"Hitting the Ground Running": An Evaluation of Management Placements for Student Nurses with UK General Practice

Abstract

Introduction: General practice is facing a shortage of doctors and nurses and rural locations can find it difficult to recruit and retain staff. Student nurses need exposure to primary care nursing roles in order to consider this as a future career and develop the skills needed for this environment. Students were offered final placements within general practice as part of the development of training hubs initiated by Health Education England.

Aim: Explore the student experience and perception of their final placement in general practice.

Method: A qualitative design utilising a group interview with three student nurses who had successfully completed a final placement within general practice.

Results: The group interview data was thematically analysed and three themes were derived from the data; myth busting, the teaching and learning environment, and competency attainment.

Discussion: The diverse nature of the practice nurse role creates a suitable final placement for student nurses. The support available in these environments facilitates a positive learning experience for students. Providing student nurses with a final placement within general practice helps equip the future workforce with the necessary skills for primary care. It enables students to understand the career paths open to them and through exposure, consider a future as a practice nurse.

Keywords: Student Nurse, Final placement, General Practice Nursing (GPN), Student experience, Recruitment and Retention, Workforce sustainability

Introduction

The UK today sees a rapidly ageing population with those aged over 65 (traditionally the age of retirement) increasing 3.8 % between 1974 and 2014, and there is a projected further rise of around 6.6% by 2039 (Office for National Statistics,2016). Living longer implies that people are more likely to develop long-term conditions (LTCs) such as diabetes, cardio-vascular disease and chronic lung conditions. People with these conditions are living longer, often with multiple conditions, and are therefore more likely to experience comorbidities and poor health because of the "natural" ageing process, thus adding to condition complexity (NHS England, 2014) making management more convoluted and less evidence based. In addition, ageing and subsequent frailty can result in complex social needs putting additional pressures on current services which are already over stretched and under resourced (Kings Fund, 2017). This has significant consequences for service delivery across all areas of health and social care, with provider responses being dynamic, flexible, sustainable and primarily focused on the delivery of safe, effective care whilst meeting increasing expectations.

"Moving care closer to home" is seen as a way of addressing some of these issues, with services focusing on community based care provision such as avoidance of hospital admission, effective and quick discharge, smarter use of existing community-based services such as General Practice and effective use of technology such as telehealth (NHS England, 2015). However, this should not be considered a panacea, as this cannot work in isolation and has to have holistic system engagement in the process which includes buy-in from local sustainability and transformation plans (STPs), as well as adequate investment in services being enhanced, for example General Practice (Monitor, 2015). Consideration also has to be taken into account of other issues within services such as workforce shortages, especially within General Practice (King's Fund, 2016) where recruitment and retention are at a critical point (QNI, 2015).

The movement from secondary care (hospital based), consultant led services, to Primary Healthcare, i.e. General Practitioner lead, has placed additional emphasis on the roles of clinicians working in General Practice (GPNs) who now deliver the majority of care, especially around long-term conditions such as diabetes (Simmons et al, 2015; Griffin, 1998; Goyder et al, 1998; Wells and De Costa, 2005; NHS England, 2015). However, the complexity and the frailty of many of the individuals requiring

care, reaches into all sectors and requires both high quality initial education and training but also sustained and consistent updates, informal and formal. In addition, there must be a focus on the research agenda to ensure implementation of good practice and evaluation of effective practice. This needs to focus on what matters to individuals as well as balance strategic priorities and objectives within services, which are under resourced financially and who find it difficult to recruit and retain staff. This situation is not unique to the UK and is evidenced by similar shifts within other western countries, such as the United States of America (USA) and Australia (AUS) where one of the key priorities has focused on education across professional groups, sectors and considered the appropriateness of provision.

However, the General Practice Forward View (NHS England, 2016) cites the strengths of British General Practice as being "an expert medical specialist model" which is felt to afford high quality care, which is holistic, patient centered, with the added benefits of a continuous relationship across time which is unique in today's NHS. This requires practices to be able to tailor treatment to the needs of the individual and to act preventively whilst reflecting on diverse and unique healthcare environments/populations they serve, but to do this with staff who are highly skilled and motivated. The right knowledge, skills and attributes of all staff working in General Practice must be foundationally attained and maintained through effective, and quality assured, education and training (Walsh et al, 2011)

Background

Why General Practice is critical to the "Life blood of the NHS".

A survey in 1993 undertaken by the York Social Policy Research Unit, found that one fifth of nurses working in primary healthcare were GPN's (Atkin et al, 1993). Others included district or community nurses, school nurses, and health visitors who are not part of this study due to the differences in their clinical roles and employer contribution to education and learning. Further workforce population surveys were neglected, especially around the period of the quality and outcomes framework (QOF) introduction, until recently when the Queen's Nursing Institute (QNI) undertook a review of nursing in

general practice (QNI, 2015). Whilst this did not estimate the total numbers of nurses working in General Practice across the whole of the UK, it did identify that in the next three years, i.e. by 2020, over **33.4% of GPNs** are due to retire (QNI, 2015). This forms a significant number of the current GPN workforce, raising further concerns around the adequacy of future workforce skill sets, due to a historic lack of a sustainable plan for workforce enhancement by General Practice (Griffiths, Murrells, and Maben, 2009;QNI, 2015). In addition to this, there is evidence that many nurses have been in roles for a number of years with little, if any, formal professional development or accredited formal training. This has been cited as having the potential for what could be called a "knowledge hemorrhage". That is where clinical experience is less likely to inform clinical judgments and practice, losing what could be described as intuitive practice (Rovithis and Parissopoulos, 2005) or practice wisdom (Benner, et al, 1999; Knowles,1984).

Five Year Forward View (NHS England, 2015) and the General Practice Forward View (NHS England, 2016) both identify workforce as being critical to the success of the vision to move care closer to home through the development of effective recruitment and retention strategies. This was enhanced by the 10 point plan for General Practice Nursing (NHS England, 2017) which identified the need to deliver more convenient access to care, more personalised care in the community, and a stronger focus on prevention and population health driving better outcomes and experience for patients. The 10 point plan is a "*general practice nurse development strategy, with an extra minimum £15 million national investment which looks at improving training capacity in general practice, increases in the number of pre-registration nurse placements, measures to improve retention of the existing nursing workforce and support for return to work schemes for GPNs*" (NHS England, 2017).

It is considered critical that sustainability planning for the future work force needs to include clinician development by "igniting" interest in the role through undergraduate nurse placement experience alongside supporting existing clinicians to develop their roles through postgraduate programme development. Therefore, this article contends that in order for General Practice to be sustainable, there is an urgent need to think differently about workforce and especially around skill mix (Centre for Workforce Intelligence 2012), with undergraduate nurse's being welcomed into General Practice to experience the breadth of provision with the aim of encouraging them to consider this as a viable career

option (QNI, 2015). Beyond this initial exposure needs to be a sustainability strategy with the development of management placements for final year students, robust preceptorship programmes for those who are newly qualified, and a defined career structure to encourage workforce sustainability and staff retention.

Within the 10 point plan there is an explicit clause that focuses on the increase in pre-registration student nurse placements within General Practice. Whilst this is not a new concept (Walsh, 2008), further development and support for General Practice around the needs of students is essential (Walsh, 2017). It is considered that if students undergo General Practice placements, this will expose them to the potential career options within this setting and will improve recruitment and retention.

In summary: the aims of the 10 point plan (NHS England, 2017):
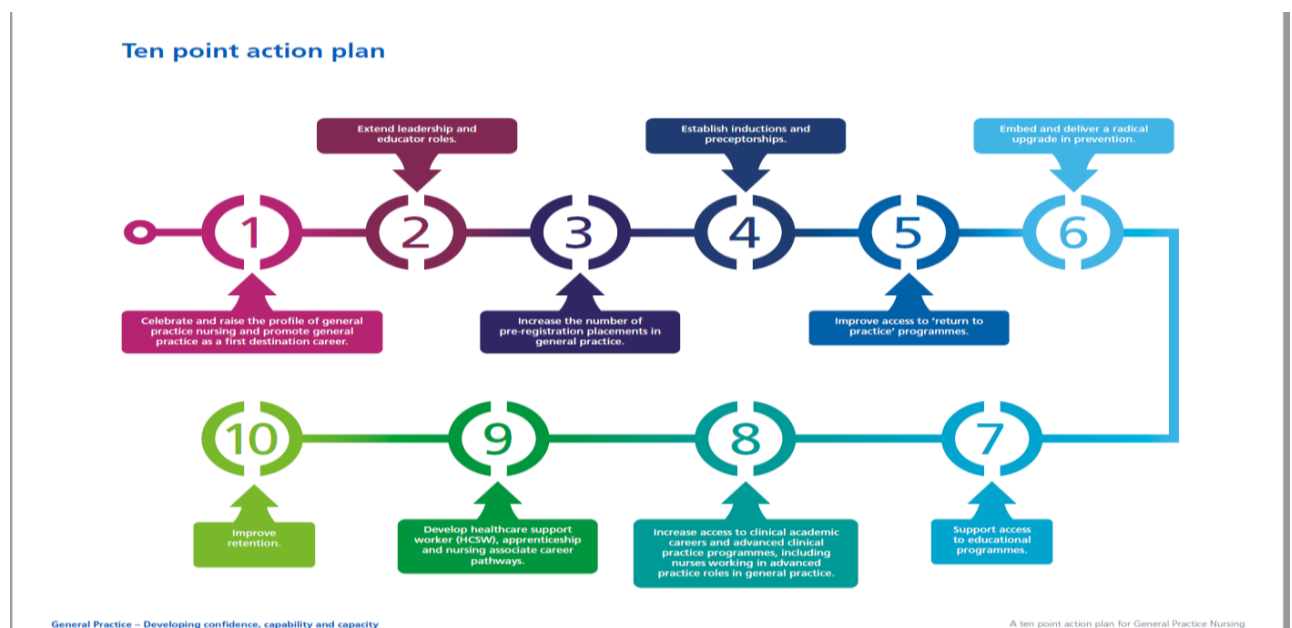
Initial support for the above plan came through a Health Education England (HEE) (2017) Training Hub initiative (formally Community Education Provider Network – CEPN), with the aim to develop best practice through engaging and communicating with General Practices (GPs) in local areas (Clinical Commissioning Groups (CCGs)). The Hub consists of a designated GP and a lead from Higher Education (Nursing), who recruit local GPs to offer education and training to all health professionals,

and in particular, medical students and student nurses. The Hubs then offer support around development of teaching and learning in practice, thus ensuring both a high quality educational experience for students and mutually beneficial learning experience for the GPs and their staff. The Hubs have evaluated extremely well by students, have been given support and commitment from the Higher Education provider, and provide the opportunity for Inter-professional Education (IPE) which will help shape the future General Practice workforce (Walsh, 2017).

Whilst GPNs are now providing some practice placements for pre-registration adult field student nurses, the aim of the Hubs were to ensure all pre-registration students were supported in a GP placement at some point during their undergraduate programme. For students who see this as a career pathway, there then needed to be an opportunity to undertake their final management placement within General Practice. Something that had raised anecdotal concern in the past was that students would not be able to attain the required competencies and skills required for entry onto the Nursing and Midwifery Council (NMC) register within the GP setting. There was also concern that due to the autonomy within General Practice Nursing, newly qualified nurses would not be able to enter the setting at the point of registration due to lack of exposure, a somewhat catch-22 situation.

The "Hitting the Ground Running" initiative was developed collaboratively with the training hub and practices who felt they could support a final placement student. The title came from a General Practitioner who supported the initiative as a way of building sustainability within the GP team, and who cited that there was a need for nurses who could start the role in general practice with little additional supportive education, except where there were skills that were considered beyond the scope of their practice.

Therefore, the aim of the project was to develop final management placements in General Practice and evaluate the effectiveness of these in supporting students to enter the Nursing and Midwifery Council Register.

Project objectives were:

1. To enable pre-registration nursing students to complete their final placement within a primary care (GP) environment thus gaining skills relevant to become registered nurses, whilst gaining the foundational skills for employment within a General Practice setting.

2. To support mentors in GP surgeries to gain the skills to become a "sign off mentor" (NMC, 2010) and to offer a final placement within their setting.

3. To evaluate the utility of this project from the perspective of students in terms of attaining their final competencies, as well as reviewing the value of the learning experience in General Practice.

Methods Utilised

All final year pre-registration student nurses on one undergraduate programme (approx. 220) were provided with a list of placements that had confirmed they were able to accommodate them for their final placements; this included three GP settings as well as the more traditional ward and community nursing settings.   Students were then asked to complete an application form along with a Curriculum Vitae and supporting statement outlining why they would like to complete their placement in their chosen speciality. This was felt to resemble how they would be expected to source employment outside of the training context. As this study focuses on the value of General Practice, the focus will turn to this context. One of the three GP settings received several applications and therefore it was decided to make this a competitive process (as would be the case in practice) and the GPNs who were going to provide the mentorship, were invited to review the applications and decide which student they would support.

As part of the NMC requirements, all practices had previously undergone a Quality Assurance Audit prior to offering placements (NMC, 2010), with Mentors being up-dated and supported by the Higher Education Institution (HEI) to facilitate the final placement. This looked at effective teaching and learning within the practice setting as well as undertaking a mapping activity against the NMC

competencies to explore how these could be met in GP. Sessions were held for the Mentors on what was expected of them during their own development as "sign off mentors".

Initial meetings with both mentors and students were set up at the HEI to discuss practicalities and implications for practice, as well as looking at how competencies might be achieved at an individual level. Discussion was encouraged to look at the student's individual learning needs and then turned to look at any generic concerns through a group discussion between all students and mentors. Following these discussions a mapping document was developed for use by both mentors and students, which enabled a clear vision of practice opportunities. The participants found this to be extremely useful although would require review and update on an on-going basis.

A further group meeting was held for the intermediate interview element of the placement process. It was felt by all that this helped further the multiplicity of discussion around attainment of competencies and enabled clinicians protected time out of practice to reflect on both the students' practice and their own value as facilitators of practice learning.

After the second meeting, concerns were expressed by one student and their mentor about achievement of placement outcomes as defined by the NMC (2010). This was as a consequence of a discussion the student had with another academic who wanted to explore how the competencies were being met. The supervising sign off mentor therefore undertook a placement visit which allowed exploration of the competency requirements and aligned them to placement opportunities. With the mentor and student, consideration was given to possible use of scenarios and insight visits to gain further experience, as their particular placement did have some clinical exposure limitations in terms of the opportunity to assess acutely ill patients. Gratitude was expressed by both at the end of the visit and all felt supported and reassured about meeting competencies.

At the end of the placement, which was twelve weeks in total, it was one academic member of staff (already a "sign off" mentor) who was required to "sign off" both the mentor and the student following

successful attainment of their competencies. This required one visit to practice to sign off a student due to the mentor being unable to make the date for the group sign off, which took place at the HEI. After the formal "sign off", which was a celebration for all, a group interview was arranged to evaluate the student experience.

Methodology

A group interview of the student nurses who completed their final placement in a GP setting (n=3) was held to explore their perceptions and experience of this. This obtained qualitative data, deemed the most appropriate method in order to gain an in-depth view of the student's experiences and perceptions.

Sampling

Three adult field student nurses completed and were successful in their final placement within the practice nurse environment, and all were invited to participate in the group interview. They were given a participant information sheet outlining the aims of the interview and informed their participation was voluntary. All students decided to participate in the interview and signed consent forms prior to participation.

Tools

The group interview was semi-structured and explored how the students had prepared for the placement, their experience of the support received from the university and their mentor, how they met their competencies, what they felt had been beneficial about this placement, what challenges they had faced and any suggestions for improvements. The session was facilitated by the two authors, was audio recorded and transcribed verbatim by an independent transcriber.

As part of the University's quality assurance process, the students and mentors already complete an evaluation of practice after each placement and the above data was triangulated with the data collected on these.

Ethics

This evaluation was approved by the HEIs School ethics committee.

Results

The qualitative data was thematically analysed using Braun and Clarke's (2006) framework and handled on NVivo (qualitative data software package). The data were individually analysed by both authors who then met to reach a consensus on themes.

There were three main themes that emerged from the qualitative data. These were:

➢ Myth busting,
➢ The teaching and learning environment
➢ Competency attainment.

Myth Busting

Participants reported they had preconceptions about the role of a practice nurse and completing a placement in this environment had changed their views.

"…in fact, I thought, oh my God, it's going to be boring" (participant 2).

"I didn't even think you did dressings in a surgery until I went… all I'm going to be doing is blood pressures…" (participant 3)

"… I didn't have any background information on what I'd be expected to do or what the nurses did in the practice" (participant 3)

"I think a lot of students have got the view that primary care's boring, which it's really not" (participant 2)

> *"…we were talking about the plans of how we were going to meet everything and then I was like oh, I feel better now. I remember saying to her, we can do this!" (participant 2*)

This demonstrated the need for students to gain exposure to primary care and in particular, in GP to understand the roles of GPNs. This may then aid with the workforce development of this group. This led to conversations surrounding the view of nurses and that you need to gain experience in a hospital environment prior to going into primary care.

> *"When I applied to do this degree, I thought that you could just work in a hospital" (participant 3)*
>
> *"I knew you could go into community, which is what I want to do. I don't want to go into a ward, but even when I was on my community placement, they were saying, oh you need to go onto a ward, you need to get all the experience on a ward" (participant 1)*
>
> *"I even thought you had to do something extra to be a community nurse" (participant 3)*
>
> *"Even the students in our cohort didn't realise that they could go and get a job as a practice nurse straight away" (participant 1)*

These comments suggest students, and the wider nursing workforce, may not be fully aware of the career pathways available to them and further education on different nursing careers may be beneficial. Two of the participants discussed their prior placement experiences and how these had influenced their choice to return.

> *"I'd already been in my placement for my elective, so I'd had four weeks in my placement there, so that's why I knew that I wanted to go back…" (participant 1)*
>
> *"… I do think that experience did help me…straight in on my first day and just doing things straight away" (participant 3)*

This suggests the development of placements within GP settings does help to promote the role of the practice nurse and starting their careers within primary care settings.

Teaching and learning environment

A prominent theme from the interview was the support the participants felt they had from their mentors, the wider GP team and the university. This was in terms of taking time to speak with them, helping them to meet their competencies and with providing positive feedback.

"…we get quite a bit of time to sit one to one and we've done a lot of teaching and she would block spaces off to teach me and I've learned so much" (participant 2)

"My mentors have been amazing. All the staff, they're all willing to help. I've had continuous support. They've done everything that I've asked for, in terms of meeting my learning outcomes" (participant 3)

"They're constantly telling you how much you have improved and it's really good for your confidence" (participant 2)

"…I had three tutors email me to make sure I was ok…" (participant 1)

"Just even asking things that aren't particularly to do with student nursing, just where something is or where do you keep this, or messaging you, because there's a message system, do you want a cup of coffee. It makes you feel part of the team" (participant 1).

"I have had an hour's protected time every week..." (participant 3)

These comments demonstrated the value of support from all roles with the surgery and the university to enable them to complete their placement. The time the mentors have provided to the students to help build their knowledge and skills, as well as to provide feedback, has been invaluable to these students.

A second sub theme surrounded their experience of learning whilst on placement and how this had been positive, especially surrounding their relationships with patients. They also comment on the experiences they had working with other healthcare professionals such as medics, doctors, chiropodists, health visitors, midwives, and audiologists.

"…whereas in primary care, you're on your own and you can have that one to one time with your patient and I really preferred that because you get to know, you get to build up the relationship better and get to know more about your patient. You have more time. I think that's been the biggest benefit, and improved my consultation skills as well" (participant 2)

"…following that patient journey, when you're in secondary care, they come in, you treat them, they go and you never know what happens to them or if they're better; whereas in primary care, you can follow that…" (participant 3)

"I think it's getting to know the patients, it's building up that relationship and the you get to know them, you get to know when they're not well" (participant 1)

"I like the age difference. You know, you've got your babies that come in and then you've got your 96-year olds that come in and, you know, it's the complete variety" (participant 1)

"I say, I'm a final year nursing student, are you happy to be with me or are you happy for me to do your dressing? I've not had anybody say no" (participant 3)

The participants demonstrated that the environment of GP is facilitative of their learning and the diverse nature of the patients and their conditions allows them to develop a variety of skills and knowledge.

Competency Attainment

A prominent theme was the development of skills during the placement. This included both nursing attributes such as empathy and improved communication skills, and clinical skills such as wound care and long-term condition knowledge.

"It makes you feel like a nurse as well, so you're not just an extra pair of hands in a ward, if you like. You've actually got your own room and you're seeing your own patients" (participant 2)

"…you have to respect their dignity, let them tell you what they want out of it" (participant 1)

"Taking bloods, dressings, doing injections, minor surgery, contraception, everything, health reviews" (participant 1)

"The history taking's the important bit, isn't it, in the consultation. If you don't get that, then you could be mistreating" (participant 3)

"The delegation and the management side of it, I sort of said to my mentor, I don't think I've done that. Did you discuss this patient with this nurse and you've referred on? Yes. Me and one of the nurses were sharing the care of a patient, and she said, are you going back and updating and things? I said yes… she said you are doing it, but you just don't realise that you're doing it…" (participant 3)

"…she did a simulation of a child coming in with an asthma attack and what I would do if that was presented to me and I was on my own, so they were really useful" (participant 2)

"…they might have been having it dressed for four years, but I still ask how long have you had it and do you know what started it because you can dress it, but does it need that dressing that's on it now?" (participant 3)

These comments demonstrate the wide variety of skills a placement in GP is able to develop and how this helps to prepare the student for registration. Clinical competence can be achieved along with developing relationships based on respect and empathy.

The final sub theme to have arisen from the data was career aspirations based on learning these new skills.

"…you really need to go, or it's more ideal to go in somewhere where you want to carry on" (participant 1)

"I think it's good experience, even for those that do want to go in a hospital because you could go there and think right, no this is definitely not for me" (participant 1)

"I've got a job…that's at the practice, yes… I can go on and do my practice nurse degree in January" (participant 1)

"Applied for the RAF, yes. I'd like to be a nurse in the RAF now… they said keep saying that your preference is primary care and you'll get there eventually" (participant 2)

"…I haven't got a job in my placement as full time, but they have put me on the bank, so then I can work there, and then when a job becomes available, I'll be the first to know about it… I'd drive like 40 odd miles to get to the placement, and I'd do that" (participant 3)

"I think if it's something that you really want, no matter how long it takes, as long as you're always working towards it, you will get there and we can change things" (participant 3)

This highlights the impact of completing final placements in GP settings on student career paths and the possible benefits to primary care for future workforce recruitment.

Discussion

It was acknowledge at the commencement of this pilot that there was little experience within General Practice Nursing with students who were undergoing their final placement before registration. There was some apprehension about the utility of this in terms of both the experiences that could be offered and the support for this from the wider primary care team such as the General Practitioners. Participants (the students) reported they had preconceptions about the role of a practice nurse and completing a placement in this environment had changed their views. It demonstrated the need for students to gain exposure to primary care throughout their training, two participants had previously undertaken placements in General Practice and this had confirmed their desire to return (Walsh, 2017) and in particular for them to gain insight into the role of GPNs and aspiration for careers within this field. It is evidence that this exposure to an underutilised area will aid workforce issues such as recruitment and retention (QNI, 2015). A conversation was held about the long held view of many nurses (from both primary and secondary care, as well as academics) that you need to gain experience in a hospital environment post registration prior to going into primary care. However, participants agreed that they learnt to care in a far more holistic way and relied on their own judgement and autonomy in decision making than if they were in a secondary care environment. They felt their confidence to do this was further supported by knowing that their mentor or other member of the team was around, although not present during clinical episodes. This further establishes the need to develop placements within GP settings for not only nursing students but

others, such as those on Health and Social Care programmes, thus promoting the role of the GPN and focusing on careers within primary care settings.

Teaching and learning environment

A further prominent theme from the interview was the support the participants felt they had from their mentors, the wider GP team (such as other student medics, doctors, administrative staff, chiropodists, health visitors, midwives, and audiologists), as well as the university practice support team. It was felt that it was important to take time to understand their learning needs and align these to practice learning opportunities. Clear action plans of learning were essential to support both students and mentors. The development of the mapping document facilitated creative learning opportunities and could be developed within the local surgeries to identify both unique learning as well as any gaps that would require further development. For example, opportunities to understand the team approach within GP, placing value on all roles within the surgery and their contribution to effective patient care.

Participants (the students) cited that the time the mentors gave to help students to help build their knowledge and skills was invaluable and that this particular environment enabled this due to the nature of the work. They acknowledged that continuous feedback on practice was the essence of this, which builds practice and professional confidence.

Participants not only identified the team relationships as being essential for effective learning but felt that their relationships with patients was further enhanced due to the personalised nature of the roles they were able to perform. Participants alluded to the fact that the environment of GP was particularly facilitative of their learning and that the diverse nature of the patients and their conditions allowed them to develop a variety of skills and knowledge, which might be limited in certain secondary care environments with specialist focuses.

Competency AttainmentA noticeable theme was the development of skills during the placement. This included both nursing attributes, such as empathy, improved communication skills, and holistic care provision as well as the development of clinical skills such as wound care, venepuncture and long-term condition management. This demonstrates that there are a wide variety of skills available within a placement in GP and that these were not only aligned with the NMC requirements, but in fact provided an enhanced opportunity, through contextual differences, to practise these in preparation for registration.

Participants felt that the experience they gained had not only given them the confidence to work in GP but offered them a broader practice experience that took into account patient experiences and holistic care requirements that they might not have otherwise experienced. This, they believed, provided them with a unique skill set which would enable them to become effective practitioners regardless of the setting in which they practised.

Limitations

This paper presents an exploration into the perceptions and experiences of three student nurses. Due to this small sample size, the results are not generalizable however the insight gained is transferable and can be used to inform and enhance practice. As future students undertake their final placements in GP settings, the same experiences may not be found. Ongoing evaluation would be beneficial to determine if the themes are consistently found and reduce the bias in these results.

The three GPs that offered final placements to the students were motivated and prepared to commit to this project. The motivation of the GPNs may have influenced these results, as the support offered to the students may have been due to their interest in the project and their own development as sign off mentors. Future evaluations of student experiences may help to explore the support offered once placements are more established.

This evaluation only sought the experiences and perceptions from the student point of view. The mentors may have been able to provide further insight into this project and offer a different view point on how the process has been for them. Future research may wish to explore the experiences of the developing practice nurse sign off mentor.

Conclusion

The diverse nature of the practice nurse role creates a suitable (and some) final placement for student nurses. The support available in these environments facilitates a positive learning experience for students. Providing student nurses with a final placement within GP not only helps equip the future workforce with the necessary skills for primary care, but also enhances the knowledge and skills of the current workforce both to enhance care and in terms of their revalidation requirements (NMC, 2015). It enables students to consider the possible career pathways open to them in primary care, which serves to support the current workforce and which should also help with issues around the crisis in recruitment and retention. There are however, issues that need to be addressed such as the development of robust preceptorship with peer support and opportunities for peer reflection. There is also the need to review current skill mixes within GPs to enable new registrants to move into roles, which are supportive and promote their development. The GPN 10 point plan will go some way to support this, however there has to be engagement and support at individual Practice level, not only by the nursing workforce but Practice Managers and General Practitioners.

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