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Primary care clinical placements: the views of Australian registered nurse mentors and pre-registration nursing students (part 2)

Susan McInnes

University of Wollongong, smcinnnes@uow.edu.au

Kathleen Peters

University of Western Sydney

Jennifer Hardy

University of Sydney

Elizabeth J. Halcomb

University of Wollongong, ehalcomb@uow.edu.au

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Primary care clinical placements: the views of Australian registered nurse mentors and pre-registration nursing students (part 2)

Abstract

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PRIMARY CARE CLINICAL PLACEMENTS: THE VIEWS OF AUSTRALIAN
REGISTERED NURSE MENTORS AND PRE-REGISTRATION NURSING
STUDENTS (PART 2)

Authors:

Susan McInnes RN BN(Hons)
School of Nursing
Faculty of Science, Medicine & Health
University of Wollongong
Northfields Ave Wollongong NSW 2522
P: +61 2 4221 3784 F: +61 2 4221 3137 E: sm341@uowmail.edu.au

Associate Professor Kath Peters RN BN(Hons) PhD
School of Nursing & Midwifery
University of Western Sydney
Locked Bag 1797
Penrith NSW 2751
P: 46203567 F: 46203161 E: k.peters@uws.edu.au

Dr Jennifer Hardy RN RM BSc MHP Ed PhD
Senior Lecturer, Clinical Education Academic
Sydney Nursing School
The University of Sydney
Room A3:16 Level 3
88 Mallett Street, Camperdown NSW 2050
P: 61 2 9351 0609 F: 61 2 93510779 E: jennifer.hardy@sydney.edu.au

Professor Elizabeth Halcomb RN BN(Hons) PhD FACN
Professor of Primary Health Care Nursing
School of Nursing
Faculty of Science, Medicine & Health
University of Wollongong
Northfields Ave Wollongong NSW 2522
P: +61 2 4221 3784 F: +61 2 4221 3137 E: ehalcomb@uow.edu.au

Corresponding author:
Address for correspondence and reprints: Susan McInnes. SNMIH - Building 41,
Northfields Ave Wollongong NSW 2522, Australia. E mail: sm341@uowmail.edu.au

ABSTRACT

An increased burden of chronic and complex conditions treated in the community and an aging population have exacerbated the primary care workload. Predicted nursing shortages will place further stressors on this workforce. High quality clinical placements may provide a strategic pathway to introduce and recruit new nurses to this speciality. This paper is Part 2 of a two part series reporting the findings of a mixed methods project. Part 1 reported on the qualitative study and Part 2 reports on the quantitative study. Forty-five pre-registration nursing students from a single Australian tertiary institution and 22 primary care Registered Nurse (RN) mentors who supervised student learning completed an online survey. Students largely regarded their primary care placement positively and felt this to be an appropriate learning opportunity. Most RNs were satisfied with mentoring pre-registration nursing students in their setting. Furthermore, the RNs desire to mentor students and the support of general practitioners (GPs) and consumers were seen as key enablers of pre-registration nursing placements. Findings from this study provide a preliminary impression of primary care clinical placements from the perspective of pre-registration nursing students and registered nurse mentors. Further research should examine whether a broader scope of non-traditional health settings such as non-government organisations, charities, pharmacies, welfare and social services can also provide appropriate learning environments for pre-registration nursing students.

Keywords: nurse education; clinical practicum; clinical learning environment; primary care

INTRODUCTION

The declaration of Alma Ata initiated an international shift towards the delivery of primary care (World Health Organization, 1978). To strategically prepare a workforce for an increase in chronic and complex illness, nursing education in Australia was progressively transferred out of hospitals and into higher education institutions (HEI's) capable of educating large numbers of nurses (Reid, 1994).

Whilst the transition into HEIs was largely completed by the late 1980's, the new nursing curriculum continued to focus on a medical model of illness and was vague in its approach to preparing a primary care workforce (Keleher et al., 2010). To streamline costs and supervision, competing HEIs sought clinical placements with tertiary hospitals providing acute care services and capable of accommodating large volumes of students within a single setting (Halcomb et al., 2012). Access to a constant stream of beginning nurses ensured this strategic alliance was beneficial to both the HEI's and the acute care facility (Lamont et al., 2015). It is evident however, that this long standing arrangement has limited the preparedness of pre-registration nurses for work in primary care (Albutt et al., 2013). The evidence further suggests that nurses transitioning from a task orientated acute care facility into a case management position in primary care have concerns around their roles and scope of practice (Al Sayah et al., 2014).

Over the past decade, the Australian Federal government has invested in initiatives to expand and enhance the role of nurses working in primary care (Mason, 2013). As the number of career opportunities open up in this evolving speciality, it is vital to expose pre-registration nurses to these new roles within their nursing education (Parker et al., 2010). Clinical experience in primary care facilities will help ensure that pre-registration nurses are equipped with the necessary skills to perform health

assessments and patient education around preventative health and health promotion (Australian General Practice Network, 2009; Mckenna et al., 2014)

BACKGROUND

To date, contemporary literature around pre-registration nursing clinical placements is predominately focused on the acute care sector or aggregates placement locations within single studies (Björk et al., 2014). Despite this dominance, such literature does provide generic insight into factors which influence the quality of clinical learning. With a shortage of placements across all settings, it is vital to explore how learning experiences are optimised in different clinical learning environments (Brown et al., 2011).

Relationships with the nurse mentor (Papastavrou et al., 2010; Saarikoski et al., 2005), welcomingness and belongingness (Levett-Jones et al., 2008); opportunities to practice clinical skills (Newton et al., 2009); and nursing culture (Nash et al., 2009) are each known to influence the clinical learning environment (CLE). Conversely, a busy workplace (Stayt and Merriman, 2013) and multiple mentors are not conducive to learning during clinical placements (Andrews et al., 2005).

Although common nuances are likely to exist in many aspects of the clinical learning environment, primary care placements have a number of different features that may impact on the placement experience. In particular, the model of supervision differs significantly between acute and primary care placements. During acute care placements, it is common for a HEI employed facilitator to have overarching responsibility for the clinical supervision and assessment of up to eight students (HWA, 2010). At the ward level, individual students are largely supported by a registered nurse who aids practical learning and ensures patient safety (Andrews et

al., 2006). The registered nurse is often not involved in the process of student assessment. Depending on shift rotations, students are likely to work with a range of registered nurses during their acute care placement (Walker et al., 2013).

In contrast, primary care placements are often only able to accommodate either single students or small groups of students at a particular time (Halcomb et al., 2012). University employed facilitators are less common in the primary care setting (Peters et al., 2013). Instead, pre-registration nurses are largely mentored by a registered nurse from the individual placement location who has the dual responsibility of a full clinical workload and support of student learning (Peters et al., 2013). As primary care nurses tend to work more regular shifts, the student is likely to have continuity of the nurse mentor for the duration of the placement.

Given the important role of the mentor in shaping the clinical placement experience (Papastavrou et al., 2010; Saarikoski et al., 2005) it is important to understand if the model of supervision largely employed during primary care placements influences the learning experience of pre-registration nursing students. Such an exploration will determine if the students learning needs are met and provide evidence based knowledge to inform policies to enhance the experience.

METHODS

Research design

This project adopted a concurrent mixed methods approach. Findings from the qualitative study are reported as Part 1 of this series (McInnes et al., 2015). This paper reports on the quantitative study. Quantitative data were collected via two separate online surveys. One survey collected data from pre-registration nursing

students who had completed a placement in primary care and the other from the registered nurses who had supported these placements.

Survey instruments

The Student survey comprised 54 items, including 15 demographic items, the 19 item Clinical Learning Environment Inventory-19 (CLEI-19) (Salamonson et al., 2011) and 17 item's from the Quality Clinical Placement Inventory (QCPI) student survey (Courtney-Pratt et al., 2012). A further 3 items assessed the perceived appropriateness of primary care placements.

All items in the CLEI-19 pertain to the respondents' actual experiences and were rated on a four point Likert scale ranging from strongly agree to strongly disagree. Ten items were worded positively and nine items were worded negatively (Salamonson et al., 2011). Respondents rated all QCPI items on a five point Likert scale, ranging from strongly agree to strongly disagree (Courtney-Pratt et al., 2012). Two free text fields provided respondents with the opportunity to describe enablers or barriers effecting the quality of their placement experience.

The Registered Nurse survey comprised 20-items. 13-items explored the nurses' demographics and the setting in which they worked. The remainder of the items focused on their experience in supervising pre-registration nursing students within their practice. As no suitable instrument existed, this tool was developed from a review of the literature around clinical placement evaluation.

Both tools were checked for face and content validity by consulting experts in nursing, primary care and research (Portney and Watkins, 2009). Prior to launching the survey online, a pilot test was performed by a non-research member of staff to

assess overall structure and readability of the online tool. The survey was powered by Qualtrics software (Qualtrics Labs Inc., 2009).

Participants

Pre-registration nursing students were enrolled into either a graduate entry/master of nursing program or a combined degree/master of nursing program offered by an Australian research intensive university. Graduate entry/master of nursing students were entering their final year of study and had the scope to participate in full patient assessments and administer medications. Combined degree/master of nursing students were in the first year of their nursing program. This group of respondents had a limited scope of practice which largely followed a communication-based framework focusing on therapeutic listening and nurse-patient interactions.

Placement sites included general practices, schools, ambulatory care, community health centres, Aboriginal health and refugee health centres. Placements were located in metropolitan and regional areas of New South Wales and the Australian Capital Territory.

Various terms are used to describe the roles related to the oversight and assessment of the students' performance during clinical placements, these include: mentor, supervisor/supervision and facilitation (Health Workforce Australia, 2010). In this study, supervising nurses were registered nurses recruited from the primary care locations in which students were placed for clinical experience and were employed by the facility hosting student placements. For clarity, within this paper, these respondents are referred to as "nurse mentors".

Data collection

Data collection was undertaken over a 3 month period during December 2012 to February 2013. Students scheduled to complete a primary care placement during the study period were identified by the University Clinical Placement Officer and were emailed a request to participate in the survey. To improve response rates, a series of reminders were sent to all potential participants at regular intervals and one week before the survey closed.

Reliability and validity

Both the CLEI-19 and QCPI have demonstrated reliability and validity as evaluation tools to measure students' perceptions of their clinical learning environment and were therefore deemed appropriate for inclusion in this study (Courtney-Pratt et al., 2014; Courtney-Pratt et al., 2012; Salamonson et al., 2011). Each sub-scale in the CLEI-19 exhibited a Cronbach's alpha of between 0.92-0.94 (Salamonson et al., 2011). The Cronbach's alpha of the QCPI student survey was 0.955, indicating excellent internal consistency and acceptability of this tool to inform the experiences of pre-registration nursing students across different practice settings (Courtney-Pratt et al., 2014).

Data analysis

All survey data were downloaded from Qualtrics and imported into a Microsoft Excel spreadsheet and the Statistical Package for the Social Sciences, Version 20.0 for Windows (SPSS Inc., Chicago, IL, USA). Both the CLEI-19 and QCPI were scored as per the authors' guidelines (Courtney-Pratt et al., 2012; Salamonson et al., 2011). Quantitative data were analysed using descriptive statistics. Responses to free text items underwent content analysis.

Ethical considerations

Prior to the collection of data, the conduct of this study was approved by the Human Ethics Committee of the participating HEIs. Qualtrics software automatically generated a unique identification code for on-line respondents. Completion and submission of the on-line survey was considered as consent and no other written consent was required from survey respondents (National Health and Medical Research Council, 2013). Due to the anonymous nature of the on-line survey, it was not possible to withdraw individual submissions once they had been submitted.

RESULTS

Student survey

Two hundred and twenty nine pre-registration nursing students attended a primary care clinical placement during the study period. Forty-five individuals completed the online survey, providing a response rate of 19.7%. Over two thirds (n=31; 68.8%) were final year graduate entry/master of nursing students. The remaining respondents (n=14; 31.1%) were combined degree/master of nursing students. Given the relatively small amounts of missing data (<5%), no survey was excluded based on missing or incomplete data.

Consistent with the demographics of nursing, the majority of respondents were female (n=42; 93.3%). Reflecting the diversity of the student population, ages of respondents ranged from 19-46 years (mean 27.09 years). Nearly half (n=18; 40.0%) were born outside Australia and 28.8% (n=13) had a first language other than English.

The majority of respondents (n=31; 68.9%) completed the student survey following a clinical placement in general practice. Five respondents (11.1%) attended a community setting, whilst another five (11.1%) completed their placement in an Aboriginal health centre. The remaining four respondents had been placed in a school, ambulatory care or refugee health centre.

Clinical Learning Environment Inventory-19 (CLEI-19)

Total CLEI-19 scores range from 19 to 95, with higher scores representing a more positive perception of the clinical learning environment (Salamonson et al., 2011).

Total CLEI-19 scores in this study ranged from 43 to 95 (mean 79.89; SD 12.58)

(Figure 1).

Figure 1 CLEI-19 Scores

CLEI-19 data were analysed using two domains common to all clinical placements; support of learning and satisfaction with the clinical learning environment (Salamonson et al., 2011). Scores in Domain 1 (mentor support of learning) ranged from 30 to 60 (mean 49.64; SD 7.23). Highest agreement was seen in items which valued the relationship between the nurse mentor and the student. Items which

relied on the nurse mentor to provide innovative and interesting learning opportunities were perceived less favourably.

Scores in Domain 2 (satisfaction with clinical learning environment) ranged from 11 to 35 (mean 30.24; SD 6.18). This is a strong indicator that students were highly satisfied with their primary care clinical placement. There was a clear trend by respondents (n=43; 95.6%) to strongly agree, or agree that they enjoyed going to their primary care placement; 88% (n=40) had a sense of satisfaction following their shift and 91.1% (n=41) found their primary care placement interesting.

Responses to the three negatively worded items in this domain revealed five respondents (11.1%) were dissatisfied with their primary care placement; seven (15.6%) strongly agreed or agreed that their primary care placement was boring and five respondents (11.1%) strongly agreed or agreed that this placement was a waste of time.

Quality Clinical Placement Inventory (QCPI)

QCPI scores can range from 15 to 75, with higher scores representing a higher perception in the overall quality of the clinical placement (Courtney-Pratt et al., 2012). Total QCPI scores in this study ranged from 36 to 75 (mean 61.89; SD 12.31). This resonates with CLEI-19 data that the majority of respondents regarded their primary care placement positively (Figure 2).

Figure 2: QCPI Scores

Four domains of quality in the clinical learning environment, as described by Courtney-Pratt et al. (2012), were used to inform the data analysis (Table 1). Results across the four domains reveal high patterns of agreement amongst pre-registration students to their primary care placement.

Table 1 QCPI Responses by Domain

Responses %	Welcoming and Belongingness	Teaching & Learning	Feedback	Confidence & Competence
Strongly Agree	55.56	44.44	43.33	46.67
Agree	29.63	30.00	31.11	32.78
Neutral	9.63	13.33	12.22	10.56
Disagree	0.74	5.93	4.45	3.88
Strongly Disagree	2.22	0.74	0.0	1.67
Non-Response	2.22	5.56	8.89	4.44
Mean	4.29	3.95	3.87	4.06

High mean scores are noted in the domain of welcoming and belongingness, suggesting a culture of respect and support for student learning during primary care placements. Similar consistency were noted in the domain of confidence and competence. This positive trend of agreement further supports primary care settings as appropriate learning environments to link theoretical knowledge with practice in supportive, 'real life' settings.

Items relating to teaching and learning and feedback showed slightly lower levels of agreement, however, a higher non-response rate in these domains may have played a role in skewing the mean for these domains. Although minimal, as with the CLEI-19, negative responses were noted in all items.

Responses to free text fields revealed a positive trend of support for primary care placements. Two thirds of respondents left favourable feedback regarding respect for the nurse mentor; the positive benefits of on-going supervision to learning; the importance of welcoming; and exposure to diverse learning opportunities. Despite 82.2% (n=37) of all respondents reporting that they achieved their learning goals, one third of respondents left less positive feedback in free text fields. Less positive feedback largely revolved around restrictions pertaining to the scope of practice of the combined degree/master of nursing students. Whilst this group of respondents observed diverse learning opportunities under the guidance of a nurse mentor, they were frustrated that their scope of practice prevented full participation. It was suggested by students that this placement would be more suited later in their training. A lack of welcomingness and a lack of understanding of the student's scope of practice by the nurse mentor were also recorded as limiting participation in learning opportunities.

Appropriateness of primary care placements

Over three-quarters (n=29; 76.3%) of students who responded to this item considered primary care facilities to be either very appropriate or appropriate locations for future clinical placements.

Nurse mentor survey

Twenty-two nurse mentors completed the online survey. Their demographics are detailed in Table 2. Respondents had significant previous nursing experience, having a mean of 26.7 years since they had completed their nursing qualification (range 2-40 years; SD 9.2). Twenty nurse mentors (91%) worked in a general practice, with 1 employed in a school (4.5%) and another in an Aboriginal Medical Service (4.5%).

Table 2. Nurse Mentor Demographics

Characteristic	n	%
Gender		
Female	19	90.0
Age – Mean years (range)	51.3 (36-62)	
35-39	1	4.5
40-44	2	9.1
45-49	2	9.1
50-54	11	50.0
55-59	2	9.1
60+	3	13.6
Highest Qualification		
Hospital certificate	9	42.9
Associate Diploma	2	9.5
Bachelors Degree	8	38.1
Graduate Certificate	2	9.5
Employment Classification		
Registered Nurse	18	81.8
Nurse Manager	2	9.1
Practice Manager	2	9.1
Hours Worked per Week		
20-30	11	50.0
30-40	10	45.5
>40	1	4.5
Primary care settings ever worked in		
1-2	14	63.6
3-4	3	13.6
>4	5	22.8

Most respondents (n=13; 65%) had supervised undergraduate nurses in the acute care setting. Interestingly, only 70% (n=14) of respondents reported that they provided medical student placements in their workplace. Almost all (n=18; 95%) respondents felt that it was a good idea to have pre-registration nursing student placements within their workplace.

Enablers & barriers to student placement

When asked about the barriers to the placement of nursing students, just under half of the respondents identified a lack of payments for placements as problematic (n=10; 45.5%) (Table 3). Other commonly cited barriers were lack of time (n=7; 31.8%) and space limitations (n=6; 27.3%).

Table 3. Barriers to Placements

Factor	n	%
Lack of payments for placements	10	45.5
Lack of time to mentor students	7	31.8
Lack of space	6	27.3
Students poor clinical skills	3	13.6
Students unprepared for primary care	3	13.6
No contacts at the University	2	9.1
Lack of experience at University	2	9.1
Legal implications	2	9.1
GP attitudes towards nursing students	1	4.5
Patient perceptions of student nurses	1	4.5
Prior negative experiences with nursing students	1	4.5

Most respondents indicated that their own personal desire to mentor nursing students was a key enabler to having such placements (n=17; 77.3%) (Table 4). Also

highly valued were the enthusiasm of the GP (n=15; 68.2%), patient perceptions (n=14; 63.6%) and motivated students (n=14; 63.6%).

Table 4. Enablers to Placements

Factor	n	%
Personal desire to have nursing students	17	77.3
GP enthusiasm towards nursing students	15	68.2
Patient perceptions of student nurses	14	63.6
Students motivated about primary care	14	63.6
Skills in mentoring	13	59.1
Prior positive experiences with nursing students	13	59.1
Contacts at the University	8	36.4
Student clinical expertise	7	31.8
Supportive practice management	6	27.3
Established links with the University	6	27.3
Payment to Practice for placements	4	18.2

The majority of nurse mentors (n=18; 94%) were either somewhat or extremely satisfied with mentoring pre-registration nursing student placements in their setting. Major sources of dissatisfaction were lack of funding, time constraints and lack of guidance from the university about the students learning needs.

Perceived student preparedness

Table 5 provides an overview of the nurse mentors perceptions of the preparedness of students attending their clinical placements. Whilst they perceived students to have reasonable skills in communication and dealing with patients, they felt that students had a limited understanding of primary care settings.

Table 5. Student preparedness

How well are student nurses prepared in terms of....	Mean
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Communications skills	7.39
Working with patients	7.16
Overall readiness for placement	6.95
Working with other health professionals	6.84
Clinical skills	6.11
Understanding of general practice/school/clinics	5.84
Understanding of primary care	5.79

Date integration

Quantitative data arising from the survey overwhelmingly resonated with qualitative data which arose from the interviews (Part 1) (McInnes et al., 2015). Survey data consistently supported the students' verbal accounts and validate the ability for primary care nurses to support student learning and for primary care settings to provide a suitable clinical learning environment. Despite a high level of agreement across all survey items, both quantitative and qualitative data sets did reveal that not all students were satisfied with all aspects of their primary care placement.

DISCUSSION

This study had several limitations. Firstly, the sample of pre-registration nursing students were recruited from a single university. Additional research drawing participants from different HEIs and following placement in diverse primary care contexts will deepen our understanding of the issues. Secondly, clinical placements occurred outside the university term and were interspersed throughout the end of year semester break when students were less likely to access emails. Finally, the resulting tool comprised 54-items that formed four distinct sections. Given the timing of the clinical placements it is likely that the length of the tool combined with time poor participants limited the response rate. Despite the limited response to the

survey, results do provide a preliminary understanding of primary care placements from the perspectives of both pre-registration nursing students and registered nurse mentors.

Findings arising from this study have confirmed that primary care placements expose pre-registration nursing students to a broad scope of clinical learning experiences in a supportive environment. Diverse opportunities ensured that learning objectives focussing on illness experience; assessment and communication were achieved. Such experiences will help equip students for future employment in primary care. Given the need to prepare a workforce with the skills and expertise to work in this healthcare sector (Parker et al., 2010), this is an important finding.

Resonating with studies exploring clinical placements in the acute care sector, relationships with the registered nurse mentor; and welcoming and belongingness were central to students gaining maximum benefit out of their primary care placement (Courtney-Pratt et al., 2012). A mutual trend to rate all items in both the CLEI-19 and QCPI in the strongly agree and agree categories is a positive indicator that primary care environments are invested in supporting the active engagement of student learning.

It is evident that pre-registration nurses valued opportunities to participate in clinical procedures and activities which involved interacting with both the nurse mentor and patients. Data provided by nurse mentors confirms assertions in the literature that primary care nurses are enthusiastic to mentor pre-registration nurses and that primary care facilities provide appropriate opportunities to consolidate clinical skills (Halcomb et al., 2012). However, students valued their placement less positively when they were provided fewer opportunities to practice clinical skills, or when they

perceived they were not accepted into the cultural entity of the primary care facility. This reflects previous research which show students are less satisfied with placements that do not provide opportunities to engage in clinical tasks or when they were not made to feel welcomed (Happell, 1999; Murphy et al., 2012).

Despite high levels of welcoming and belongingness, slightly lower levels of agreement were noted in terms of teaching and learning; and feedback. Several factors may be responsible for influencing this finding. Firstly, primary care nurses are burdened with the dual responsibilities of a full clinical workload and supervising student learning (Peters et al., 2013). It stands to reason that the additional workload associated with the supervision of pre-registration nurses limits the amount of time available to devise learning opportunities. Additionally, despite extensive knowledge and experience, nearly three quarters of nurse mentors were aged above 50 years. Combined with data revealing over half had a hospital or graduate diploma, many of this cohort of registered nurse mentors may be unfamiliar with the contemporary nursing curricula or fully understand the differing scope of practice of pre-registration nurses as they progress through different stages of their course (Parker et al., 2009). Given that individual HEIs design different learning outcomes for pre-registration nurse's as they progress through their nursing program, it is important that HEIs actively support and educate managers and clinicians to guide student teaching and learning.

Although previous research had found that primary care nurses were concerned about the level of clinical competence of pre-registration nurses (Peters et al., 2013), nurse mentors in this study were positive about the clinical readiness of the student nurses. They were however, less positive about the students pre-understanding of primary care nursing. The inclusion of primary care nurses in HEI workshops to

discuss the changing nature of nursing roles may improve the students' pre-placement understanding of this speciality (Ali et al., 2011).

Most nurse mentors were satisfied with mentoring pre-registration nursing students in their setting. However, nurse mentors identified a lack of practice payments and lack of time as the key barriers to student placements. This is consistent with previous studies exploring primary care clinical placements from the perspective of nurse mentors and educators (Betony, 2011; Sykes and Urquhart, 2012). HEIs must actively recognise both the time and workload of providing clinical placements. To promote and encourage small business primary care facilities to provide clinical placements to pre-registration nurses, policy discussions must be held around standardised financial remuneration (Peters et al., 2013).

Despite the additional workload, nurse mentors desire to mentor students and the support of GPs and consumers were seen as key enablers of pre-registration nursing placements. With patient experiences helping to define quality in general practice it is encouraging that consumers support primary care clinical placements (Gardner, 2012).

CONCLUSION

This study has provided important insight into the experience of clinical placements in primary care from the perspectives of both pre-registration nursing students and nurse mentors. Whilst it is clear that primary care facilities provide high-quality learning experiences for nursing students, support from HEIs, primary health care organisations and professional bodies is required to optimise the value of the learning experience. Further research should explore the impact of clinical

placements on student learning in alternative primary care settings; primary care nurse recruitment and retention.

Conflict of interest

Nil conflicts

Contributions

A3 & A4 conceived and designed the study. A1 conducted the data collection and, together with A4 undertook the data analysis. A2 assisted in refining the analysis. All authors participated in drafting and critically revising the paper.

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