Getting the best out of student placements

Intermediate care placements

How staff transformed students’ experiences of intermediate care placements

In this article...

- Managing students’ expectations of placements
- The value of intermediate care in skill development
- How to promote positive student experiences

Authors

Mark Hughes is lecturer in nursing, school of health and population sciences, University of Birmingham.

Abstract


Negative feedback from student nurses about intermediate care placements led to a focus group being set up to look at why they were viewed negatively and what could be done to improve students’ experiences. This article discusses the outcome of the focus group, and gives guidance on how to ensure students get the most out of intermediate care placements.

Intermediate care (IC) is part of the strategy to support primary care trusts, strategic health authorities and local authorities in prioritising and commissioning services that support the health, wellbeing and independence of older people (DH, 2010).

Five-week IC placements are increasingly used in the community nursing module of the nursing degree programme. Students are also given a “preparation for practice” session, including a presentation by a nurse from an IC placement. Such placements offer an ideal chance to learn about multidisciplinary working and collaboration for patient benefit. However, evaluations from 10 students at the University of Birmingham revealed they were not fulfilling their expectations or getting a positive learning experience compared with other primary care placements. This led us to set up a focus group to look at how learning experiences could be enhanced.

The focus group

Staff from IC settings across the four local primary care trusts were invited to attend the focus group, along with practice placement managers (PPMs). The two-hour session involved a university lecturer and module leader, three PPMs and seven nursing staff from IC placements. No students were included as they were on annual leave. There was no formal agenda – the purpose was to examine the concerns about IC placements voiced by students and staff. The interprofessional aspects of delivering complex healthcare in IC, and its value in terms of learning, were explored. The group also looked at how students could have a more clinically relevant and positive experiences on IC placements.

Meeting learning outcomes

Student learning outcomes in the continuous assessment of practice document must be met by the IC placement. These outcomes were usually discussed by mentors and students soon after starting, and throughout, the placement. The 10 student evaluations were shared and discussed (see Box 1). There were some positive experiences, but concerns about clinical skills and the suitability of IC as a placement were expressed. This may have a lot to do with managing student expectations and demonstrating how IC encompasses the diverse nature of nursing.

Acquiring clinical skills

Students see the acquisition of clinical skills as a main aim of placements. For many, these involve the more tangible aspects of nursing, such as wound care, giving injections and carrying out observations, which were not always readily available on IC placements. What “clinical skills” are is debatable, but non-technical skills, such as teamwork and communication, are as vital as the more “traditional” clinical skills such as invasive procedures (Rennie, 2009). This was noted by the group who said clinical skills should include:

- Collaboration with other professionals;
- Assessment and discharge planning;
- The patient pathway process;
- History-taking and problem-solving;
- Patient safety;
- Holistic models of patient care.

These less tangible aspects of care benefit patients and carers, and making students aware of their value can make their expectations of IC placements more positive.

Many focus group members thought acquiring these skills would enhance communication with patients, families and the healthcare team. However, some thought students did not always appreciate these less obvious and sometimes
5 key points

1 Impress upon students that multiprofessional teamwork, patient assessment, history taking, patient safety, problem solving, medication management and discharge planning are clinical skills

2 The module leader should manage student expectations of IC placements and ensure students know what IC is and how it differs from other community placements

3 Student mentors should think creatively about meeting students' learning outcomes, and prepare timetables to ensure best use of time

4 The module leader needs to impress upon students their responsibility for their own learning and arranging additional experiences while on placement

5 Students should vocalise their individual learning needs during initial and midway interviews with their mentor

More complex, yet vital, skills. These perceptions may also be perpetuated by the lack of understanding and awareness of IC of many nurses in other clinical areas, especially acute care (Glasby et al, 2008).

These broader and more holistic ways of looking at patient care have been explored in other areas: Oxford Brookes University has made a commitment to interprofessional learning and delivering multiprofessional courses within health and social care (Lloyd-Jones et al, 2007).

Meeting expectations
IC placements did not meet all students’ expectations, but nursing staff thought there were many examples of mentors thinking creatively to meet learning outcomes, such as emphasising and explaining the relevance of skills such as patient assessment, multidisciplinary working and discharge planning. Discharge planning is key for students to learn about unmet needs, preparing patients for home, preventing readmission and using social care services appropriately (DH, 2010), but these learning experiences should only be carried out in a way that is appropriate to their experience and confidence.

Many students recognised the opportunities available in IC, such as interprofessional working, understanding the diversity of care, and how to plan patient discharge. These are reflected by McClimens et al (2010) who said sharing skills and roles between professional groups allows greater responsiveness and flexibility. Students can also acquire skills in patient medication, which staff said is one of the most common nursing problems in IC.

Responsibility for learning
Some mentors prepared detailed timetables for placement. Although this was helpful, focus group members said students must also take responsibility for their own learning. Students were encouraged to search for, read and consider articles on all aspects of IC. One nurse said IC nursing often requires a different mindset to other areas, such as being able to think holistically but also thinking “outside the box”.

Enhancing the student experience
The focus group suggested several ways to promote best experiences on placements (see 5 key points). Students need to know what to expect from an IC placement, how it may differ from others, and be encouraged to learn independently and negotiate learning needs with their mentor. Mentors should think about learning outcomes, prepare students for placement and encourage them to use their time effectively.

Conclusion
IC placements do not always fulfill students’ expectations but do provide golden opportunities for learning about interprofessional working and collaborative models of care. These broader and more holistic ways of looking at patient care will help promote interprofessional learning and multi-professional models of care, and offer patients and clients integrated care (Lloyd-Jones et al, 2007). Nursing practice can sometimes focus on technical skills, but IC placements can give students many non-technical skills of equal value. Helping them understand this can make their placement expectations more realistic and positive.

References


