sick patients and prevention of cardiac arrest using the advanced life support (ALS) algorithm. The practical stations covered the assessment of critically ill patients, airway management and safe defibrillation (RCUK, 2006). The course included a process of continuous assessment which enabled the instructor to identify candidates who may require extra tuition (Soar et al, 2003).

Third year nursing students, who had completed a range of placements and were embarking on further hospital based placements as senior students, were invited to participate in the study (n=156) – 89 volunteered. This meant that students completed the course during the penultimate placement of their training.

Data collection and analysis
The course was evaluated using both quantitative and qualitative measures to determine students’ perceptions of and attitudes to:
- Clinical skills development;
- Relevance of the ILS course to their practice.

Participants completed a 17 item questionnaire using Likert scales and open ended sections for comment. Personal data was not included, which ensured anonymity. Questionnaires were analysed descriptively using SPSS version 15.0. Open ended responses from the questionnaire data were analysed by content and thematic analyses.

The study was conducted under the necessary ethical procedures and the head of school gave approval.

RESULTS
A total of 89 nursing students completed the ILS course and 87 questionnaires were submitted for analysis. From the sample surveyed, 85% (n=74) of respondents were undertaking the degree in adult nursing pathway, with the remainder following the diploma pathway. Some 68% (n=59) of participants had had a recent (within one year) placement in coronary care, intensive care or accident and emergency unit.

Findings showed that a total of 95% (n=83) agreed or strongly agreed that the ILS course was an essential component of the undergraduate nursing sciences programme (Fig 1). Nearly all (97%, n=84) students supported this, disagreeing or strongly disagreeing that the ILS would have no advantage in their nursing career.

Some qualitative feedback, confirming students’ positive response, indicated that the course was beneficial in providing essential skills:

“Excellent course… great experience and skills gained” (respondent 9).

On the subject of the course’s perceived contribution, 97% (n=84) said that it would have a benefit on clinical practice (Fig 2), while 84% (n=73) felt the ILS course would mean they were less anxious when providing care in cardiac arrest situations.

While the majority of students found the course beneficial, feedback also identified the intensity of the course as a source of stress, with its length and other academic commitments as contributing factors:

“…intensive for one day…” (respondent 54).

“Perhaps too much to learn in one day…” (respondent 30).

Fig 3 (overleaf) shows the number who felt that the ILS course should be a requirement of an undergraduate nursing sciences programme, while Fig 4 (overleaf) shows those who felt it should be delivered in an interprofessional context.

DISCUSSION
The findings show that feedback on the ILS course was overwhelmingly positive. It is clear that nursing students recognise that this course should be an essential component of the undergraduate nursing sciences programme.