked to evaluate the timing, length and format of the 20 taught sessions. Seventeen out of 18 students agreed to somewhat agreed that the timing and the format of the sessions were appropriate. Students' responses regarding the length of the sessions varied, with two sessions related to mandatory training evaluated as not appropriate in length.

#### **2. Usefulness of content**

The majority of students (16/18 students) evaluated the content of all sessions as useful. When asked to reflect on expectations about the programme, six students assumed that the focus would be on the development of clinical skills. By the end of the programme however, only two students indicated that they would have liked the inclusion of clinical skills in the programme.

Students rated Raising concerns as the most valuable session; the two least valuable sessions were related to Equality and Diversity legislation, and an overview of the NMC Standards, more specifically the role and responsibility of mentors and students in practice.

#### **3. Relevance to learning**

Most students (16/18 students) evaluated the content of all sessions as relevant to their learning. The most appreciated session was Raising concerns; the least appreciated session was related to the overview of the NMC Standards.

#### **4. Overall**

Based on the five Likert-style questions (timing, length, format, content, relevance), the most appreciated session was Raising Concerns and the least appreciated was the Safeguarding session.

#### **5. Impact of the programme**

Students' perceptions of the impact of the programme were measured using five Likert-style questions (Table 2). It demonstrates that the majority of the students identified the programme to have had a positive impact. Students perceived it had most impact on their knowledge and expectations for learning in practice and least impact on their independent learning skills.

**Table 2: Impact of the programme**

<b>Question</b>	<b>(n)</b>	<b>Somewhat disagree</b>	<b>Disagree</b>	<b>Somewhat agree</b>	<b>Agree</b>
The programme has increased my knowledge on how to learn in practice	(17)	0	0	5	12
The programme has made my expectations about learning in practice more realistic	(17)	0	0	5	12
The programme has helped me prepare for learning in practice	(17)	0	0	6	11
The programme has increased my self-awareness	(17)	0	2	3	12
The programme has increased my independent learning skills	(17)	0	4	3	10

Students made the following comments in relation to the overall impact of the programme:

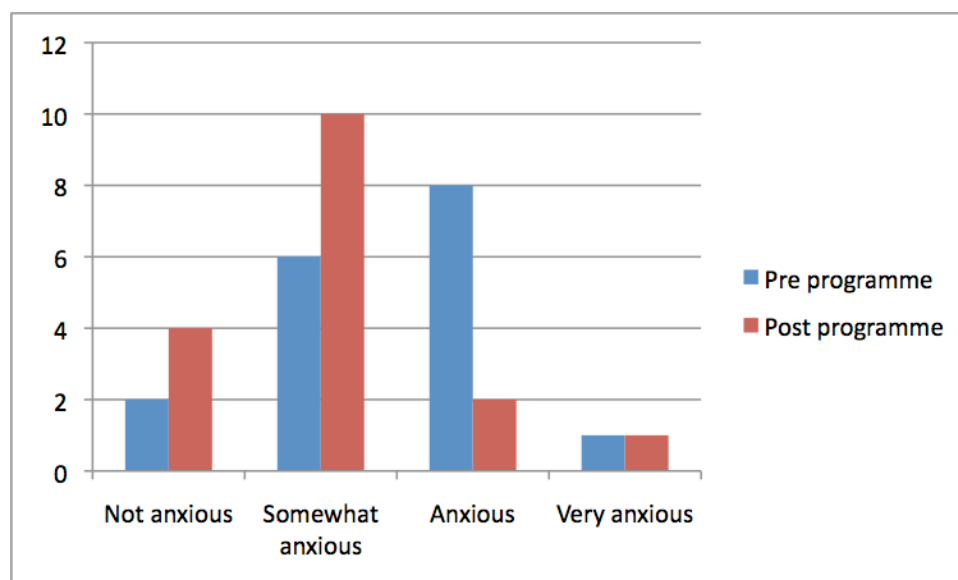
- It was really useful, i.e. going through the portfolio, dealing with difficult situations, dealing with mentors – how to conduct yourself, thinking about how you are going to fulfil the NMC requirements [Student 4]
- Having these two weeks was very valuable to me as a person... it helped my stress levels [Student 10]
- I learned a lot in the two weeks and found that actually I am more realistic of expectations in practice and what it may be like – often not always positive experiences. [Student 12]
- 
- It was particularly useful going through everyone's experience after visiting the placement in the first week – because there were often similar experiences across the group which comforted me! [Student 12]
- 
- I thought it was a positive learning experience, refreshing skills and knowledge... I got support and advice about what to expect [Student 14]

### 6. Anxiety levels

Students were asked what their anxiety levels regarding practice were before and after the programme. A one-sample t-test was conducted, showing that the perceived level of anxiety decreased in a statistically significant way following the programme ( $p < 0.001$ ).

Levels of anxiety pre-programme varied with the majority of students reporting feeling anxious to somewhat anxious. The levels of anxiety also varied post-programme, however the majority of the students reported feeling somewhat anxious (Figure 2); this was described by one student:

- I am anxious but I have 'healthy' anxiety. I would be happy not to have to deal with a cardiac arrest on my first day, but I am up for the challenges that lie ahead! [Student 18]



**Figure 2: Students perceived anxiety levels**

### 7. Sustainability of the programme

Sixteen students out of 17 reported that they would advise all students to undertake the programme and all students would advise the School of Nursing to run this programme in future years.

### Discussion

Even though the main aim of the programme was to develop self-regulatory learning skills, students perceived the programme to have had the least impact on these skills. Whilst this result is disappointing, it may be that students did not have the opportunity yet to test their independent learning skills during practice experiences. A subsequent evaluation following a 6-week practice experience may reveal different results.

The most significant impact of the programme was on students' perception of their anxiety before and after the programme. It is possible that student anxiety was reduced because of increased knowledge about learning in practice and more realistic expectations of learning in practice. This is significant given that students had assumed that the programme would focus on clinical skills, yet skills were not an element of the programme. It would have been reasonable to expect students to identify this as a short coming; however, only two students indicated that they would have liked skills to be included. Significantly, student anxiety was reduced by providing a programme focused on the development of self-regulatory skills. In addition, all but one student recommended that the School of Nursing should continue to deliver this type of programme.

Further research is required to identify why students feel the need to develop clinical skills as a preparation for practice, whilst a key aim of their practice experience is the development of their clinical skills.

### **Conclusion**

The Preparation for Learning in Practice Programme, devised by nurse lecturers and their practice partners, is an example of how students can be efficiently and effectively prepared for self-regulatory learning in practice. This evaluation was the first part of a longitudinal study. The next phase will investigate students' perceptions of the programme after a 6-week practice learning experience. This study will mainly focus on the investigation into students' perceptions of their development of independent learning skills, which was one of the major aims of the programme.

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### **Key words**

- learning in practice
  - self-regulated learning
  - learning to learn
  - preparation for practice
  - community of practice
  - postgraduate student nurses.
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# Theme papers

## **Blended learning: a strategy for knowledge assimilation and interactive learning in palliative care**

**Mary Maher, Nurse Practice Development Facilitator; Ann O'Connor, Infection Prevention and Control Clinical Nurse Specialist; Barbara Sweeney, Lecturer; Patricia Walsh, Assistant Director of Nursing; Kevin Connair, Director of Education, St Francis Hospice, Dublin, Ireland**

### **Background**

Technology is influencing the way in which education is being delivered in higher educational establishments. Many universities are now using blended and e-learning as a form of undergraduate and postgraduate education (Jonas and Burns, 2010). It is important to note that this type of learning is not limited to third level institutions. There is an increase in innovative teaching and learner centred strategies that are occurring within healthcare organisations so as to maximise resources and enhance clinical practice. One such technique is blended learning. Blended learning may be regarded as a method of integrating various learning techniques, technologies and methods of delivery that allows for the sharing of knowledge and information between course participants (Iley *et al.*, 2011).

Continuing professional development is the responsibility of each registered nurse. An Bord Altranais (2000) highlight the need for healthcare providers to provide opportunities for staff to engage in on-going education, so as to maintain their clinical competencies. In addition, Callister *et al.* (2005) highlight the importance of education in promoting evidence based practice. The practice of urinary catheterisation and intravenous drug administration are common clinical skills which registered nurses regularly undertake in clinical practice. Registered nurses require educational programmes that address both the theory and practice of these skills, so as to ensure competence in undertaking those procedures. In order to address this need, a blended learning approach was used in designing, developing and delivering a programme on urinary catheterisation and intravenous drug administration within a specialist palliative care unit in the Republic of Ireland. This programme was designed and lead by the practice development nurse, in collaboration with the infection prevention and control nurse and members of the education team. Each programme consisted of a range of blended learning strategies, including workbook, modified lecture, group work, discussion, psychomotor skills demonstration, videos and podcasts. In addition, theoretical and practical assessments were incorporated into the programmes.

### **Aim of presentation**

The aim of this presentation is to describe the design, development, delivery and evaluation of a blended learning approach to urinary catheterisation and intravenous drug administration in a specialist palliative care service in the Republic of Ireland. The experiences of those who designed, developed and delivered the programme will be presented, together with the participants' evaluation in engaging in this form of learning method.

### **References**

An Bord Altranais (2000) *Scope of Nursing and Midwifery Practice Framework*. Dublin: An Bord Altranais.

Callister, L., Matsumura, G., Lookinland, S., Mangum, S., Loucks, C. (2005) Inquiry into baccalaureate education: fostering evidence-based practice. *Journal of Nurse Education*, 44: 2, 59-64.

Iley, K., Mnulty, L., Jones, I., Yorke, J., Johnson, M. (2001) Developing competence in cardiac care through the use of blended learning: course members' and mentors accounts. *Nurse Education Today*, 31: 2011, 323-327.

Jonas, D., Burns, B. (2010) The transition to blended e-learning. Changing the focus of educational delivery in children's pain management. *Nurse Education in Practice*, 10: 2010, 1-7.

Wakefield, A., Carlisle, C., Hall, A., Attree, M. (2008) The expectations and experiences of blended learning approaches to patient safety education. *Nurse Education in Practice*, 8, 54-61.

### **Key words:**

- blended learning
- palliative care
- evaluation.

### **How this contributes to knowledge development within this theme:**

- innovative methods of addressing the theory practice gap
- student centred learning
- evaluation, strengths and challenges in the design and use of diverse teaching strategies.

## **Assessing underperformance of physiotherapy students on clinical placement: the dilemmas of practice educators**

**Jennifer Cleland, The John G Simpson Chair of Medical Education; Fiona Roberts, Teaching Fellow, The Robert Gordon University, Aberdeen, UK**

### **Introduction**

Determining fitness for practice in the healthcare professions involves students fulfilling theoretical, clinical and professional criteria as laid down by the relevant professional body and interpreted by each individual educational institution providing pre-registration education. The objective of these criteria is to ensure safe practice: the progress of weak students to independent practice in any healthcare profession has clear implications for patient care and safety.

Difficulty in assessing students' clinical performance, however, is an issue in the training of all healthcare professionals who undergo a combined theoretical and practical professional training. Cleland *et al.* (2008) found that a number of factors, such as perceived norms (e.g. not wanting to be the only person who fails students) and self-doubt (e.g. is it me or them?) interplay and conflict with educators' desires to be fair, and to report competence accurately and in an unbiased fashion, in order to protect the public.

The area of assessing physiotherapy students on clinical placements has received relatively little attention. Anecdotal data from physiotherapy suggests the issues in assessment on clinical placement are similar to those in medical education. To the best of our knowledge, there have been no explorations of placement supervisor attitudes, cognitions and beliefs about reporting physiotherapy student underperformance – in other words, failing students. While there may be similarities, findings from other healthcare professions cannot be directly transferred to physiotherapy. Therefore, this study aimed to answer the research question: are there barriers to clinical educators accurately reporting underperformance in physiotherapy students?

### **Objectives**

Research has found that clinical assessments do not always accurately reflect health and social care student performance. The progress of weak students to independent practice raises clear patient safety concerns. The study aim was to explore if 'failure to fail' is an issue for UK physiotherapy educators, and, if so, what are its determinants?

### **Design**

A qualitative focus group study exploring the views of physiotherapy educators.

### **Setting**

North of Scotland acute and community services in three different cities.

### **Participants**

Twenty five practice educators from each of four physiotherapy services across three major cities in Scotland were invited to participate. A total of five focus groups were carried out with 43 physiotherapists.

### **Intervention**

To make sense of potentially many factors associated with reporting student underperformance, we selected the integrative model of behavioural prediction to underpin qualitative data collection and analysis. The topics covered (in reference to passing or failing students) included: individual student factors influencing decision making; perceived social pressures; norms; environmental forces; required skills and abilities deemed necessary; knowledge of outcomes and procedures to fail a low achieving student.

### **Outcome measures**

This was an exploratory study.

### **Results**

Using theory-driven analysis, we identified six main themes relevant to the integrative model of behavioural prediction which are involved in making decisions to fail underperforming students. These are: tutor attitudes towards an individual student, attitudes towards failing a student, normative beliefs and motivation to comply, efficacy beliefs (self-efficacy), skills and knowledge, and environmental support and constraints.

### **Conclusion**

Many different factors act on physiotherapy educators' reporting of underperformance in students. However, an overarching focus on 'the bigger picture' of patient safety, protecting the public and the reputation of their profession facilitates accurate reporting. These findings will be discussed in relation to previously published data from medical and other health and social care professions. They will also be discussed in how they can help support new practice educators.

## References

Cleland, J.A., Knight, L.V., Rees, C.E., Tracey, S., Bond, C.M. (2008) Is it me or is it them? Factors that influence the passing of underperforming students. *Medical Education*, 42: 800-809.

## Key words:

- practice educators
- clinical placement
- failure to fail.

## How this contribute to knowledge development within this theme:

- details that many factors are involved in considering whether or not to fail, or report underperformance in, physiotherapy students
- identifies relevant issues and concepts in terms of the dilemmas faced by tutors when faced with underperforming students
- helps provide direction on how university staff and practice educators can work in partnership in such situations and the development and support practice educators may require.

**Funding:** We would like to thank the Higher Education Academy for funding this project.

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## T19

### Supporting newly qualified nurses when caring for the acutely ill ward patient: a strategy for reducing transition shock and improving patient safety?

**Alison Dinning, Critical Skills Nurse Educator, Nottingham University Hospitals NHS Trust, UK**

Patient safety and ensuring high quality patient care is a key national priority, and is linked closely to the competence, knowledge and skills of healthcare professionals. The transition period between student nurse and newly qualified staff nurse is recognised as being a challenging time. Nottingham University Hospitals NHS Trust has identified that one of the main anxieties of nurses in the preceptorship period, up to one year after registration, is nursing the sick and unstable patient in non-critical care areas. As a result, a critical skills nurse educator has been seconded for a year to support and teach this important group of professionals, to make them more competent and confident when caring for the sick and deteriorating ward patient. The increasing complexity of healthcare delivery faced by both education and practice presents many challenges for the future.

'Transition shock' has been described as the newly qualified practitioner being placed in clinical situations beyond their experiential comfort level, with minimal mentorship from an experienced nurse. Observations of care, verbal feedback to the preceptorship team and a written survey suggest that newly qualified nurses working within acute admissions areas appear to be most affected. High numbers of new graduates in our trust have been employed in a 48 bedded medical admissions ward, resulting in increased stress levels due to their perceived feelings of inadequacy when caring for the sick patient and inability to give intravenous infusions requiring support from other members of staff. Research suggests that newly qualified nurses should initially be placed in consistent and relatively stable settings to reduce their concerns about providing safe care, but gradually being encouraged to more advanced scenarios with the support of an experienced colleague. The critical skills nurse educator provides one to one support by working with the new graduates, and aims to improve their practical skills and knowledge, and develop attitudes and behaviours necessary to give confidence and improve effectiveness when communicating with other member of the multi-professional team. Collaborating with the ward team to deliver local 'drop in' IV teaching sessions is ensuring timely assessment of competence.

As a result of extensive feedback from preceptees and nursing staff, and through analysis of clinical incidents, risks and other audit data, important areas of learning needs have been identified. A focussed theoretical programme of training is now being delivered, with key identifiable themes to enhance clinical skill and optimise quality patient care in practice. Improving knowledge about acute kidney injury, fluid balance, caring for the patient with sepsis, observations, communication, and timely escalation of care aims to increase confidence and reduce clinical risk. Workshop based sessions are also provided about oxygen therapies, tracheostomy care and safe patient transfer.

Open and honest co-operation with the clinical leadership team in ward areas has been identified as key to providing support in developing professional practice during the preceptorship period. Close partnership working with university programmes is also facilitating development of curriculums that are responsive to the needs of practice.

The benefits of this post will be reviewed by:

- discussing relevant outcome measures identified by key stakeholders in the Trust
- identifying how the role of the critical skills nurse educator and focus of work-based learning has altered and adapted according to the needs of the service and the learning needs of the newly qualified nurses

- discussing how providing a balance between theoretical knowledge and developing critical skills in practice with a structured preceptorship programme, Nottingham University Hospitals NHS Trust aims to improve the experience of the newly qualified nurse when caring for an acutely ill ward patient.

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### Key words:

- patient safety
- transition shock
- acute care skills
- preceptorship
- developing professional practice.

## T20

### Supporting the uptake of practice guidelines in three Canadian hospitals

**Nancy Matthew-Maich, Professor, Mohawk College; Jenny Ploeg, Assistant Professor; Susan Jack, Assistant Professor; Maureen Dobbins, Assistant Professor, McMaster University, Hamilton, Canada**

#### Background

The Registered Nurses Association of Ontario (RNAO) in partnership with the Ministry of Health (Canada) has taken a leadership role in developing and implementing numerous guidelines for nursing and health care professional practice. This study aimed to contribute a better understanding of the complex processes involved in implementing and using the RNAO best practice guidelines in three acute care hospitals and the system impact.

#### Methods

Constructivist grounded theory was used to guide the development of a theoretical model of breastfeeding guideline implementation, use and impact in three Ontario hospitals. Purposive and then theoretical sampling resulted in the recruitment of 112 healthcare providers and clients. Triangulation of data sources and types occurred through in-depth interviews (120), documents and field notes. Concurrent data collection/analysis occurred. Three researchers analyzed data and confirmed codes and categories.

#### Results

Essential processes for implementing and using the guidelines:

- Respected, passionate, persistent leadership igniting and supporting change by facilitating multifaceted strategies tailored to nurses who are ready to adopt change at very different rates.
- Practice changes to those congruous with the best practice guidelines.
- Doubting, fearing and resistance to trusting, believing in, doing and diffusing new best practice guideline practices

The perceived *impact* of implementing and using the guidelines includes enhanced: interprofessional collaborative relationships and trust, organizational image, nursing practice and professional pride. Improved consistency of nursing practices enhanced both patient and nurse satisfaction. Community partnerships and resource sharing also. When best practice guidelines are implemented without uptake, the result is mixed messages for patients and low satisfaction with hospital stay.

#### Conclusions

The RNAO breastfeeding best practice guidelines resulted in important local and system impact when effective implementation processes were used. Implementation processes illuminated in this study were fundamental to

the guideline uptake in these contexts. BPG implementation is a systems issue and needs to be viewed as such with both implementation and evaluation efforts.

The processes illuminated in this study have been applied to BScN student learning with repeated success.

**Key words:**

- evidence-based practice
- guideline uptake in clinical practice
- guideline implementation
- impact of guideline use in practice
- coaching evidence-based practice.

**How this contributes to knowledge development within this theme:**

- specific strategies to facilitating evidence-based practice/guideline use with nurses/student nurses in clinical practice
- leader's role in supporting evidence-based practice/practice guideline use
- impact of implementing and using practice guidelines in clinical practice.

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## T21

### **Nurses' lived experience of preceptorship in Finland and Sweden: a qualitative study**

**Yvonne Hilli, Principal Lecturer, Head of Project, Novia, University of Applied Sciences, Finland; Hanna-Leena Melender, Principal Lecturer, VAMK, University of Applied Sciences, Finland; Elisabeth Jonsén, Associate Professor, Umeå University, Sweden**

Clinical preception plays a vital role in nursing education. According to European Union (EU) recommendations, the preception during clinical education should be undertaken by clinical expertise within social and healthcare services (Council Directive, 77/453, 1977; 89/595, 1989). Furthermore, the preceptors have to balance between the needs of the nursing students and the need of patients in workplaces with a high staff turnover (Hallin and Danielsson, 2009; Saarikoski *et al.*, 2009). In this cross-sectional qualitative study the aim was to examine the experience of being a clinical preceptor. The study is part of an international project examining the quality of clinical preception in nursing education. A purposive sample of 30 nurses, who had been supervising the first year's nursing students during their first practice placements in elderly care and on internal and surgical wards were interviewed. The sample consisted of 27 female and three male preceptors of whom 21 were registered nurses and nine practical nurses. Their age varied from 24-60 years and their work experience was from one to 40 years. The data was collected through narrative thematic interviews. A theme guide was subsequently constructed with the following themes in focus: supervision, reflection and critical thinking, and the connection between theory and practice. The data were analysed through qualitative content analysis. The results constitute five main categories:

- being a preceptor is challenging but also a heavy duty to carry out'
- learning by doing instead of being guided by learning outcomes'
- time to precept and a pedagogical framework for supervision is missing'
- reflection and critical thinking – important but not planned activities'
- the gap between theory and practice is challenging to bridge.

New educational strategies and alternative possibilities for organizing clinical teaching are required in preparing nurses for evidence-based practice. The preceptorship should be recognised by all stakeholders and efforts should be made to plan the nurses' clinical work so that there is enough time allocated for preception.

Furthermore, preceptors need further education and pedagogical support in order to make preception a planned activity creating learning opportunities guided by the student's learning outcomes. The nurse educator should actively take part in the clinical education in order to narrow the gap between theory and practice by using more student-centred methods promoting reflection and critical thinking.

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**Key words:**

- preception
- nurse student
- clinical education
- qualitative study.

**How this contributes to knowledge development within this theme:**

- preceptorship is a heavy duty and new educational strategies for organizing clinical education is needed
  - promotion of reflection and critical thinking in clinical practice is needed
  - the importance of learning outcomes of the nurse students should be emphasised.
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**T22****Nurses' knowledge of and attitudes towards fever and fever management in one Irish children's hospital**

**Louise Greensmith, Acting Clinical Educator Facilitator, Children's University Hospital, Dublin, Ireland**

**Background**

In most cases fever is a positive immunological response in children (Broom, 2007). However for more than thirty years international research has demonstrated that nurses and parents view fever negatively and treat it aggressively, leading to less than beneficial outcomes for febrile children.

**Literature review findings**

International studies have demonstrated that nurses' knowledge may be lacking in fever and nurses may be inconsistent in their fever management practices (Blumenthal, 2000; Sarrell, *et al.*, 2002; Walsh, *et al.*, 2005; Considine and Brennan, 2007). Nurses caring for febrile children are in a prime position to educate parents about fever and fever management (Hockenberry and Wilson, 2007). However if nurses are incorrect in their fever management practices as international studies have demonstrated parents are not receiving up to date information and education on the management of fever, which may be fuelling parental fever phobia.

**Objectives:**

- to describe nurses' knowledge of fever and fever management in children in one children's hospital
- to describe nurses' attitudes about the management of fever in children in one children's hospital.

**Methods**

A descriptive, quantitative research design was employed. Data was collected from 119 nurses working in one children's hospital who completed a self-report questionnaire.

**Results**

Nurses mean knowledge score about the physiology of fever, fever management and antipyretics was 51% ( $n=60$ ), which was lower than expected. Nurses had both appropriate and inappropriate attitudes towards fever and fever management. This study found no statistically significant difference in knowledge scores between nurses holding a higher diploma in children's nursing and those who do not.

Inconsistent attitudes between nurses were identified. 50% ( $n=58$ ) of nurses were unsure of or did not believe that moderate fever had beneficial effects for children. 56% ( $n=67$ ) of nurses indicated that antipyretic medication should be administered based on temperature alone and 74% ( $n=88$ ) of nurses believe that sleeping febrile children should be woken to receive antipyretics. The current study found that having a specialist qualification in children's nursing made no difference to nurses' attitudes towards fever; this finding is verified by Walsh, *et al.* (2006). Influences on nurses' fever management practices include, inappropriate attitudes towards fever, perceived expectations of nursing colleagues, doctors, parents and nurses' lack of evidence-based knowledge of fever.

**Conclusion**

Findings from this study reveal nurses have low knowledge levels of, and inappropriate attitudes towards fever and fever management. These findings indicate that nurses' fever management practices are inconsistent and are not always based on up to date evidence. If nurses in this study are educating nursing students and newly-qualified nurses about fever and fever management, incorrect knowledge is being transferred and inappropriate attitudes are being reinforced. It is suggested that a peer education programme be carried out in the hospital where the study has taken place in an attempt to improve nurses' knowledge and attitudes towards fever management. Nursing care plans are currently being updated to reflect international clinical guidelines.

Having a specialist qualification in children's nursing did not have any effect on nursing knowledge or attitudes towards fever and fever management, therefore post-registration children's nursing education should be examined to assess if it provides adequate theory for future children's nurses on fever and fever management.

Findings suggest that nurses involved in this study have irrational fears about fever and as nurses educate and advise parents of febrile children, nurses may be promoting rather than allaying fever phobia in parents. Written discharge advice based on up to date evidence, for parents should be developed, so that parents receive accurate and consistent information in relation to fever and fever management, when leaving hospital.

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#### Key words:

- fever management
- children's nursing
- knowledge
- attitudes.

#### How this contributes to knowledge development within this theme:

- this study described nurses' knowledge of and attitudes towards fever and fever management therefore it can be seen as the first step in researching this important area
- the study found that nurses need further fever management education, to improve knowledge and attitudes so that evidence based care can be provided to children and their families
- this study has led to the development of a second study, using a pre- and post-test design with an educational intervention. This study will assess the success of the intervention in improving knowledge, attitudes and ultimately nurses' practices in relation to fever management in children.

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## T23

### Psychometric evaluation of the Italian version of 'the staff attitudes to nutritional nursing geriatric care scale (SANN-G scale)': final results

Loris Bonetti, PhD Student in Nursing Research Methodology; Annamaria Bagnasco, PhD in Nursing Research Methodology; Loredana Sasso, Masters Degree in Education Sciences, University of Genoa, Italy

#### Introduction

Malnutrition in institutionalized older people still remains an unresolved problem, given the abundant literature addressing this issue every year. Nurses play a key role in identifying malnourished patients and in taking good care of them. Sadly, many studies have found that nurses have a negative attitude to nutritional care.

#### Aim

The aim of this study was to validate 'The staff attitudes to nutritional nursing geriatric care scale (SANN-G scale)' in Italian, a tool created in Sweden that measures the attitudes of nurses to nutritional care in older people.

#### Methods

First, we used a forward and back-translation to create the Italian version of the tool. Content and face validity were then examined with a pilot study. Finally, test-retest reliability with the two-tailed Spearman rank correlation (Spearman's rho) and internal consistency reliability with Cronbach's alpha were assessed.

## Results

A total of 79 nurses having experience with older patients took part in our study: 33 nurses for pilot testing and 46 nurses for test-retesting. Linguistic and semantic adaptation of the tool in Italian was successful. Most of the 33 nurses involved in the pilot test found the tool easy to fill in. They considered the tool appropriate for assessing nurses' attitudes toward nutritional care also in the Italian context. The Italian version of the tool achieved a good internal consistency reliability with Cronbach's alpha equal to 0.814 and an acceptable stability with a two-tailed Spearman rank correlation of 0.75 (p value=0.000).

## Conclusion

The resulting tool is appropriate for the Italian context and could be used to measure nurses' attitudes independently from the type of older population they worked with. As Christensson *et al.* declared, it will be possible to use it during teaching sessions or changes of routine care, to see whether after these interventions the positive attitudes increase.

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## Key words:

- attitudes
- nurses
- nutritional care
- instrument evaluation
- older people.

## Conference committee

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**Professor Lorraine Ellis**, University of Derby, UK  
**Professor Philip Keeley**, University of Manchester, UK  
**Professor Gary Rolfe**, Swansea University, UK  
**Professor Fiona Timmins**, Trinity College Dublin, Republic of Ireland

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**Elisabeth Clark**, The Open University, UK  
**Kay Currie**, Glasgow Caledonian University, UK  
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