

## **The Development of Undergraduate Student Nurse Placements in General Practice 2004-2007**

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### **Introduction**

During their 3-year undergraduate course at Oxford Brookes University (OBU) student nurses spend time in practice within Oxfordshire PCT. Ideally this placement during their 2<sup>nd</sup> year which last from 5-7 weeks, includes practice experience with all members of the Primary Health Care Team. However it is traditionally the District Nurses and Health Visitors who provide the placement and mentorship. Time spent with Practice Nurses and within Practices as a whole varies with some students not being afforded this opportunity. It is acknowledged that a few GP's and Practice Nurses provide some opportunities for learning.

### **Literature review**

It appears that there is not a wealth of recent literature available to inform the development of this project, however the topic of student nurse placements within General Practice has been a topic of discussion at local and national level for over 10 years (Sibson and Machen 2003). Concerns regarding time and cost of placements within General Practice are common both locally and nationally, as unlike medical students there is no direct payment to placement areas for supporting nursing students (Sibson and Machen 2003). In addition, Corbett and Bent (2005) highlight time and cost as an issue when surveying the views of practice nurses in relation to student placements. Unsurprisingly, such time and cost implications in General Practice were also identified 10 years ago by Carter (1997). It appears therefore that little development has been achieved in this area some 10 years after Carters study (1997). Interestingly there appears to be no similar studies in relation to inequity of funding between medical and non-medical student placements within the acute sector (Lloyd-Jones, Akehurst 2000). This may be due to the fact that unlike General Practice, nursing students who are mentored in acute sector practice areas do not affect medical colleagues financially.

However the value of practice nurses as mentors and the wealth of knowledge they have to offer students is well recognised within the literature but that this expertise is relatively untapped (Carter 1997, Sibson and Machen 2004, Corbett and Bent 2005) Hence, it would be very positive to develop opportunities in Oxfordshire where students are regularly placed within GP practices and mentored by Practice Nurses.

In addition all registered and practising nurses regardless of employer are bound by the NMC code of professional conduct: standards for conduct, performance and ethics (NMC 2004). Clause 6 of this code states:

*'You have a duty to facilitate students of nursing and midwifery and others to develop their competence'*

## **Current experience**

Many of the 2<sup>nd</sup> year students thoroughly enjoy their community nursing placements in the Oxfordshire PCT and ask to return for management experience at the end of their 3<sup>rd</sup> year. This is an initiative that has been developed over the past 4 years and as a result has seen the emergence of newly qualified nurses being offered posts within community nursing teams in parts of Oxfordshire for the past 3 years. Increasing numbers of students see their future in primary/community health care and with many having had previous careers and families they have much to offer PCT's.

It is concerning to know that student nurse placements in Oxfordshire community nursing teams (DN/HV) account for only 10% of student nurse practice experiences over the 3 years of training for the majority of students. 75% of placement time is spent in the acute sector and 15% in community hospitals and other areas such as specialist teams. Some students who request to return for 3<sup>rd</sup> year management experiences may increase their time in primary care to 20%. Although owing to placement capacity we can only afford this experience to a few 3<sup>rd</sup> year students each year (7 out of 120). We could increase this number returning in their 3<sup>rd</sup> year if more placement opportunities were available.

## **Future workforce needs**

The ageing nursing workforce and demands for new ways of working have led to increased pressure to commission more training places (DH 2001). Many nursing students see their future within Primary Care, but there is a need to increase placement opportunities during their course in PCT's. If Primary Care is to respond to the national agenda, in particular 'Commissioning a Patient – led NHS' (DH2005) and more importantly the recent white paper 'Our health, our care, our say' (DH 2006) the practice education of our future workforce must be addressed.

Therefore, this is a prime opportunity for GP's and Practice Nurses to become involved in providing practice placements and consequently inform Universities of the clinical competence requirements of our future workforce.

The opportunity for students other than medical students to be placed within GP practices is increasingly important. Emerging roles such as Emergency Care Practitioners will also need to gain practice experience in GP settings with various staff to ensure they are competent and fit for purpose. Overall such an initiative will lend itself to developing interprofessional education in practice between undergraduate medical, nursing and allied health professional students. Supporting students in practice enables service providers to understand the current course and as a result, inform future role development.

## **Project development**

As a result of discussions in 2004 with a Practice Nurse colleague, the Oxfordshire PCT Clinical Placement Facilitator (CPF) developed an evaluation tool (appendix 1) for use within potential pilot placements. The aim of the project was to collect data pertaining to time and cost along with potential benefits to the practice and patients to inform placement development in General Practice.

The perceived benefits of developing this initiative are;

- To contribute to the CPD of the PHCT and the wider Multidisciplinary Team

- To respond to the workforce planning agenda in relation to practice nurses
- To help inform and shape the future educational healthcare programmes
- To develop learning environments - which not only enhances practice but is also a key CPD opportunity – providing evidence for QoF, revalidation, appraisal and portfolios.
- Help pave the way for future practice nurse vocational training
- Development of interprofessional education in practice

In 2004 the first pilot placement was developed within Bloxham practice in what was then Cherwell Vale PCT. Overall this placement proved very successful with positive responses from the student, mentor and practice staff involved. Since then 4 other practices have developed pilot placements. Those being, Donnington (Oxford City) and Cogges (Witney) in 2005, with Stert Street (Abingdon) and Burford (West Oxfordshire) in Spring 2007.

Following the success of the Pilot in Bloxham, the CPF wrote to the Chair of the Royal College of General Practitioners (RCGP), Dr Hamish Meldrum, to identify what developments there might be at national level in relation to pre registration nursing students in General Practice. As a result the CPF was invited to write a short piece for the RCGP news in relation to the Oxfordshire initiative, which was published in January 2005. This piece can be found in appendix 2. Subsequently the CPF received many phone calls and e-mails from GP's and practice nurses across the country who were interested in finding out more and what might be happening in their area. However interest waned when they realised that there was no funding attached to such placements unlike medical students placements.

In Oxfordshire, Practices are paid £1500 for a 6-week medical student placement from the SIFT (Service Increment For training) allocation. This helps to fund backfill for GP time in order that patient lists are unaffected and to support the quality of the training. Discussions with 2 colleagues at the Oxford Deanery resulted in collaborative working with one of the CPD tutors, which has supported the development of the most recent 2 pilots in 2007. The Oxford Deanery is keen to promote primary care as a preferred place of learning.

The evaluation tool in appendix 1 was utilised in all 5 pilots and the collated results follow. The individual pilot evaluation reports are available on request from the CPF.

## **Results**

### **Time costs**

The evaluations from all 5 pilot placements highlight issues surrounding the time involved in supporting nursing students on placement for which there is no additional funding. Therefore this time is funded by the practice itself or by the mentor in their own time.

Time identified as spent with students and preparing for the placement ranged from 6 hours to 37 hours over the course of the 6-week placement with an average of 20 hours. However following discussions with the practice nurses it is probable that where less time had been identified the practice nurse undertook much of the education and reflection with the student in her own time. This time can be cost at nursing 'G' grade hourly rate or the appropriate Agenda for Change banding.

Activities undertaken in this time included:

Meetings with the CPF prior to the placement for organisation and planning

Updating mentoring knowledge prior to the placement

Student induction

Reflection time with the student.

Assessment and

Evaluation.

Post placement meeting with Placement Facilitator, PN and student.

An additional cost was associated with the requirement for the practice nurse to attend a 1-day introduction to mentoring course at the local University. However it must be noted that from September 2007 it will be a requirement that qualified nursing staff who are mentoring and assessing student nurses competence have undertaken an NMC approved mentoring course (NMC 2006).

### **Mentor preparation**

The local NMC approved course is the 'Facilitating and assessing workplace/placement learning' module at Oxford Brookes University. This is a degree level multiprofessional module, which runs 3 times per year in a variety of locations. Attendance requirements are 3 days over a 6-week period with any other private study time negotiated with line management. Such mentor preparation programmes for practice nurses may not be viewed with the same importance by GP's who may prefer their nurses to undertake other professional development. However, it should be noted that this programme equips nurses with transferable skills to facilitate patient and peer education as well as student education. Medical staff with a mentoring remit can also access this module.

### **Benefits to the practice**

All the GP's and practice managers who responded to the evaluation questionnaires identified benefits of this initiative to the practice as a whole.

For example: One GP trainer identified that the presence of a student encouraged them to review their practice protocols. Others stated that the presence of the student was 'stimulating to both doctors and nurses'. Also that it 'encouraged staff to reflect on issues and be critical about the way in which they practice'. Two practices made a link between the students' placement as a whole and the Practice Development Plan as it 'encourages a culture of teaching and learning within the practice'

Longer-term benefits were identified in relation to practice nurse and community nursing to raise the profile of these roles. It was also identified that the learning was two-way for the student and practice staff.

One GP stated that it is 'always stimulating to have learners in the practice' as it 'prompts us to look critically at what we do....' 'it has a positive personal development effect on all involved...' 'it shows the student nurses that there is life beyond hospitals...' 'a very positive initiative'.

One practice stated that having settled into the placement for a week or two the student was able to provide assistance and support in a busy clinic.

### **Mentor evaluations**

All the practice nurses evaluated their mentoring experiences very positively. The practice nurses overall felt well supported in their role by the PHCT and CPF but there were questions around the support from the University link lecturer for some practice nurses. A suggestion was made that a pre placement visit by the student would be beneficial. Also that the support from the University needed reviewing.

The practice nurses highlighted that by mentoring a student allowed them to reflect on their own role, and highlighted their own knowledge, skills and experience. This observation of their own practice also facilitated positive verbal feedback from the students. This reflective dialogue and feedback encourages professional development and increased confidence of the mentor as well as education of the student. One practice nurse highlighted that this was especially useful, as many Practice Nurses are required to work in an autonomous and often isolated way.

Another highlighted that the experience made her realise how much she enjoys teaching and that it was helpful to be able to discuss up to date information and topics which the students are taught in University. It also highlighted for many of the practice nurses, the complexity of general practice and the importance of good teamwork.

One practice nurse highlighted that by mentoring a student added an extra dimension to her work although they are used to supporting medical students and GP registrars. She felt that the placement had positive implications for the future, as they are more likely to recruit nurses who have had experience of general practice as students.

A practice nurse who was undertaking the mentorship module at the University during this placement, stated that this further increased her knowledge to mentor students both now and in the future. She stated that as a teaching practice they are continually looking to improve on student placements and this experience had contributed to that.

It was also identified that an added bonus was that the student would take back to the wards a more informed view of the role of the practice nurse, which would positively inform the discharge planning process. This was a view held by many.

It is important to note that one practice nurse identified that the numbers of patients seen and patient appointment times were not affected during the placement.

### **Student evaluations**

All the students evaluated the placement very positively and felt well supported by everyone. In addition to the required competencies they all highlighted that their learning extended to include clinical knowledge of a range of health issues. For example asthma management, health promotion within general practice, diabetes, dealing with children as patients, carrying out ECG's, dealing with people with learning disabilities, smoking cessation, women's health screening and contraception. Also, drug licensing and issues surrounding MMR's and travel vaccines.

All the students were enlightened by the scope of medical care provided by general practice, including not only treatment and monitoring, but also prevention, offering

advice, education and assistance to clients; for example, depression, smoking cessation, breastfeeding, healthy lifestyle, etc.

They highlighted that learning extended to increased knowledge of the different roles within the PHCT and what care is available to patients from the variety of primary care professionals. The crucial role of the receptionist was acknowledged and the potential difficulties if such staff were not there. They learnt how good communication between the different members of the practice and wider PHCT enhances the smooth running of the practice to the benefit of patients.

One student highlighted that her learning extended to include gaining knowledge of the structure, policy and management of a GP setting. She stated that this would inform her continuing learning and development on the nursing programme, which would help her when working within the acute hospital setting. For example there are often misunderstanding of roles and objectives of staff from acute and PCT settings. Such placements for students may enhance collaborative working between acute and primary care services in the future. This student also stated that she became more aware of budgets, cost-effective treatment issues and time constraints involved in service provision.

One student benefited from the fact that a complementary therapies practice was next door to the practice. She highlighted that this enabled her to learn and appreciate how complementary therapies can be used in conjunction with traditional medicine.

One student finished by saying 'This placement has been an exciting opportunity to experience primary health care. To have the chance to learn by such an experienced and exceptional mentor has helped to boost both my confidence and competence in practice. I hope that this opportunity is available, and used by future students and not put at risk due to funding'.

### **Patient survey**

During the placements patients were invited to complete a questionnaire relating to their experience of having a student present during their appointment with the practice nurse. All felt positive about the student being present and were made aware at reception before their appointment that the student was present. They were given the option of not having the student present. Specific comments included:

'...it was excellent to understand the positive way the practice was gaining by having the student.....'

'A student today is a nurse tomorrow'

'...it is good that the student be given a chance to practice techniques on a real patient not just a dummy with no feelings. This way a student can gain valuable experience and confidence'

'..They all have to learn somewhere and she acted very professionally.'

'..the student was excellent.'

'the student gave my injection rather than the nurse'

' she (the student) was friendly and seemed at ease'

One patient said it was helpful to be able to listen to the practice nurse explain to the student which afforded him a greater understanding of things as a patient.

## **Conclusion**

It can be seen from this project that practice staff, students and patients, have viewed this initiative very positively and that all 5 pilots were highly successful. Extensive learning and development of students and qualified staff took place, which can only contribute to enhanced patient care. However the obvious barrier that remains is that of cost associated with time to provide effective and appropriate levels of support and mentorship for the student. However the importance of educating our future workforce properly to ensure they are 'fit for purpose' on qualifying should not be dictated by placement funding arrangements alone. It must also be acknowledged that practice nurses, despite being employed by GP's are bound by their NMC code of Conduct and have a duty to facilitate students learning (NMC 2004). The ageing nursing workforce and changing service delivery will demand an increased nursing workforce to ensure the government agenda is met to the increased benefit of patients. The work currently in progress relating to 'modernising nursing careers' will demand a review of pre registration nursing courses which will undoubtedly require an increase in placement time in primary and community care. There will undoubtedly be challenges associated with this in terms of potential placement capacity and appropriate placement opportunities. This project has been able to identify recommendations to inform such local and national changes.

## **Recommendations**

- The findings of these pilot placements need to be disseminated to appropriate health care professionals and managers within the PCT, SHA/NESC and to the Oxfordshire General Practices. An article about the latest two pilots has already featured in the Oxfordshire PCT '*Health Matters*' newsletter and as a flier, which was disseminated at an Oxfordshire GP education study day.
- Other practices should continue to be encouraged to come forward to be involved, to increase information pertaining to 'time, costs and benefits' to continually inform developments.
- Consideration should be given to developing information related to nursing curriculum for GP's and other members of the practice to enable them to afford the student appropriate learning opportunities and contribute to curriculum development.
- Consideration should be given to the concept of developing 3<sup>rd</sup> year student nurse placements within General practice. Possibly as part of a final management placement with community nursing teams.
- Consideration needs to be given as to how to develop local progression pathways for newly qualified student nurses into primary care including practice nurse vocational training.
- Further development of student nurse placements in General Practice should inform and be part of any such progression pathway initiatives.

- Training practices should be encouraged by those in management and leadership roles to view themselves as learning environments for all students rather than just medical students for which they are paid.
- Discussions at local and national level including work with regulatory bodies and the Department of Health must continue in an attempt to find solutions to the barriers relating to the differences in healthcare education funding.

Finally it must be acknowledged that whilst vast funding differences remain between medical and non-medical undergraduate health care education courses there will continue to be a lack of development of nursing student placements in General Practice. With the increasing number of independent and voluntary health care providers, student placements from all professions will need to be found outside of NHS Trusts and PCT's. Current non-medical pre registration education contracts are held between Universities and Trusts by SHA's. Placements for such commissioned students are normally found within NHS Trusts but there is local and national evidence to prove that there is an increasing need for placements within organisations outside of these education contracts (including General Practice). This may demand the MPET levy funding being utilised more creatively to ensure equity for all healthcare student placements.

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