



Student nurses exposure to Primary Health Care nursing: issues and innovations

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Executive Summary

April 2012

Nurse Maude

The
NEW ZEALAND INSTITUTE of
COMMUNITY HEALTH CARE



AOTEAROA
NATIONAL CENTRE FOR
TERTIARY TEACHING
EXCELLENCE

An Ako Aotearoa publication.
This project output has been funded by
Ako Aotearoa through the
Regional Hub Project Fund.



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Karen worked in the UK as a District Nursing Sister for nearly ten years before becoming a lecturer delivering theoretical and clinical practice components relating to primary care. Karen has a long lasting passion and commitment to district nursing and home-based health care and remains a strong advocate in this area.

Since moving to New Zealand in 2007, Karen has worked at Nurse Maude for over four years as a nurse educator for community nursing. She was influential in introducing the Dedicated Education Unit (DEU) model for managing student nurse placements at Nurse Maude, the first community based DEU in New Zealand. Karen also has a role working as research nurse with the NZICHC, where she worked on a MoH project, Nurses Utilisation of Evidence to Inform Practice, a key outcome of which was the development of the [Nursing Evidence](#) website. Karen now manages the [Nursing Evidence](#) website for the Canterbury District Health Board. Karen is also evaluating a new Nurse Maude service for patients receiving hospital level care in the home and is facilitating the implementation of the Liverpool Care Pathway into a District Nursing service.

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ACKNOWLEDGEMENTS

The authors would like to acknowledge the support they received from their project mentors:

Dr Chris Hendry – New Zealand Institute of Community Health Care

Dr Philippa Seaton – Christchurch Polytechnic Institute of Technology

Also

Mrs Frances West, data analyst, New Zealand Institute of Community Health Care

We wish to acknowledge and thank Ako Aotearoa for funding this research. We thank Bridget O'Regan and Pat Robertson from Ako Aotearoa for their assistance

EXECUTIVE SUMMARY

INTRODUCTION

Providing quality clinical placements for health care students is acknowledged as a major challenge for tertiary institutions. However, one particular issue facing the institutions is to reflect the shift in healthcare delivery from hospital to community-based care settings, by providing clinical placements in primary health care settings (Victorian Government Department of Human Service, 2007; Pullon & Lum, 2008; Betony, 2011). A research project was undertaken to explore the exposure student nurses, the largest group of health professionals, have to Primary Health Care (PHC) and community nursing in New Zealand during their undergraduate Bachelor of Nursing (BN) programme. The project consisted of two components: a review of the international literature surrounding the issue of clinical placement provision for undergraduate health care professionals with a focus on both nursing and PHC and community settings; all New Zealand tertiary institutions providing BN programmes were invited to complete a short questionnaire and the subsequent data were analysed, with the findings presented here.

The goals for this project were to

- (i) gather baseline information on the range of PHC and community settings used in offering clinical experience to Bachelor of Nursing students
- (ii) identify barriers to providing quality PHC and community clinical placements
- (iii) identify areas of innovation in providing PHC and community placements
- (iv) make recommendations for ensuring BN students gain appropriate exposure to PHC and community based nursing.

METHODS AND RESULTS

A questionnaire was developed to: identify the duration, frequency and location of PHC clinical placements; the exposure students had to staff with experience working in PHC settings while in the classroom; any innovations introduced relating to PHC placements and any issues affecting provision of placements. Responding to each question was optional as was free text entry. The questionnaire was created using the SurveyMonkey® web-based software. A hyperlink to the questionnaire imbedded in a letter explaining the project and also assuring anonymity of the respondents, was emailed to the head of schools of nursing at the seventeen tertiary institutions delivering Bachelor of Nursing programmes. Fourteen questionnaires were returned, providing an 82% response rate.

SUMMARY OF QUESTIONNAIRE RESPONSES

- The majority of Bachelor of Nursing (BN) Programme providers offer two Primary Health Care (PHC) and community placements, including one in the third year.
- Public health nurses, district nurses, Māori health providers and practice nurses were most widely used for PHC and community placement experiences. Providers used a creative range of nursing teams for PHC and community placements.
- Theoretical components of the programme relating to PHC and community were largely delivered as a discrete module though some providers also embedded the PHC components throughout. PHC specific clinical skills were taught by most providers.

- The PHC content was generally taught by a combination of academic staff with PHC experience or background, together with current clinicians, that is, staff working in PHC clinical settings. Clinical lecturers usually also had a PHC background.
- Key issues arising related to placement availability for increasing student numbers; the impact on staff taking a student and ensuring the PHC placements provided were valued.
- The majority of respondents felt their programmes prepared students for work in PHC, with the remainder (two) undecided.

Innovations identified

- A revised curriculum to embed PHC concepts of health promotion and education throughout the programme and incorporating rest homes in the year three PHC placement to increase placement capacity.
- Only third year students who have identified an interest in PHC have a PHC placement for the Transition to Practice placement and then on to a new graduate programme. This ensures appropriate use of placements and helping the transition into a new role.
- A hospital admission reduction pilot project team will be approached to offer PHC placements.
- Establishing a Dedicated Education Unit in District nursing services has increased placement capacity, staff feel less pressured when students are on placement and students feel well supported.
- The advent of Whanau Ora may well lead to opportunities for integrating this programme into PHC placements enabling students to work with families.

Thirty two separate points were made by respondents which related to PHC clinical placement provision.

- There was a lack of placements due to student requests, increased student numbers and competition between providers.
- Placement in medical centres was highlighted as an issue as medical students were given preference over nursing students. Also, the issue of payment for placements was more apparent in these centres.
- One respondent highlighted that several non-nursing services, such as the Salvation Army could provide students with appropriate exposure to a PHC experience. However, the Nursing Council of New Zealand's (NCNZ) (2010a) requirement for students be supervised by a Registered Nurse (RN) prevented placements with these teams.
- Impact on staff taking students was identified on several occasions.
- Reluctance of staff to take on extra responsibility was cited, along with the impact on workloads, clients and frequent staff changes making student placements challenging for staff.
- Perceived value of a placement was raised as a concern due to medical students taking priority in some PHC settings, nursing students not seeing the relevance of the PHC placement to their practice, students being too hospital focussed and, staff not providing suitably challenging experiences to meet the students' learning needs.

POINTS FOR DISCUSSION

What is a PHC placement?

Teams where students were placed for the PHC placement were varied. Some respondents specifically identified community mental health teams, correctional services, defence force and residential schools. Several respondents included aged care facilities yet others did not. NCNZ (2010a, p.8) stipulates students should gain experience in “primary health care and community settings”. This appears to be creating a situation where any non-hospital-based placement is considered to meet this requirement.

PHC clinical practice placement length and frequency

NCNZ (2010a) does not stipulate how many hours any PHC clinical placement should be. Therefore the length and frequency of placements varied among the programme providers with most offering two placements, with one always being available in the third year of the programme. In many cases one was compulsory and one was optional. One placement of either four or five weeks was offered by half the providers though some placements were a week and others - especially in the third year were for six weeks. One provider had the potential to allow students a total of fourteen weeks on placement in a PHC team over three years.

Exposure to PHC principles

The exposure to PHC principles and PHC specific clinical skills while students were in the tertiary institutions was generally provided by staff with PHC experience, as is recommended best practice. However, in some areas, only non-PHC experienced staff were involved and this was often the case regarding clinical lecturers who were responsible for supporting students while on placement. Free text responses highlighted that in some areas, clinical lecturers were allocated areas based more on availability than relevance. This can impact not only on the student but also the team they are with who may feel unsupported. The cost of payment for placements has the potential to reduce the range of placements that providers can make available.

Preparedness for PHC on completion of the programme

The final question asked respondents to consider how well they believed their programme prepared students for work in PHC on qualification. Respondents could answer ‘strongly agree’, ‘agree’, ‘undecided’, ‘disagree’, ‘strongly disagree’. After cross referencing the responses to this question and others throughout the questionnaire, the qualities of a particular programme that better prepared students could not be conclusively identified. Of the group who ‘strongly agreed’, there appeared to be the potential for students to spend more hours in PHC, over the three year programme. However, compulsory PHC placement time was, in some cases as low as two weeks, compared with the respondents who ‘agreed’ and offered a minimum compulsory placement of three weeks and over. Of the group who ‘strongly agreed’, all delivered either a discrete module or embedded PHC into their curriculum and all lecturers had a PHC background. This was virtually identical to the group who ‘agreed’, apart from one respondent who highlighted that they did not deliver PHC specific content and most, rather than all, lecturers had a PHC background.

Apart from one respondent, all involved current clinical staff in teaching sessions and all the clinical lecturers had a PHC background in the majority of programmes. In each of the

groups who agreed or strongly agreed, current clinicians were used for teaching clinical skills in all but one provider. The two respondents who were 'undecided' ran programmes that were not particularly different to other programmes, offering at least a two week compulsory placement and optional placements up to twelve weeks in total. Most staff involved in teaching PHC had a PHC background and current clinicians taught on the programme. One respondent did not run a PHC specific module.

Impact on staff

In PHC placements the one nurse, one patient and one student ratio can raise issues related to time and workloads. Support from team members, managers and tertiary institutions is necessary to make PHC placements successful and increase the willingness of PHC staff to support students.

RECOMMENDATIONS

- 1 Establish regional clinical placement allocation groups to adopt a regional, rather than institutional approach to managing clinical placements.
- 2 Review funding regime for clinical placements for nursing students particularly in PHC settings.
- 3 Increased inter-professional collaboration could reduce competition for placements and open up opportunities for inter professional placements, such as nurses with physiotherapists, and medical students with nurses.
- 4 Take a team approach to student learning to include PHC teams such as dieticians, podiatrists and social workers provided a RN retains overall responsibility for supervising and assessing the student.
- 5 Clarification from the NCNZ of the core expectations of a "primary health care and community experience".
- 6 Further research to identify an appropriate exposure to theoretical, practical and clinical experience of PHC would reduce inconsistencies across the country and ensure students are prepared for work in PHC.
- 7 Ongoing collaboration between tertiary and healthcare providers is required together with further research to ensure PHC providers believe student nurses are suitably prepared for working in a PHC setting on qualifying.