TITLE

Achieving Excellence in Primary Care Postgraduate Community Nurse Practice Placements

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INTRODUCTION AND BACKGROUND

Practice placements account for 50% of the educational experience for community nurses who undergo both an 8 month and 10 week placement leading to a specialist community nurse qualification. This paper importantly addresses the question “What are the most important factors for postgraduate specialist community nursing students in practice placement?”

This study is part of a larger inter-professional project that researched excellence within postgraduate nursing, dental, and general practitioner practice placements. Its objective was to offer insight and guidance to trainers and training practices about this under-researched topic.

The Community Practice Teacher (CPT) is a qualified specialist community nurse with an additional teaching qualification and is actively involved in the first student placement. Although physically removed from the second, the CPT continues to mentor and monitor the progress of the trainee whilst also writing up the final report on the achievement of the student after consulting with practice placement personnel.

Findings from this study stressed the importance of a supportive CPT mentor with the very precise ability to identify postgraduate learning needs, ensure diverse student experiences, and gear all practice staff up. Research, scholarly, latest learning models, or technology were not highest rating contributors to excellence. Administration and management issues were spoken more about than clinical content.

LITERATURE REVIEW

This research contributes to a gap in the literature regarding practice placement education and studies on excellence. Despite the term's widespread use, there are no known healthcare studies within education on how it is created. It is scattered liberally within healthcare policy beginning around 2000 with the adoption of the NHS Plan, a ten year vision of health reforms. An NHS pledge dated 27 June 2001 talks about excellence and "the patient right to expect services responsive to needs, consistently high standards, respect, good information, skill and commitment, ... effective procedure, and clear and explicit communication,"(A Statement on Behalf of Government, et al 2001) but nothing on education and its underpinnings. The NHS quality management system still generates reports using traffic light red, amber, and green to indicate performance. No colour exists for excellence.

Department of Health Clinical Excellence Awards defines excellence as "sustained commitment, high standards, contributions, outstanding leadership, and high quality" (ACCEA Guide for Applicants 2009). The National Institute for Health and Clinical Excellence (NICE) incorporates the term within its name, but you'd be hard pressed

to find an expanded definition. NICE uses best available evidence, key principles such as patient care, and thorough analysis within its processes (NICE 2009).

The Nursing and Midwifery Council are unique to include quality and excellence within their principle manifesto. The Council also emphasises that Community nurses prioritise lifelong learning, build knowledge in the practice setting, and pro-actively serve public health needs.

Besides the slippery task of analysing excellence within NHS and government literature, we found little relevant academic study on either practice placements or excellence either. However, literature on mentorship does play a vital role between the student and CPT in a placement experience.

We selected six papers relevant to our research question. Two were literature reviews and the remaining four were not primary data studies. All six articles addressed the issue of mentorship to some degree. None of the papers looked at primary care nursing and only one paper (Barker 2006) at post-registration nursing.

There was a strong consensus on defining mentorship, what makes for a good mentor, and what does not. Sadly they were general and presented little first hand research from which conclusions were drawn. Interestingly the literature dated the concept of mentorship to ancient Greece and Homers Odyssey, but the articles only offered definitions of nursing mentorship, such as

> “a relationship between two nurses formed on the basis of mutual respect and compatible personalities with the common goal of guiding the nurse towards personal and professional growth,” (Hale 2004 p.11).

The literature often stated the obvious. Mentorship's promoting professional and personal growth is common as is the idea that the relationship between the mentor and mentee is one based on respect and partnership. Mentorship is seen as involving support and guidance (Block et al 2006, Gleeson 2008) from the mentor who provides a safe environment for the mentee to grow and develop. However, the literature recognises this is not a one way process and the success of mentorship relies on the development of an effective relationship between the mentor and mentee where both are engaged and committed to the endeavour (Barker 2006, Wilkes 2006).

A shared agreement in the literature is that good mentorship provides the student with an opportunity to grow in confidence, self esteem, and in the right context for which learning can take place (Block et al 2005, Barker 2006, Wilkes 2006, Billay and Mynck 2008, Gleeson 2008, Hodges 2009).

Our study findings support the conclusions of a study by Rosser et al (2004) which evaluated a Macmillan mentorship training programme for nurse practitioners and found that mentorship was vital in providing them with support during their role transition.

Whilst the qualities of a good mentor have been extensively recorded (friendly, patient, a sense of humour, positive, ... guiding, role model) (Wilkes 2006, Gleeson

2008, Hodges 2009), the underpinnings of these observations are not supported by cases study analysis, focus groups, or other research methods that critically evaluate when mentorship might come unstuck and how these situations can be handled.

Only a handful of studies examine the mentor perspective (Billay and Mynck 2008) and report that mentors often lack the time and training needed to do a good job, which was not an issue in our case study. Probably the best conclusion drawn from the literature was the importance of having good communication and the clear setting of a mentorship contract with objectives, expectations, and standards early on in the relationship (Barker 2006, Hodges 2009).

Methodology

Design:

The research objective was to formulate detailed criteria attributable to excellence in postgraduate primary care practice placements. As we emphasised, defining excellence is no small task. It is associated with five out of five rating, the top percentile, extraordinary, never failing, near perfection, zero tolerance, and better than good. It incorporates superior and infallible. These are acronyms, but what about sustainable, spontaneous, flexible, and withstanding the distance of time?

A strong point about our study was the attention expended on its structure given the challenge of such a vast subject. To begin with, the primary care education literature

was reviewed from 2005-2010 using the Mesh terms *Health Personnel and Education* in both a PubMed and Cinhal database search for relevant topics. Relevant topics formed the objective Delphi survey questions as well as codings for focus group discussions.

Student experiences are crucial to understanding what works within the practice placement as their experience is paramount. CPTs add dimensions not perceived by students. They are professional trainers and have length and breadth of experiences. Peer focus groups were run separately for students and CPTs and answered the following questions:

1. How would you define an Excellent Training Practice Placement?
2. What was your worst experience in a Training Practice Placement?
3. What was your best experience in a Training Practice Placement?
4. What factors could prevent a Training Practice from achieving Excellence?
5. What factors would enable a Training Practice to achieve Excellence?

Sample and Recruitment: Student and CPT focus groups with up to ten voluntary participants were selected and invited to participate based on educational events they were attending anyway at Oxford Brookes University. The study was not statistically significant nor representative of the population, but this was remedied by personal and intense data collection along with triangulating with an online national Delphi study. The Delphi participants were selected via the literature and educational programme managers and directors were also emailed invitations to participate.

The following table summarises the number of participants from all three professional disciplines:

Postgraduate Primary Care Practice Placement Research Participants by Professional Discipline:

Research Method	**Community Nurses**	**Dentists**	**General Practitioners**	**Total**
Focus Group-Trainee	5	10	10	**25**
Focus Group-Trainer(Teacher)	3	10	7	**20**
Expert Delphi	10	10	13	**33**
Total	**18**	**30**	**30**	**78**

Methods of data collection: Focus groups met for one hour each and openly discussed the aforementioned five questions with the facilitator remaining passive to ensure zero influence. Additionally a national expert Delphi survey was hosted by www.surveymonkey.com with a fully encrypted email and secure data protection service. The Delphi participants first rated up to 65 topics on a scale of 1-7 in importance for achieving excellence. A second Delphi ranking for questions having least consensus was not needed.

Data Analysis: Focus groups were audio recorded, transcribed, and coded to Delphi question topics within NVivo software in an objective fashion and double-checked for accuracy. The number of times a topic was mentioned determined its priority. A few new codes were added if the literature/Delphi questions could not accommodate a focus group discussion topic. Trainee and CPT focus groups were compared to identify learning gaps between trainees and their teachers. Finally the data sets were analysed in light of the expert group of Delphi participants.

As one of the researchers was also a qualified accountant, employing numerical skills and data manipulations, weighted averages of ratings by Delphi study participants, and standard deviation of responses helped formulate consensus.

Ethics approval was granted by Oxford Brookes University and the NHS REC committee #10/H0302/28.

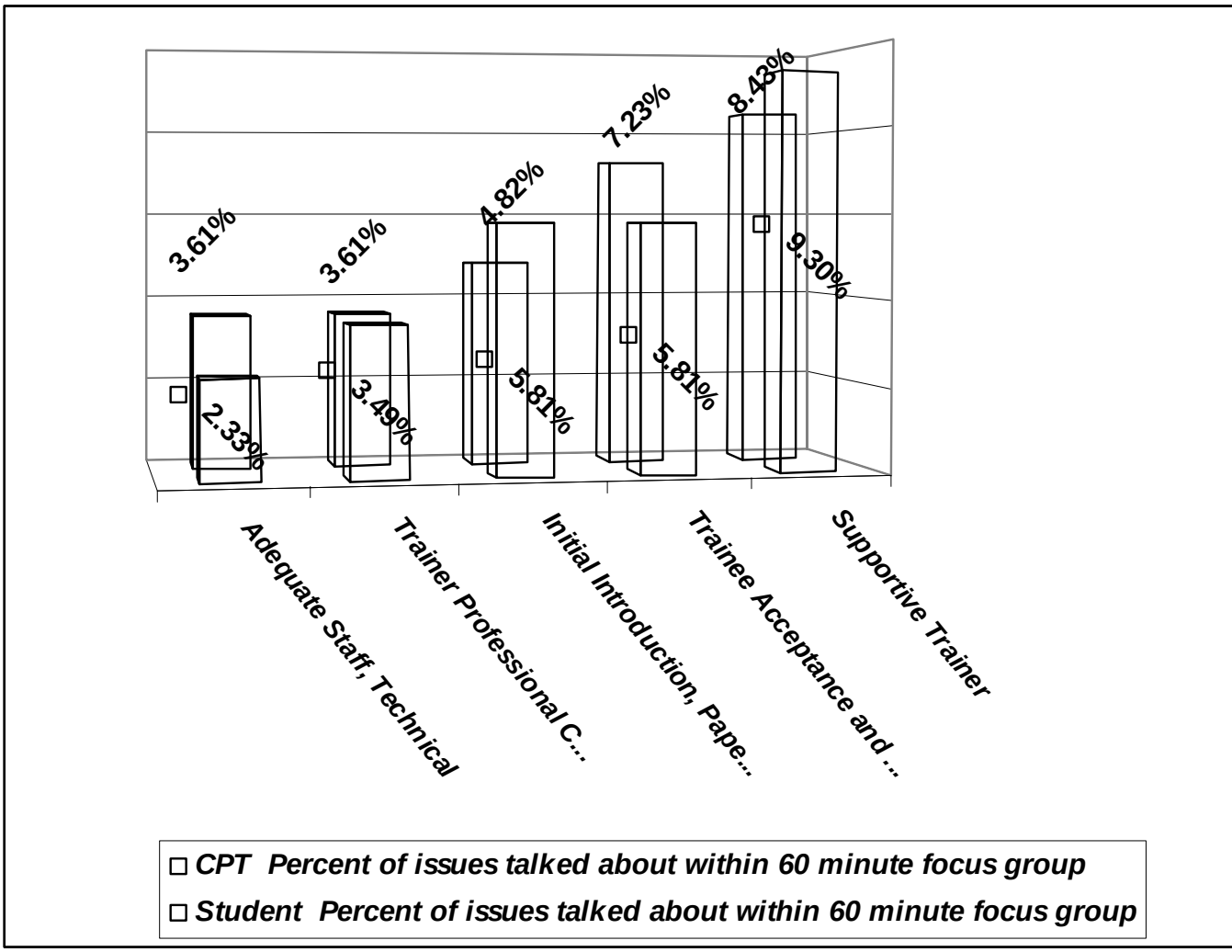
ANALYSIS OF FINDINGS

Consensus:

This study concluded that at a minimum, excellence involves meeting fundamental requirements. The most prevalently discussed issues having agreement between Trainee student and CPT teacher focus groups along with also highest rated Delphi study topics by experts formed consensus for this study. These are the base qualities of an excellent practice placement

Both focus groups and the Delphi experts agreed that support by the trainer along with acceptance and inclusion of the student within the practice were most important. In addition the initial introduction, paperwork, and administration were crucial when beginning the practice placement. All agreed that teacher motivation and professional communication skills were essential. Finally, it was agreed that the practice required adequate staff to render good service and enable the trainee student to function under supernumerary status and have adequate time to reflect.

Consensus of Issues between Primary Care Postgraduate Community Nurse Trainees and Trainers-Excellent Postgraduate Practice Placements



There is the argument that these are basic needs and not evidence of excellence, however, the roots of excellence from focus group feedback incorporate feelings and actual scenarios. These equate to social inclusion, clarity, organised preparation, and enthusiastic CPTs that know how to communicate and take the time to invest effort and knowledge into the job of training and successful outcomes for others.

The following was repeated within the focus groups:

> "It is important to feel supported, within a team, and part of a team". "For the first few weeks I needed a programme and a plan to introduce me to the placement. Initial guidance was important. Time spent with other members of the practice placement team should be formalised and not adhoc or thought to be a favour from their part".

A professionally laid out induction into the practice sets the tone for what is expected from the student at the most basic level and enables the postgraduate community nurse to find the coffee machine, park with a valid permit, be allocated a desk drawer, and function. Although basic, the worst recollection was "the practice did not even know I was coming".

<u>Trainee Practice Placement Excellence:</u>

Student experiences are crucial. Diversity of new experiences represented 15.1% of the themes discussed and despite not having consensus with CPTs, was the most important contributor towards an excellent practice placement. One student succinctly explained,

> "My first placement was in a rural village. There were huge pockets of deprivation and huge amounts of money and incredible wealthy estates we would visit. There was a vast experience of different families. Also there was a special Centre I worked at as well. It was everything I could want".

> Another trainee "enjoyed doing 15 days of public health and working with

different teams. It was interesting to spend a couple of days doing public health, then homeless people, work within a defiance team, etc.". Students either spoke about the need for their CPT's to either put boundaries on repetitive work or appreciated the "CPT tried not to have me repeat what I already knew".

Drawing on the NVivo results, the Trainee focus group also spoke about the importance of practice placement staff acknowledging the postgraduate student was already experienced and fully qualified. It was important the student felt supported at the practice, had adequate protected time to observe and reflect within a supernumerary role, a good teacher/trainee relationship, and individually tailored tuition based on gaps in learning knowledge.

The CPT focus group was conscious the student offered a training practice exposure to the latest up-to-date educational training and techniques, but did not prioritise diversity of experience. This is a possible gap that CPTs need to clearly understand. It is crucial to the uplifting of postgraduate skills during an intensified learning period. One student nurse regularly felt she had been "deskilled".

Postgraduate nurse education requires a much keener involvement than perhaps pre-registration nurse placements. Tackling the ambivalence of a student clearly wanting to be seen as a professional nurse but also wanting to be "allowed to be a student" is tricky. It is crucial for nurses in placements to be introduced as a postgraduate nurse not only with a nurse qualification but years of working experience.

Students also expressed an initial need for strong guidance and a set learning agenda for the first few weeks but thereafter a "guided versus led" approach revolving around individual needs and training gaps. A student wanted to "be able to fly once confidence of the trainer was established and an initial understanding of a new task understood", yet also needed the fine tuned eye of a good CPT to identify where they might be falling short. Several students also expressed the need for a strong leader within the practice placement team, but balanced against the need of the student not to be overpowered within the training environment.

Primary Care Postgraduate Community Nurse Trainees and Trainers Excellent Postgraduate Practice Placements-Priorities of Trainees versus Trainers

Percent of issues talked about within 60 minute focus group

Issues Discussed	**Trainee**	**Trainer**
Diverse and New Experiences	15.12%	3.61%
Staff at practice that acknowledge student skills and experience and offer support	11.63%	3.61%
Protected time/time to observe/Supernumerary status	11.63%	2.41%
Trainer/Trainee Relationship	5.81%	1.20%
Individually Tailored Tuition	5.81%	1.20%
Excellent Relationships between Staff at Practice	3.49%	0.00%
Location of Practice Placement	3.49%	0.00%

Additionally, several students expressed dismay at having to train their Trainer.

> "My CPT improved her confidence at my tuition. She was a shy lady and would not do group work and shied away from other people. Over the months I brought

her out of herself and enhanced her communication skills. I shouldn't have had to do this, but we were not getting anywhere".

Another Trainee indicated, "The CPT should adapt to suit the student. A learning styles questionnaire is good. I had to go back and show my CPT how I learnt best. She took it on board and it worked, but should I have had to done this?"

Trainer Priorities:

CPTs deepened issues not perceived by students and had a more balanced approach, giving more equal time to an array of topics. They are professional trainers with a variety of experiences possibly at many practices over several years compared the student's solitary experience. The CPTs were terribly conscious about their own abilities to provide excellent tuition and felt a strong need to be proactive and motivated.

The CPTs stated the student greatly influenced excellent practice placements, believing the best students came from diverse backgrounds such as counselling and not just strictly staff nursing. Additionally CPTs felt teaching practical aspects of NHS and PCT protocols, such as corporate sharing of caseloads and up-to-date child protection training were important.

"In end I had to go there and sit down and discuss how we could work out a middle road. It was nightmare. The biggest problem was the practice did not know how to deal with corporate caseloads so I showed them. It was 10 weeks

when I sweated buckets everyday…challenge, challenge. She (the student) was so up to date and they (the practice) were so behind but it was serious challenge for me".

Another CPT "was supervising a girl at a health visiting office where they wrote nothing down…absolutely zilch. I had to go to my team manager and get permission to sort them out. I had to challenge them and say 'your documentation is not good here' and it was a very difficult challenge to retrain them about correct documentation".

CPTs were not only required to step in and train the practice, but to re-train and keep current on a range of skills from interviewing techniques to child protection guidance. They spoke about their own competencies, reliability, trustworthiness, and personal development more than the students. Possibly over conscientious CPTs account for students sometimes feeling overpowered. However, one CPT clearly recognised "we are in a position of power as we sign them off and we need to be aware of that". Despite other interprofessional differences, it was incredible that no Dental or GP trainer spoke of this insight.

Primary Care Postgraduate Community Nurse Trainees and Trainers
Excellent Postgraduate Practice Placement Topics-Priority Issues of Trainers
Percent of issues talked about within 60 minute focus groups

Issues/Topics Discussed	**Trainer**	**Trainee**
Trainer Motivation	6.02%	2.33%
Trainee themselves	4.82%	0%

Trainer valued by NHS or employing organisation	4.82%	0%
Quality Performance of Practice	4.82%	0%
Trainer Professional Competencies	3.61%	1.16%
Trainer Reliable and Trustworthy	2.41%	0%
Personal Development of Trainee	2.41%	0%
Training about NHS and PCT Protocols and Guidelines	2.41%	0%

Job satisfaction within the Community Nursing Trainers Focus group was high along with their commitment to quality patient care as the following comments indicate:

> "I'm about to retire and I still think best job in whole wide world".
>
> "It is about keeping up that dialogue…open and dynamic…and valuing it".
>
> "We are facilitators of quality care and we will take time enabling others to provide quality care".

Conflict with PCT commissioners does occur. A CPT recalled when 9 out of 11 CPT positions within their PCT were threatened and caused stress, however, "we made a conscious decision together that we would not let it affect students".

Communication skills amongst the CPTs along with a positive attitude towards difficulties were noted:

> "I always say the tougher it is the better as they will know how to deal with it later in life. Nothing is negative if you are learning. The Trainee can acknowledge emotions related to bullying and turn it around as they are not experiencing it on

their own. Use me, my colleagues, talk, and learn from it".

"We learn all the time. I had dreadful experience related to Child Protection training and the different ways of seeing things. There are awful experiences for students and there's a way to be critical in supportive way without being personal. I like to use the rat sandwich approach of always putting what you don't want in between two good things".

Proper recordkeeping is an important aspect of training:

"It is essential to document every meeting with the student. I had a very good student but in last two weeks everything fell apart and I was actually writing her a good report and her colleagues rang up on last day saying they had concerns about her documentation. I could show in my supervisory records this had been addressed, and although I had to put this down as an issue in final report, luckily she was coming to our practice so I could manage it thereafter".

Ultimately the CPT must not only be intimately involved as a mentor, but able to pull away and let the (not their!) student be their own person. The maturity to do this is illustrated by comments from CPTs such as:

"The best situations are when students challenge you. They don't in the beginning, but as soon as they can challenge and discuss I think that's great. I don't want them to be a copy of me".

Comparison of Focus Groups to Expert Opinions of Online Delphi Participants:

Experts from academic or management roles with no direct involvement in practice placements provided additional insight into excellence. The comparison of Delphi study results to focus groups gave an indication of how closely academics and researchers have their ear to the ground and how integrated their educational tools, models and theories are within practice.

There was consensus between the focus groups and Delphi Experts in many respects. Trainer motivation, support of trainee, the trainee itself, clarity of expectations within placement, professional trainer communication skills, trainee acceptance and inclusion within the practice, and the training environment were important issues to focus groups and also rated highest by the Delphi experts. Despite the priority of research and scholarship within health education by NHS government, the promotion of scholarly and research oriented trainers was not rated “extremely important” by the academic research community nor mentioned as crucial to excellence within focus groups.

The Delphi revealed both experts and literature have failed to recognise the need for diversified community nurse practice placement experiences and placement recognition of the nurse/student previous experience and qualifications. Also, over 50% of the Delphi questions/topics were not discussed by either trainee or trainer focus groups and these were primarily educational tools and specialist knowledge training concepts related to the teaching of ethics, stress management,

professionalism, inter-professional education, use of technological tools, understanding the psychology of learning. No mention was made of 360 assessments, maintaining a journal, portfolios, teaching lasting knowledge, or patient feedback methods. For expert Delphi participants the above concepts and tools were given "medium important" ratings for achieving excellence

Conclusion

Excellence is about personal experiences, feelings, and enjoyment. Excellent practice placements are not cutting edge, latest theories, high flying, and scholarly research orientated. Excellence will not result without meeting defined basic postgraduate education, administration, and social needs. Postgraduate trainers also need special postgraduate training. It is a delicate balance of acknowledgement and validation, combined with individually tailoring the needs of each student. The knock-on effects of everyone at the placement influence the student experience. The back biting practice team that has no strong leader to nip this behaviour in the bud does not realise the student hoping for higher and different knowledge associated with community nursing is let down.

The nursing profession contributed over 70% of all primary care literature surveyed. Nursing students have vitality, CPTs are prepared, hard working, and committed. University programme managers attend to detail and audit placements. Practices themselves also need to query students for satisfaction and feedback. This needs to be taken very seriously early in the placement, fully understood, deepened, relayed to

every relevant person, and acted upon. It is all about understanding, communicating, enjoying, and responding quickly.

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