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Clinical placements in general practice: relationships between practice nurses and tertiary institutions

Abstract

As a practice-based discipline a key component of undergraduate nurse education is clinical practice experience. The quality of clinical experiences has a significant impact on the students' ability to function competently post graduation. The relationship between higher education institutions (HEIs) and health service placement providers impacts upon the quality of clinical placements. In Australia, the growth of primary care nursing and the shortage of acute clinical places has prompted HEIs to explore the placement of students in general practice. Given the increasing attention being paid to non-traditional clinical placements, it is timely to explore how universities are establishing relationships and models of clinical placement. This paper uses qualitative research methods to explore the perspectives of 12 Australian general practice nurses who have experience in facilitating undergraduate clinical placements about the relationships between HEIs and nurses. Findings are presented in the following three themes: (1) Appropriate preparation for placement: They don't know what primary health really means, (2) Seeking greater consultation in the organisation of clinical placements: they've got to do it one way for everyone, and (3) Uncertainty and lack of support: I had no contact with the university. Clinical placements in general practice can be an innovative strategy providing non-traditional, yet high quality, teaching and learning experiences for undergraduate nursing students. To optimise the quality of these placements, however, it is essential that HEIs provide appropriate support to the practice nurses mentoring these students.

Keywords

placements, clinical, relationships, practice, institutions, between, general, nurses, tertiary

Disciplines

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CLINICAL PLACEMENTS IN GENERAL PRACTICE: RELATIONSHIPS BETWEEN PRACTICE NURSES AND TERTIARY INSTITUTIONS

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CONFLICT OF INTEREST STATEMENT

Nil conflicts.

ABSTRACT

As a practice-based discipline a key component of undergraduate nurse education is clinical practice experience. The quality of clinical experiences has a significant impact on the students' ability to function competently post graduation. The relationship between higher education institutions (HEIs) and health service placement providers impacts upon the quality of clinical placements. In Australia, the growth of primary care nursing and the shortage of acute clinical places has prompted HEIs to explore the placement of students in general practice. Given the increasing attention being paid to non-traditional clinical placements, it is timely to explore how universities are establishing relationships and models of clinical placement. This paper uses qualitative research methods to explore the perspectives of 12 Australian general practice nurses who have experience in facilitating undergraduate clinical placements about the relationships between HEIs and nurses . Findings are presented in the following three themes: (1) Appropriate preparation for placement: *They don't know what primary health really means*, (2) Seeking greater consultation in the organisation of clinical placements: *they've got to do it one way for everyone*, and (3) Uncertainty and lack of support: *I had no contact with the university*. Clinical placements in general practice can be an innovative strategy providing non-traditional, yet high quality, teaching and learning experiences for undergraduate nursing students. To optimise the quality of these placements, however, it is essential that HEIs provide appropriate support to the practice nurses mentoring these students.

INTRODUCTION

Since the mid 1980s baccalaureate preparation is an essential requirement for individuals to become a Registered Nurse in Australia (Courtney-Pratt et al. 2012, Daly et al. 2010, Grealish and Smale 2011). Australia has recently moved to a National system of nurse registration. The Australian Nursing and Midwifery Accreditation Council (ANMAC) accredits higher education course and approves curricula designed to prepare students for registration or enrolment as a nurse (The Australian Nursing and Midwifery Accreditation Council. 2012). However, as there are only limited accreditation criteria regarding clinical placement, such as a minimum number of hours. Each HEI has its own model of integrating clinical experience within the three year curriculum (Andre and Barnes 2010, Grealish and Smale 2011, Henderson et al. 2006, Kevin et al. 2010). As such, individual HEIs build links with local healthcare providers to facilitate placement opportunities for their students (Courtney-Pratt et al. 2012, Granger et al. 2012, Grealish and Smale 2011).

As a practice-based discipline, this practical experience within the clinical setting is an essential component of undergraduate nursing education (Grealish and Smale 2011, Henderson et al. 2012, Kevin et al. 2010, Murray and Williamson 2009). It has been reported that the single most important resource in the development of competent nurses is the clinical learning environment (Henderson et al. 2012, Henderson et al. 2007, Kelly 2007, Murray and Williamson 2009). Clinical experience has been cited as shaping student attitudes to learning, clinical practice and professional development (Henderson et al. 2012), as well as contributing to students' decisions to leave undergraduate programs (Leducq et al. 2012). Factors that impact on the quality of the environment include the capacity of the facility to support the student placement and liaison between the health care organisations that provide the clinical experience and the HEIs who deliver the baccalaureate programs (Andrews et al. 2006, Barnett et al. 2008, Henderson et al. 2007, Murray and Williamson 2009). Reciprocal partnerships between health care providers and

the higher education sector is a key component to quality, sustainable clinical placement (Barnett et al. 2008, Grealish and Smale 2011, Henderson et al. 2007, Kevin et al. 2010). Poor organisation and communication can contribute to a negative clinical experience for the student (Andrews et al. 2006). (Andrews et al. 2006, McKenna and Wellard 2004)

As universities have increased the number of undergraduate nurses to address issues of nursing workforce shortage, there is growing competition for finite placements in the clinical setting (Andre and Barnes 2010, Bourgeois et al. 2011, Courtney-Pratt et al. 2012). The availability of clinical placements is constrained by a combination of organisational, regulatory and educational requirements, as well as the capacity of health services to supervise and mentor undergraduate nurses (Barnett et al. 2011, Bourgeois et al. 2011). In the contemporary clinical environment of high workloads and diluted skill mix, there has been a decreased capacity to provide placements (Barnett et al. 2011). This has led education providers to explore non-traditional settings for undergraduate placements. An important area in which non-traditional placements are being sought is primary care (Betony 2012, Halcomb et al. 2012). In Australia, the number of nurses working in general practice has trebled between 2003 and 2009 (Australian Divisions of General Practice Ltd 2009). Nurses employed in general practice are commonly referred to as practice nurses. The majority of practice nurses are baccalaureate prepared Registered Nurses, although there is a growing number of vocationally prepared Enrolled Nurses (Australian Divisions of General Practice Ltd 2009). With a workforce of over eight thousand nurses, general practice is being increasingly recognised as a fertile learning opportunity for undergraduate nursing students (Halcomb et al. 2012). Whilst students have been increasingly placed in this environment for undergraduate clinical placements, there has been little attention paid to exploring the issues surrounding such non-traditional clinical placement. The literature has discussed a range of strategies to enhance engagement between health care providers and the higher education sector. Much of this work, however, has been

undertaken within traditional placement environments, such as acute care, that utilise conventional placement models.

Murray and Williamson (2009) describe how much has been written in the literature about the clinical practice personnel. Models using link staff such as clinical facilitators, clinical tutors, lecturer practitioners have been common in acute care (Murray and Williamson 2009), where multiple students have been placed in different areas in a single facility (Bourgeois et al. 2011, Courtney-Pratt et al. 2012, Henderson et al. 2006, Kevin et al. 2010, Newton et al. 2012). However, in Australian general practices, where single or very small numbers of students are placed in each practice, such link staff have been removed from placement models (Bourgeois et al. 2011). This means that there is much greater onus on the supervising Registered Nurse to liaise directly with the on-campus HEI staff.

Given the move to non-traditional placements in an effort to address the issues of placement shortage, it is timely to investigate the relationships between HEIs and nurses employed in these settings. A previous paper from this study (Halcomb et al. 2012) presented findings related to the general experiences of Practice Nurses supervising undergraduate nursing students in a clinical placement setting. This paper seeks to provide insights specifically focussed on the relationship between the general practice nurses hosting clinical placements and the universities from which the undergraduates are drawn.

METHOD

DESIGN

A qualitative design was employed to explore the narrative accounts of general practice nurses who had experience in providing mentorship to undergraduate nursing students on clinical placements in a general practice setting.

RECRUITMENT AND DATA COLLECTION

Nurses were included in the study if they identified that they had mentored an undergraduate nursing student on clinical practicum in the general practice that they had been employed. Advertisements with recruitment details were placed in literature disseminated by professional networks that were affiliated with practice nurses and general practice. Further to this, snowball sampling was utilised, where participants were encouraged to tell other practice nurses about the study for the purpose of recruitment. Data were collected via semi-structured telephone interviews which as in previous research (for example, see Halcomb et al. (2008)) allowed the collection of data from nurses practicing across Australia. This mode of data collection also allowed for participant autonomy in relation to the specific time and venue of the interview (Opdenakker 2006, Sturges and Hanrahan 2004). Each interview lasted between 11 and 26 minutes. Participants were asked a series of open ended questions derived by academics with experience in general practice nursing, undergraduate education and qualitative research. Questions broadly explored the participants experiences of supervising undergraduate nursing students on placement in general practice (Halcomb et al. 2012). Interviews were audio recorded and transcribed verbatim.

ETHICAL CONSIDERATIONS

Ethical approval was gained from the relevant Institutional Ethics Committee and informed consent was obtained from all participants prior to interviews being conducted. To ensure privacy and confidentiality were maintained, participants were allocated pseudonyms, and all potentially identifying details such as names of workplaces and people were changed or deleted immediately after transcription of the interviews.

RIGOUR

Credibility was enhanced by meticulous handling of the data (Polit and Beck 2010). That is, to ensure accuracy of the transcriptions, all transcripts were repeatedly read whilst listening to the audio recordings of the interviews. This also served to provide the researchers with greater context of the written word and ensured subtleties in tone and emphasis were taken into consideration in the interpretation of the data. Credibility was also achieved by two researchers independently analysing the data and reviewing themes until consensus was reached (Polit and Beck 2010, Shenton 2004).

DATA ANALYSIS

Data were thematically analysed guided by Braun and Clarke (2006) who recommend the grouping of similar experiential narratives into initial codes followed by the collation of these codes into preliminary themes. A description of the preliminary themes was written and from this, names were allocated that encapsulated the content within. All themes were appraised by two members of the research team until agreement was reached on the final representation of participants' narratives.

FINDINGS

Sample

Data saturation was achieved after interviewing 12 Practice Nurses from four Australian states. Six participants had completed their nursing qualification by completing a three-year hospital based training course and six held a Bachelors degree in Nursing. Two Practice Nurses also held postgraduate degrees relevant to their specialty. Participants reported to have been involved in mentoring undergraduate nursing students during general practice clinical placements from between two months and ten years. Most nurses had been involved in clinical placements of students from a single institution, although three (25%) nurses had mentored students from multiple HEIs.

Themes

Findings indicated that although the Practice Nurses were very willing to mentor students in a general practice setting, nursing students were often perceived to be under-prepared for their clinical placement. Furthermore, a lack of communication between the universities and general practices, and inconsistencies in the organisation of clinical placements, created confusion and less than optimal clinical practice outcomes. This is illustrated in the following three themes: (1) Appropriate preparation for placement: *They don't know what primary health really means*; (2) Seeking greater consultation in the organisation of clinical placements: *they've got to do it one way for everyone* and; (3) Uncertainty and lack of support: *I had no contact with the university*.

APPROPRIATE PREPARATION FOR PLACEMENT: THEY DON'T KNOW WHAT PRIMARY HEALTH REALLY MEANS

Participants articulated that they were extremely keen to supervise nursing students' clinical placements, acknowledging the diverse experience they could provide them (Halcomb et al. 2012). For this reason, as articulated by Andrea in the following excerpt, Practice Nurses actively sought out student placements from universities.

'when I started working at the practice I was working at and you could see how much you could do there, that's why I sort of lobbied to get students there.... I'd stumbled upon this place where you could get such a wide amount of experience, doing something that most of us didn't even know existed, and we should have it available to students'. (Andrea)

Participants identified difficulties for students whose objectives did not correlate with the placement they were on or those who had not identified objectives due to the uncertainty of what they would encounter. Further, Andrea's comments below illustrate participants' perceptions that prior to students attending general practice placements, it would be helpful to them if they were more informed about the role of the practice nurse.

'Before you go on placement you need to think about what the objectives are that you're wanting to achieve. It was really difficult for them to think about their objectives because they didn't know what to expect..... What would be fantastic is if somebody went in before a placement and talked about the different sort of roles of nurses. I remember we had people from the hospital come in and see us and that was about it. We didn't have those primary healthcare nurses and we certainly didn't have practice nurses'. (Andrea)

Whilst mentoring undergraduate nursing students in general practice, the Practice Nurses had observed that despite having completed theoretical components related to the topic, students were ill prepared as they lacked foundational knowledge related to primary health care. This was highlighted by Eliza who conveyed:

'seeing the students and saying what do you know about primary health and they've done all the units. They don't know what primary health really means and actually doing a half an hour session with them and then making them work here for two weeks and they change. I don't think the education is very good about it. I don't think people put it simply enough. It's very simple. It's not hard to grasp primary health. I think the people teaching them don't understand it themselves'. (Eliza)

SEEKING GREATER CONSULTATION IN THE ORGANISATION OF CLINICAL PLACEMENTS: THEY'VE GOT TO DO IT ONE WAY FOR EVERYONE

Despite the Practice Nurses identifying the quality experience they could provide students, they reported the perception that general practice placements were often overlooked, with students first given more traditional clinical placements in hospitals. This is exemplified in the following quote by Hayley.

'I think the only reason - from what I gather, the reason we got them (students) was because they (university) mucked up something else and they couldn't get enough placements. 'Cause we had before - had said we were quite happy to take student nurses. Then nothing else happened'. (Hayley)

Further to this perception, as highlighted by Sarah, participants shared that on several occasions they were allocated inappropriate numbers of students and this proved to be overly burdensome for them.

'The student nurses we have are in their final semester and we have them for two weeks at a time. Because we have a relatively small work area I can only take one student at a time. So I have one for two weeks and then I have a second one for two weeks. Last year

they were really short of places so I ended up having four. I was absolutely exhausted after it'. (Sarah)

Disparities in the way clinical placements were allocated were attributed by Practice Nurses to inappropriate numbers of students being accepted for placement at their general practice at any one time. Universities organised clinical placement for some students whereas other students were required to secure their own placement. Participants reported feeling confused about such processes and expressed a desire for uniformity in allocation of placements for students. Rhiannon states:

'Some of the students said that other people had their placements arranged for them whereas others had to actually go out and do it. I think that the fact that they did that is how I ended up with almost too many students. So I think that they've got to do it one way for everyone'. (Rhiannon)

Participants voiced that they would like to have more influence over the model of clinical placement. Apart from preferring smaller numbers of students, the practice nurses articulated a preference for longer periods of time for placements. They expressed that shorter periods of time on placement meant that students needed to be constantly reorientated to the environment and routine each time they returned which wasted valuable clinical learning time. Jennifer's quote below represents the common opinion held by participants regarding the length of clinical placements for students.

'I prefer the blocks, like the four-week block. The two days for 10 weeks, I found, was like really way too long. They're only here for two days so when they come, it takes them three or four weeks to get into the swing of things working. Then they go away for seven days, come back - or five days or whatever, come back for two, we need to start again with, you know, where they were at'. (Jennifer)

UNCERTAINTY AND LACK OF SUPPORT: I HAD NO CONTACT WITH THE UNIVERSITY

At times participants felt uncertain of their role in facilitating the clinical placement. Some participants had attended university-run preceptor workshops prior to supervising undergraduate nursing students; however, this was an exception rather than being

common practice. Donna was one of the few participants who expressed satisfaction with the level of support provided by the university.

'We had like our morning where I think we were (preceptored). Whatever we were anyway and then we had someone else that would come around and visit them once a week. So she was there for us if we needed her, but really we didn't need any support because it was just so easy, so easy. So if you had a difficult student that you felt just couldn't learn, then you would talk to her and she'd take it back to the uni'. (Donna)

Contrary to Donna's perception, Rhiannon conveyed that she would have appreciated further support and guidance from the university.

'I think it would be good to understand what is exactly expected from us as such because when I first had the students I'd only been back in practice nursing for two months - and I'd been away for about three years. So I'd sort of got about 10 years' experience in it and so I was still finding my feet and I hadn't had the situation where I had a student for quite some time. The last time I think I had students I was at (Hospital) working in the wards, and that was, you know, back in the '80s'. (Rhiannon)

Whether or not they identified it as a problem, all participants acknowledged there was an absence of supervision from the university related to the clinical placements. This has significant implications for the quality assurance of placements. Some participants were happy with the autonomy they perceived themselves to have due to the absence of a facilitator. A few Practice Nurses also reported feeling confident they would be adequately supported by the university in exceptional circumstances. For example, Sharon stated:

'We don't see them (facilitators). They really only use the facilitators in the hospital. The students themselves can contact someone if they need to, but they don't come down to the clinic. I don't have a problem (with the absence of facilitators). If a student was feeling unsupported, I would contact the university anyway, but we haven't really needed to do that'. (Sharon)

Most of the participants, however, perceived the absence of university involvement as a lack of support for them. Whilst the participants acknowledged that they were capable of problem solving most issues that arise, they also perceived that students may benefit from greater involvement of universities during the placement period. This perception is represented by Andrea and Lavinia in the subsequent quotes.

'The only other thing that was difficult was that when you do a clinical placement in a hospital – there's always a clinical educator around to do with the university that's visiting regularly. We didn't really have that support unless we rang and asked for it. We had an incident with a potential new staff member with one lot of students, who was very odd and sort of upset the students a little bit. So we rang (known university contact) and she came down straightaway, but we didn't really have that regular visitor. Because we're a private practice, I think the uni (university) sort of stood back a little bit. But we just missed having someone that's there all the time that we knew was coming in every second day or whatever that we could talk to'. (Andrea)

'Yes, it was a two week clinical. Whether she (facilitator) phoned her (student) or emailed her or anything at home, I don't know, but I actually - apart from the letter before she started - I had absolutely no contact at all with the uni. I haven't even had... anything to say, thanks for having us'. (Lavinia)

At certain times of the year, the lack of communication and university presence was more pronounced and created significant problems for Practice Nurses. One such problem is demonstrated in the following quote by Rhiannon.

'Well the interesting thing was that the one time that I did need to speak to them was... (in) January I think. I couldn't get hold of anyone. So that was the most difficult thing. I don't know if it was just that I rang on bad days or... I found it very hard to get in contact with somebody. I think that (another) time of year would be a different kettle of fish because the university's there but I think over the closures - because I think one of them said that there was going to be one of the clinical people coming through just to see how the nurses were going and if everything was okay. I don't think I even saw that person'. (Rhiannon)

DISCUSSION

This study has several limitations. Firstly, participating practice nurses were drawn from HEIs across four Australian states. Each of these institutions likely has somewhat different models of clinical placement which may impact on the practice nurses experience. It is the reality of the contemporary environment, however, that registered nurses are confronted with undergraduates from different HEIs with different curricula (Grealish and Smale 2011). The findings, however, do represent common themes across participants. Such common findings have significant implications for those delivering undergraduate clinical education. Secondly, participants responded to emails or advertisements about participation rather than direct invitation. Therefore, those who chose to participate may

have differed from the wider population of practice nurses who provide clinical placements in general practice.

The importance of providing an appropriate clinical learning environment, that complements theoretical work on-campus, has been highlighted in previous studies (Murray and Williamson 2009) and is strongly supported by the participating Practice Nurses. However, these Practice Nurses also mentioned that although some students had completed the relevant theoretical component for a Primary Health Care placement, they remained unable to link theory to practice. Similarly, Astin et al. (2005) found that first year student nurses did not meet the expectations of Registered Nurses in terms of both knowledge and skills. This raises concerns for Universities around how to ensure students are adequately prepared for clinical placement. One strategy, outlined by Curtis (2007), involved pre-clinical placement workshops developed in consultation with clinicians, which resulted in positive student outcomes. Whilst the study by Curtis (2007) was specific to mental health nursing, pre-clinical placement workshops may be useful for any nursing specialty, particularly non-traditional clinical areas. Further, if registered nurses understand the university curriculum, they are better able to support student learning in the clinical setting and assist in bridging the theory-practice gap (Altmann 2006, Kevin et al. 2010). However, in order for Practice Nurses to gain knowledge about nursing curricula, greater communication and collaboration between HEIs and clinicians is necessary.

Similar to previous published research (Levett-Jones et al. 2006), Practice Nurses in this study expressed that they would have preferred further consultation and better communication with universities regarding the allocation of student placements. This is particularly concerning as poor organisation and communication between universities and clinical placements can substantially contribute to negative student clinical experiences (Andrews et al. 2006). Betony (2012) highlighted the challenges in developing links between HEIs and the independent businesses that comprise primary care. This

demonstrates a clear role for the emerging Australian Medicare locals, and local primary health care organisations internationally, to facilitate links between the HEIs and general practices, identify placement opportunities, support registered nurse mentors and evaluate placement capacity (Betony 2012).

As well as the lack of dialogue related to student allocation, the data highlighted that contact with university staff was rare when students were actually on placement in a general practice setting. The level of contact with university staff may be largely influenced by the type of clinical model used. Many Australian universities embrace the facilitation model of clinical placement for undergraduate nursing students, where both student and facilitator are supernumerary (Henderson et al 2006). In the case of clinical placement in general practice however, this model is exchanged for a preceptorship model where the Practice Nurse has a regular workload but is also expected to substantially contribute to students' clinical learning (Henderson et al 2006). Whilst there are distinct advantages to the latter model, particularly in terms of student learning outcomes, preceptors generally have less contact with university staff which can in turn leave them feeling isolated and unsupported (Henderson et al., 2006).

Furthermore, access to academic staff at certain times of the year proved difficult for the Practice Nurses. Although not all participants of this study were concerned about this, the availability of university staff to support those supervising students on clinical placement is paramount to ensuring quality clinical experiences (Levett-Jones et al. 2006). It is also imperative that stakeholders work together to maximise clinical placement options for students (Barnett et al. 2008). Such findings echo those reported by Murray and Williamson (2009), who described a need for more visible support from HEI staff and articulated a concern that academic staff had limited understanding of the clinical environment. In the current climate of clinical placement shortages, and the resultant wider distribution of clinical placements across the calendar year, universities need to ensure

that support for industry partners, as well as students, is available yearlong. Without such support, Practice Nurses may be unwilling to supervise students in the future; therefore opportunities for clinical placement in the general practice setting may be lost.

Some of the participants of this study described feeling unprepared for supervising undergraduate nursing students. This is of concern particularly in light of literature that acknowledges preparation of staff in health care facilities is integral to students' clinical experience (Edgecombe and Bowden 2009, Lillibridge 2007, Waldock 2010). In the absence of a university allocated clinical facilitator for support, it is crucial that practice nurses are adequately prepared for the role. Duration of clinical experience does not necessarily correlate to competence in mentoring undergraduates (Altmann 2006, Waldock 2010). The UK NMC requires registered nurses to complete an approved educational program to qualify as a mentor, as well as attend annual update sessions to remain on the active mentors register (Murray and Williamson 2009). In Australia, there is no such educational requirement for registered nurses and few relevant educational programs offered as continuing professional development. To maximise student learning during clinical placements in general practice, HEIs and health facilities need to work together to ensure Practice Nurses are well educated and prepared in terms of providing effective supervision and mentoring (O'Driscoll et al. 2010). This may be in part achieved by the allocation of support personnel who facilitate open communication with the general practice, and act as educators, mentors and/or advisors exclusively to the Practice Nurses (Burns & Patterson, 2005; Sharples, Kelly & Elcock, 2007).

This study demonstrates the important contribution of practice nurses to the provision of clinical placement experience. A key barrier to the practice nurse role is that the provision of mentorship and support to undergraduate nursing students falls outside activities that generate remuneration to the Practice (Betony 2012). Whilst the provision of placements for medical trainees brings financial reward to the Practice (Thistlethwaite, Kidd & Hudson,

2007), currently there is no funding for undergraduate nurse placements either in New Zealand or Australia (Betony 2012). As HEIs seek to grow placement numbers in general practice it is essential that they establish funding mechanisms to recognise the contribution of general practices that are operating as independent businesses, and the time commitment of practice nurses, to the clinical education of their students.

CONCLUSION

It is clear from the findings that support and information supplied to practice nurses related to student clinical placement varies between universities. A consistent and equitable clinical placement model would enhance the teaching and learning experiences of both students and practice nurses. Further, enhanced communication and consultative processes between practice nurses and the universities will lead to more positive outcomes for all stakeholders.

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CONFLICT OF INTEREST STATEMENT

Nil conflicts.

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