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The experiences of student nurses on placements with practice nurses: a pilot study

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Title: The experiences of student nurses on placements with practice nurses: a pilot study

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Abstract

To prepare the registered nurse of tomorrow in the United Kingdom (UK) to care for patients in general practice (GP)-led services, today's student nurses need to have the opportunity to experience placements with practice nurses to enable them to make positive career choices to become practice nurses in the future. The role of the practice nurse is described in the article. As a pilot project, seventeen students undertook placements with practice nurses in one of seven GP practices selected by the London GP Deanery and the university as having fulfilled the criteria to support student nurses in placements. A mentorship preparation programme was provided to prepare practice nurses for mentoring these students. An evaluation study was undertaken of this pilot project. Findings showed that students were highly positive about the experience; the majority rated this placement as being as good as or better than previous placement experiences. The evaluation also explored the impact on student learning and the value that the placement had. There was a positive impact on students' knowledge and skills in certain clinical areas especially related to health promotion. Students also indicated that they would like to have additional placements with practice nurses and would consider a career as a practice nurse in the future.

Key words: Pre-registration nursing; practice placements; practice nursing

The experiences of student nurses on placements with practice nurses: a pilot study

Introduction

With the introduction of clinically-led commissioning of health-care services in the UK, the redesign of service delivery towards more care in the community and the drive to reform primary and community services in order to deliver patient-centred and population-focussed health care it is imperative that the next generation of nurses are being prepared to practice in new ways to meet this workforce need. These changes are not unique to the UK and have taken place in other countries, e.g., Canada (Thorlby 2011), and in Germany (Chambers et al 2010). Managing patients with long-term conditions closer to the patient's home in a proactive way will be central to this new way of working and will involve delivering an increased proportion of care for patients with long-term conditions in multi-professional primary care teams where the role of the practice nurse is paramount. To prepare the registered nurse of tomorrow to care for patients in practice nursing in GP-led services, today's student nurses need to have the opportunity to experience placements with practice nurses in GP surgeries to enable them to make positive career choices to become practice nurses in the future.

This article presents the outcomes of a pilot project that was undertaken in one university in London in collaboration with several GP practices local to that university. This collaboration involved student nurses from one cohort at the university undertaking placements with practice nurses where the GP employs practice nurses.

The context of clinical placements for student nurses with practice nurses

In the United Kingdom (UK) student nurses undertake 2300 hours of practice placement experience during their undergraduate programme (NMC 2010). Similar statutory requirements exist for nursing education in other countries, e.g. Nursing Council of NZ (2010). This practice experience is matched by another 2300 hours of theory experience. Both practice and theory experiences are an integrated one according to the students' chosen field of practice/intended area of employment at the end of their course of study.

Clinical placements are pivotal to the pre-registration nursing education. Successful placement learning in the UK require universities to work in partnership with National Health Service (NHS) Trusts and with the independent sector. Similar partnerships for student nurse placements are forged in countries around the world (e.g., Peters et al 2013; Grealish and Smale 2011). It has been suggested that the clinical learning environment is the most important resource for developing competence in student nursing (Henderson 2012; Kelly 2007; Murray and Williamson 2009).

Because of its practice focus, certain aspects of nursing education need to be experienced in real life. Placement learning opportunities are the only way that experience can be contextualised (Murray and Williamson 2009). The importance of high-quality practice learning opportunities is well-documented nationally and internationally in the UK (e.g., Quality Assurance Agency 2001), in Canada (e.g., Reimer Kirkham 2007, Smith et al 2010) and in New Zealand (e.g., Betony et al 2013).

However, globally the issue of capacity with regard to practice placements for student nurses is also becoming more acute as student numbers increase and number of practice areas for

placement learning decreases (Edwards et al 2004; Hall 2006; Reimer Kirkham 2012; Barnett et al 2011). In addition to the decreased availability of traditional hospital-based placements, there are major policy changes taking place globally to move healthcare provision into the community. It is imperative that student nurses experience placement learning opportunities in a range of community-based settings (Edwards et al 2004; Peters et al 2013). Offering students non-traditional placements with practice nurses in GP surgeries is one way that many countries have been addressing this issue including Australia (e.g., Peters et al 2013), Canada (e.g., Reimer Kirkham 2007), and New Zealand (e.g., Betony et al 2013; Pullon and Lum 2008). Placements with practice nurses in GP surgeries has the potential to address issues such as diminishing number of traditional placement areas and the policy move towards more healthcare being provided in the community.

In the UK, practice placements in community healthcare settings have traditionally been available to student nurses through working alongside district nurses, who provide nursing care for people in their homes, and health visitors, who provide a public health role that includes delivering child and family health services (from pregnancy to aged 5), providing ongoing health services for vulnerable children and families and contributing to services related to safeguarding children.

Universities are now beginning to forge partnerships with GPs as potential places for students to experience working alongside their practice nurses. GP practices have accumulated years of knowledge and experience in carrying out community-based healthcare. Despite this, clinical placements within current nursing education programmes remain largely hospital-based and focused which has led to problems recruiting high quality practice nurses by GPs. A similar problem exists in medical education where in the UK placement of

medical students with GPs normally is 4-6 week placements in years 4 and 5 of medical education programmes. GPs receive funding for medical student placements with them.

There are a number of issues that provide challenges for student nurse placements with practice nurses in GP surgeries. One is the issue of funding. At the time of the project being presented in this article, GPs receive received no funding for student nurse placements with practice nurses. Additionally, there is a need to ensure that the practice nurse provides a good learning environment, that there is appropriate mentorship for students and there are strong communication and support links between the university, the practice nurses and GPs. All of these are addressed in the study presented later in this article.

In the UK practice nurses are an ageing group. One survey from the Royal College of Nursing in the UK reported that in one region of England, 61% of practice nurses will be retiring in the next 5 years (RCN 2015). Providing placements for student nurses to work alongside practice nurses in GP surgeries may be one way of attracting new nurses into practice nursing.

In the UK, community placements for student nurses traditionally have been undertaken through attachments to district/community nurses and health visitors, rather than to practice nurses in GP surgeries. Although placements with practice nurses is primarily to learn the work of the practice nurse, placements in GP surgeries enable students to work alongside a range of other health care professionals based in surgeries. Depending upon the size of the GP practice, a range of professionals might support student learning in a GP surgery. Table 1 summarises the roles of professionals who students might work with during placements with practice nurses in a GP surgery and outlines, in particular, the role of the practice nurse.

(Insert Table 1 near here)

Delivering placements with practice nurses for nursing students is limited, too, by the need to resource these placements financially. As stated earlier, GP practices receive a payment for providing placement experiences for medical students and trainee GPs. Up until 2013, The London GP Deanery was responsible for the educational governance of all approved GP Training, including the funding for medical student placements with GPs. At the time of the study presented in this article the London GP Deanery had an existing network of GP training practices which were accredited to train GPs, and which offered inter-professional learning environments. These GP practices had both the capacity and capability for student nurses to undertake clinical placements with practice nurses. Funding was made available by the then NHS London in 2012 for two pilot projects. The first was to provide a post-registration practice nurse programme, including placement experiences in GP surgeries, for trained nurses currently working in acute nursing. The aim was that on successful completion, these nurses would take up posts as practice nurses. The second pilot project was for student nurses from one university to undertake placements with practice nurses in GP surgeries as part of their pre-registration programme. The aim was for these student nurses to have experience working alongside practice nurses so that they could experience and learn from the work of a practice nurse. A steering group was created to oversee the implementation and evaluation of the two pilot projects. The steering group met from April 2012 until July 2013 through monthly/two-monthly meetings. The meetings were used to plan the project and the evaluation, and to monitor progress/manage any problems that arose. Table 2 shows the membership of the steering group and its collaborative partners.

(Insert Table 2 near here)

This article presents the second of these pilot projects – the placement of student nurses with practice nurses in GP surgeries. The pilot was carried out over a one-year period.

Through the pilot project, each GP surgery selected to provide placements for student nurses with practice nurses in their practices received £7500, funded by the then Strategic Health Authority for London. The funding was used firstly, for practice nurses employed by the GP to establish, in partnership with the university, the learning environment for student nurses. An audit was undertaken to assess the quality of the learning environment provided by each GP practice to ensure that it met the quality standards established by the Nursing and Midwifery Council (NMC) of the UK (NMC 2010). Secondly, the funding provided also recognised the extra work for practice nurses for mentoring student nurses. Mentorship training was also provided to each practice nurse involved in the pilot project. One of the intentions of the pilot project was to make a case for all GP surgery placement areas to receive a placement tariff for all health-related students.

Literature Review

There is a significant amount of literature about placement learning in general and community placements particularly. Less is available about placement learning with practice nurses.

Placement learning

As mentioned previously, placement learning in the UK makes up 50% of the pre-registration nursing programme (NMC 2010). However, early studies in Australia suggested that it is the

quality of learning achieved during the placement that is more important (Madjar et al., 1997; Boxer and Kluge, 2000). The intention of the placement learning experience is to equip students for the operational role of nursing whilst ensuring that their skills are underpinned by a sound knowledge base (Cope et al, 2000). Skills acquisition appears in the literature to be of major importance in placement learning. In an early Australian study, Boxer and Kluge (2000) studied how 206 newly qualified Australian nurses working in an acute hospital rated the importance of a number of clinical skills according to the frequency that they carried out each skill and the extent to which they were seen as essential to their everyday work. Their findings showed that clinical skill performance was the most important attribute of nurses.

There is much literature available on a number of other aspects of placement learning. For example, Levett-Jones et al (2008) explored how students' feelings of belongingness in practice settings affect motivation and capacity to learn, self-concept, confidence, the extent to which students are willing to question or conform to poor practice, and their future career decisions. The notion of belongingness and its impact on placement learning was first identified in an Australian study by Nolan (1998). Although the Nolan study of six Australian student nurses was small, it provided a number of insights into what factors influence students' perceptions of placements including belonging, doing and practising, seeing their own progress and changing their thinking. Nolan also argued that learning by doing is the major purpose of placement learning because "problems are placed in context." (Nolan 1998, p. 626). This was supported by Ohrling and Hillberg (2000) who found that practice learning opportunities enable students to practise 'genuine' nursing through undertaking activities in a clinical setting. A more recent study by Banks et al (2011) supported this and identified that the important components of practice learning are the need to practice skills for their future role, to learn the routines and to develop relationships with

staff and patients. One of the most important aspects of placement learning opportunities is to provide students with the opportunity to link theory and practice (Koh 2002; Holland 2002).

The impact of placements on students' decision to stay on their nursing programme is also well documented (Crombie et al 2013) and their findings showed that quality of placement learning, including quality of mentorship, was the strongest factor in student nurses' decision to stay of their programme. This study supported previous studies by Chambers (2007) who cited quality of placements as a major factor in student attrition, and studies by Scott (2005) who found that negative attitudes and behaviours of placement and poor mentorship impacted on student nurse attrition. Koh (2002) suggested that students who are not helped to link theory with practice through placement experiences often leave their nursing programmes.

Community placements

In the UK the Nursing and Midwifery Council state that community placements are times that students spend learning about, and experiencing care provided outside the hospital setting. It can take place in people's own homes, in general practice, nursing homes and other residential facilities, walk-in centres, schools and workplaces (NMC 2010). Early research into student nurse community placements was undertaken by Baillie (1993) who interviewed a small convenience sample of student nurses in the UK following an 8-week placement experience in four different community settings (e.g., working with health visitors and community nurses, with school nurses, in nursing homes). Her findings showed that student learning was influenced by the role they took during these placements; learning was enhanced when they participated in care activities rather than merely observed. The mentors' knowledge and skills also impacted on student learning. These findings may not appear particularly surprising but the study was one of the first to explore in any rigorous way how

learning happens in community-based placements. These findings were supported by a more recent study by Baglin and Rigg (2009) who undertook a phenomenological study into the experiences of six second year student nurses on 12 week community-based practice placements. Through the use of reflective journals the study explored the extent to which these placements were seen to meet their perceived learning needs. This was a small study that nevertheless provided insights into the positive role of community-based placements on skill acquisition, developing working relationships with mentors and patients in the community, the nature of learning in the community and how the placement developed their confidence. Hallett et al (1996) and Carr (2001) both carried out studies of student nurse community placement experiences by collecting data from students as well as the community-based nurse who supervised/mentored them. Like Holland (2002) and Koh (2002), students in the study by Hallett et al spoke of community nursing as being real, rather than academic nursing, valuing the skills they developed, gaining confidence and feeling independent. Mentors reported how they planned learning opportunities for the students although felt that they had not anticipated how complex and time-consuming facilitating student learning could be.

The study by Carr (2002) compared and contrasted the perceived placement learning opportunities offered by hospital and community-based placements. Through four focus groups with a total of 45 participants, non-participant observation, practice narratives recorded by seven pairs of students/mentors followed by discussion, a large data set was generated. Findings showed that community placements were described as complex and 'untidy.' In addition, in the community more power rested with patients. Because the community environment was complex, patient problems did not fit into the same type of neat categories as in hospital. Carr also concluded that student nurses in community placements needed to learn to negotiate a wider range of roles, manage different types of relationships

with patients, cope with different types of assessment and participate in a higher level of clinical decision-making.

In summary, what appears to be lacking in current literature about placement learning and community placement experiences is research into how students integrate into community placements, how to prepare students for a different student role in the community and, importantly, how to prepare students for a changing role in community health care provision.

Placements with practice nurses

The literature review explored a number of avenues of enquiry: the value of practice nurses to patient care, the impact of practice-nurse placements on student nurses, and challenges for universities to provide meaningful clinical placements for an increasing number of students

Interestingly, there is a dearth of literature on the value of practice nurses to patient care and the impact of practice nurses on student nurses. Although there is a large body of literature that examines the association between patient safety outcomes and staffing levels of health care personnel in hospitals (e.g., Kane et al 2007), there is a smaller amount of research into patient outcomes and staff levels in primary care in general, and in practice nursing in particular. However, a study by Griffiths et al (2010) of 7456 GP practices in England found that there is a positive association between registered nurse staffing levels in GP practices and the quality of care delivered. This is important for nursing education because performance of GP surgeries can be an indicator of the quality of learning opportunities available in a GP surgery for student nurses, although research is needed to test this. Griffiths et al (2010) also found that where there is a high staffing level of practice nurses, with fewer patients per full-time equivalent practice-employed nurse, there was significantly better performance in a number of clinical conditions such as chronic obstructive pulmonary disease and diabetes.

They concluded that GP practices that employ more practice nurses perform better in a number of clinical domains within the QOF which suggests that real patient benefit can be gained by using nurses to deliver care. The study also found that GP practices that invest strongly in the continued education and training of practice nurses also tend to provide better care when mapped against the QOF.

Keleher et al. (2009) reported that nurses in primary care settings, inclusive of general practices, can provide effective care and achieve positive health outcomes for patients similar to that provided by doctors. Keleher et al., (2009) found that primary care nurses promote wellbeing and are effective in managing chronic disease. The role of the general practice nurse in care planning and case management can be effective, particularly when dealing with the elderly or clients with chronic conditions (Evans, Drennan, & Roberts, 2005).

Despite the small, but growing evidence, of the positive impact of practice nurses on patient outcomes, together with the agenda to provide more care in primary care and GP practices, a study undertaken by the NHS Information Centre (2009) suggested that there was a 3.6% fall in the number of practice nurses in England, and that this percentage was increasing.

However, in Australia the number of nurses working in general practice trebled between 2003 and 2009 (Australian Divisions of General Practice 2009). It could be concluded firstly, that more practice nurses are needed to be trained to provide high quality care in GP surgeries, and secondly, that student nurses need to experience placements in GP surgeries as a way of recruiting potential practice nurses.

A small number of studies were found in the literature search that addressed student nurse placements in GP surgeries. In Australia, Peters et al (2013) argued that the need to find

practice placements in GP surgeries arises primarily from the shortage of clinical placement areas for an increasing student nurse population. Their study however, specifically focussed on the relationship between the practice nurses hosting clinical placements and the universities from which the undergraduates are drawn. Their findings of a study of practice nurses who have provided placements for nursing students showed firstly, that both students and the practice nurses feel that students on placements in the general practice setting are underprepared with little understanding of the role of general practice, or the responsibilities of the general practice nurse. Secondly, Peters et al (2013) found that in order to maximise the quality of the placement, support for students during the placement experience by the university is essential. Thirdly, the study found that there needs to be communication between the GP practice and the university. . Peters et al (2013) also highlight that in traditional acute care placements, there is a clearly defined link lecturer role which is absent with student placements in GP surgeries, an issue which was addressed when planning the practice nurse placements in the study presented in this article. What is missing from the study by Peters, et al, however, is the student perspective of placements with practice nurses. Additionally, there is limited information in this study about the context of the placements with practice nurses, such as how the placement fits into the curriculum, length of the placement or seniority of the students undertaking the placement. This makes comparison impossible between the Australian study and the one presented in this article.

Australia also faces an additional challenge of recruiting newly qualified nurses to provide nursing care in rural community settings. Edwards et al (2004) in a study of student placements in Australia, highlighted the importance of both rural and city-based clinical environments to students. They found that placements in rural settings developed

competence and confidence in students. Increased confidence and competence in nursing in rural communities led to students selecting to work in these areas.

The United Kingdom (UK) is experiencing similar placement challenges to address the need for more nurses to be recruited into GP practices as the move to providing healthcare in the community increases (Andre and Barnes 2010). Barnett et al (2011) also argued that the availability of clinical placements is often constrained by a combination of organisational, regulatory and educational factors as well as the capacity to provide appropriate supervision and mentorship of student nurses (Bourgeois et al 2011). For these reasons, universities are seeking to provide new ways of providing appropriate practice placement experiences for student nurses. Halcomb et al (2012) suggest that GP practices are fertile learning opportunities for student nurses. In Australia, Peters et al (2013) found that despite this assertion, little attention has been paid to exploring the issues surrounding the use of GP practices for undergraduate student nurse placements. There were no studies found that evaluated the students' experiences of placements in GP practices.

In the United Kingdom (UK), The Nursing and Midwifery Council (NMC) requires student nurses to gain experience in primary healthcare and community settings as part of the 2300 hours of practice learning (NMC 2010). Similar statutory requirements exist for nursing education in other countries, e.g. Nursing Council of NZ (2010). However, this experience traditionally involves learning through working alongside district (community) nurses and health visitors, rather than working with practice nurses. In addition, there is a growing challenge to find sufficient community-based placement experiences for increasing student numbers, a challenge that is facing schools of nursing globally, including New Zealand (e.g., Betony and Yarwood, 2013) and the USA (Dietrich-Leurer et al, 2011).

Background to the GP placement project for student nurses

The GP placement project for student nurses was undertaken over a period of 1 year from October 2012 until October 2013. Six GP surgeries in South London were selected by the London GP Deanery as placement experiences for student nurses. A seventh surgery was recruited to the project in the summer of 2013. The criteria for selection were:

- Recognised experience in inter-professional learning
- Audited as provided a suitable learning environment
- Appropriate accredited nurse supervision (mentorship) qualification within the existing practice nursing team

Each participating GP practice was offered a one-off placement funding upon acceptance to participate in the pilot project for student nurses and after signing a “Memorandum of Understanding.” A “Memorandum of Understanding” is an agreement between two or more people or organisations that expresses that both parties wish to engage in a common set of actions. It is not a legal commitment, but merely a written agreement to cooperate on a project. Table 3 outlines the expectations of the practices involved in the project that were included in the Memorandum. These expectations were drawn up by the steering group in consultation with the GP surgeries.

(Insert Table 3 near here)

Practice nurses from the participating GP practices were invited to a mentorship preparation day, some of whom had completed mentorship programmes recently, including attendance at

annual mentorship update sessions, and others who had undertaken former ENB 998 courses but had not acted as mentor for many years. The purpose of the preparation days were to explain the project, provide a mentorship update programme and introduce mentors to the learning outcomes for the practice placement and the practice-based assessment for their students. A senior lecturer at the university, with a particular remit for practice education, led the preparation sessions and acted as the key liaison between the university and the practice nurses. Throughout the year-long project additional mentorship workshops were held to enable practice nurse mentors to share experiences.

One student nurse was allocated to each surgery for a 6-8 week placement period with a named practice nurse in that surgery acting as mentor. Taking advice from the Australian study (Peters et al 2013) the university provided a preparation programme for the students so that they began to have an understanding of practice nursing and the role of GP practices. A link lecturer was also appointed to establish and implement a schedule of support visits to the students and their practice nurses and to ensure good communication between the university and the GP practices. A total of 17 students undertook a placement with a GP-based practice nurse in the pilot project.

The evaluation study

The research was led by two healthcare educational researchers, one of whom was a member of the Steering Group and neither of whom had any input into the education of the pre-registration of the student nurses.

Research questions

The study was designed to answer the following research questions:

- What were the student's experiences of undertaking a placement in a GP surgery?
- To what extent were the learning aims and outcomes of the placement been met?
- What was the impact of the experience on their nursing knowledge and skills?
- What value did students place on this GP placement experience?
- What issues need to be addressed to ensure sustainability of the project?

Research design and data

A survey evaluative research design was employed. An evaluation research framework from Marks-Maran (2015) was chosen as the research design for this study. The evaluation framework uses an educational action research design using four aspects of any innovation in nursing education: student engagement; value; impact and sustainability. The evaluation model is shown in Figure 1.

(Insert Figure 1 near here)

As this study was a small pilot, it is represented by stages 3 and 4 in Figure 1.

A total of 17 student nurses undertook a practice placement in a GP practice during the year of the pilot programme. Each placement was 4-6 weeks. All students were invited to complete an online survey containing Likert-style and open questions. The Likert-style questions invited respondents to agree, somewhat agree, somewhat disagree or agree with a range of statements about their engagement with and perceptions of the placement, the impact and value of the placement. Examples of some of the Likert-style questions can be found in Table 4.

(Insert Table 4 near here)

Ethical approval

Ethical approval for the study was obtained from the Faculty Research Ethics Committee in the Faculty of Health, Social Care and Education at Kingston University and St George's University of London. The evaluative study satisfied their requirements related to consent, anonymity, confidentiality and safety of data storage and use. Students were sent an information sheet about the study including the online link to the survey questionnaire and were assured that they were under no obligation to complete the questionnaire and their success on their programme would not be influenced by their participation or non-participation in the survey. Consent was tacit in that completion of the questionnaire constituted consent. This was explained to student in the information sheet. Data were stored on a password protected computer and only the two researchers had access to the data.

Findings

A total of 9 students of the population of 17 completed the online questionnaire (Response rate = 52.9%). Because of the small sample/population size in this pilot study, findings are presented only as frequency rather than percentages. Additionally, psychometric analysis was not undertaken due to the small sample size.

Demographics

The age range of the respondents was between 19 and 37 and the mean age was 24.38. This is slightly younger than the average age of the entire cohort of students. Eight of the students were female and 1 was male, which is representative of the gender mix across the entire cohort. There was no significant differences between age or gender and the findings in the study.

Engagement: The student experience

Eight out of the 9 students agrees/somewhat agreed that they enjoyed the practice learning experience and that they understood to expected learning outcomes for the experience prior to starting. All 9 agreed/somewhat agreed that the practice learning experience enabled them to achieve the expected learning outcomes and that they were adequately prepared for the experience. The two strongest responses were that they enjoyed the experience and the experience enabled them to achieve their expected outcomes.

“It showed me what practice nursing was like which was very interesting.”

“I got so much out of the experience – more than I had anticipated. All my learning objectives were achieved.”

Engagement by students with mentors

Eight out of the 9 respondents agreed that the mentor made them feel welcome to the practice, that they were satisfied with the quality of mentorship they received, that their mentor understood their learning needs and that they trusted the mentor’s ability to assess their clinical practice fairly and accurately. Additionally, 8 out of 9 students agreed/somewhat agreed that they felt supported by their mentor and that the mentor was crucial to their learning during the placement. The two strongest responses were that the mentor made them feel welcome and that they were satisfied with the quality of mentorship they received.

Few students added comments through the open-ended question about their mentor.

However, all were positive, and some demonstrated the value of the practice nurse as a positive role model e.g.:

“While the placement itself didn’t lend itself to giving me plenty of opportunity to get stuck in...my mentor did her best to maximise my time there.”

“She was really supportive and proactive (and) taught me a lot and organised a lot of different outreach for me.”

“She is an amazing nurse and I aspire to be like her one day in the future.”

Impact on clinical practice

All students agreed/somewhat agreed that the GP practice placement experience gave them a different understanding of patient care, enhanced their nursing knowledge and particularly improved their health promotion knowledge. Eight out of the 9 students agreed or somewhat agreed that the experience improved their health promotion skills.

Students were asked to indicate the extent to which they agreed with a number of statements about the impact of the GP placement experience on a range of areas of knowledge and skill. These can be found in Table 4.

(Insert Table 4 near here)

Table 4 shows that in terms of impact of areas of knowledge and nursing skill, the experience in the GP practice increased knowledge and skill for the majority of students in all areas but to a lesser extent in term of increase knowledge and skill in cardiovascular disease and stroke. The two strongest areas of impact were enhanced knowledge overall and improved knowledge of health promotion.

Again, few students added any additional comments for the open-ended question about the impact of the GP placement. However, all comments made were positive about impact, and reflected new understandings of the practice nurse role and the role of specialist nurses in GP surgeries.

“The nurses I worked with during this placement have in many ways enhanced my nursing knowledge and skills.”

“They have given me an interesting insight into what practice nurses actually do since I had a preconception of what they are capable of doing. For example, I didn’t realise (there) can be specialist nurses or medicines prescribers at GP surgeries. Also, they were autonomous with their patients whereas in hospitals nurses, from what I observed, were doing what they were told by doctors, whereas in this placement the nurses worked alongside doctors.”

Value of the placement in the GP Practice

Students were asked the extent to which they agreed with a number of statements about the value of the GP placement. Eight students agreed or somewhat agreed that the placement helped to develop their professional standards, enhanced their team working with other healthcare professionals, improved their confidence in communicating with patients, improved their confidence in communicating with staff and improved their competence in communicating with both staff and patients.

All 9 students agreed or somewhat agreed that the experience of the GP placement was an important part of their development as a nurse, helped them to understand the needs of patients in the community, helped promote evidence-based practice, helped them deal with

problems related to patient care and helped them to appreciate the concept of the “expert patient.” In addition, 6 out of 9 students agreed that the experience enhanced their confidence in making decisions about managing patient care, e.g.,

“I learned a lot about how to make decisions about patient care.”

“My mentor taught me about evidence-based care and it really meant something.”

“Patients know more about their illness than we do.”

In summary, in terms of value to the student of the placement experience, the two strongest areas were about how the experience helped them to understand the needs of patients in the community and helped them to promote evidence-based practice.

How this placement experience compared to other practice learning experiences

Students were asked to compare this placement in the GP practice with other placement experiences in terms of a number of issues. Responses can be found in Table 5

(Insert Table 5 near here)

The majority of responses indicate that students found this placement experience better or as good as previous placement experiences in terms of new clinical skills and new knowledge learned. All but one student felt that mentor support was better in the GP placement than in previous placements. Opportunities for professional development and development of communication skills appear similar between this placement and previous placements.

The overall value of the placement can also be seen through student responses to the extent to which students agreed with the statement, “I would like to have additional practice learning placements in a GP surgery; 6 students agreed that they would, 1 somewhat agreed and 2 somewhat disagreed. Students were also asked the extent to which they agreed that they would recommend the GP placement to other students. Eight of the 9 students agreed or somewhat agreed that they would recommend this placement to other students and all agreed/somewhat agreed that this experience is useful for student nurses. Finally, all 9 students agreed or somewhat agreed that they would consider becoming a practice nurse when they qualify.

Discussion

Student engagement

Overall, the experience of these student nurses in their GP practice placements was positive. In this discussion attempts are made to compare these findings with previous findings of student nurse experiences in placements with practice nurses. However, due to the relative absence of such studies in the literature, it is difficult to make many comparisons. Peters et al (2013) in their study of the experiences of student nurse placements with practice nurses found that support from the university is necessary to maximise the quality of the placement. However, the student nurses in the study presented here did not indicate that they were unsupported by the university, nor did they perceive that communication between the practice nurses and the university was a problem, as was the case with the findings of Peters et al (2013). This may be due to the preparation programme offered to students prior to their placements, the pre-placement work undertaken with the participating practice nurses and to the active involvement with the practice nurses and students by the link lecturer.

Value and impact of the placement

Several of the findings in this study were particularly strong. Firstly, the quality of the mentorship was judged by the majority of the students as being very good. All but one student felt the mentor made them feel welcome, understood their learning needs and made a positive impact on their practice learning. In addition, the majority of students felt that the mentorship they received in the GP practice was better than previous mentorship experiences. This contradicts a previous study by Bourgeois et al (2011) who found that student placements with practice nurses are often constrained by the inability to find adequate supervision and mentorship. It may be that the mentorship workshops that were provided to the practice nurses prior to and during the student placements had a positive impact on the mentoring skills of these practice nurses.

Secondly, the placements with practice nurses appear to have had a positive impact on the students' learning, supporting a previous study by Halcomb et al (2012) who suggested that GP practices are a fertile learning opportunity for student nurses knowledge and nursing skills. In the study presented here, the placements with practice nurses had a positive impact on students' knowledge and nursing skills especially with regard to health promotion, infection control, immunisation, wound management, patients with long-term conditions and patients with asthma and pulmonary disease. The placements appeared to have less of an impact on students' knowledge and skills related to cardiovascular disease and stroke. This may be due to the fact that they had prior experience caring for patients with these illness in previous hospital-based placements.

The students also identified the value of the placement with practice nurses especially in terms of development of professional standards, team working skills, confidence and competence in communication, and enhancing their evidence-based practice. Students also

indicated that they would value additional placements with practice nurses. Finally, one of the students in this study was offered employment as a practice nurse in the GP surgery where she undertook her placement experience and, upon graduation and registration, took up this job offer, suggesting that providing placements with practice nurses may play a part in recruitment into practice nursing. It is planned to monitor the number of new nurse graduates who choose practice nursing as a career option as a result of placements with practice nurses during their programme.

Sustainability: Ongoing funding

When the pilot project came to an end, 2 of the GP practices said they did not wish to continue receiving student nurses for placement, despite the findings that learning was good in these GP practice, they were well-evaluated by students and were a potential source for employment. This decision appeared to be based on the question of continued funding for student nurse placements. The other GP practices chose to continue to receive students at no cost. However, the success of the pilot project has influenced policy in the new strategic body, Health Education England (which replaced the Strategic Health Authority for London in April 2013). In 2013, for the first time GP practices now receive a placement tariff for student nurse placements based on the number of students they take. As a result, there is increased interest from a range of GP practices and independent health-care provider organisations to provide placements for student nurses. The GP practices that were involved in the pilot now also receive this placement tariff as well. The two practices that chose to opt-out when the funding ended at the end of the pilot, are now continuing to take student nurses on placements with their practice nurses.

In summary, student learning from this placement includes the development of new skills especially related to patients with long-term conditions who are at home, rather than in hospital. Health promotion skills in particular were identified by students as a particular area of learning. The experience also appears to have enhanced their team-working skills, confidence and skills in communication with patients. The only negative response identified from the data was that the placement should have been longer.

The placements with practice nurses will continue with more students having the opportunity to learn from practice nurses. A larger evaluation study is planned after a significant number of students has had the placement opportunity.

Limitations

There are limitations to this study. Firstly, it was a small pilot study carried out with a small number of students in one cohort at one university and therefore, the results cannot be generalised. As placements with practice nurses in GP practices become more common, additional studies need to be carried out into students' engagement with the placement and its impact and value to them. In addition, studies of mentors' experiences with students in GP practices would also be useful. As part of the study presented here, a mentor study was also attempted. However, the response rate was too low for any reliable or valid analysis to be undertaken.

Secondly, it could be argued that the student response rate (52.9%) was low. However Nulty (2008) found that online surveys are much less likely to achieve as high a response rate as paper-based surveys. In a review of 9 surveys undertaken using online questionnaires, the average response rate was 33%. Finally, the study would have been enhanced through the use of interviews with students to collect more in-depth qualitative data. Although discussed

with the steering group, due to a number of time constraints it was decided not to undertake these. It is anticipated that when a larger study is undertaken into placement experiences with practice nurses, this study will include interviews with a random selection of students.

Conclusion

With the move of care from hospital into the community and the increasing shortage of quality community practice placement areas for an increasing student nurse population, GP surgeries are becoming an increasing potential for high quality practice experience for undergraduate nurses. There are financial, organisational and educational issues to overcome but it is clear from previous literature and from the study presented here that placement experiences with practice nurses in GP practices can offer a high quality learning opportunity for student nurses in a multi-professional environment that can offer high impact on nursing knowledge and skills and prepare students for a possible career in GP practice nursing.

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Tables

Table 1: Summary of roles of health professionals in GP surgeries

Role	Summary of role
General practitioner (GP)	In the UK, GPs work in primary care and are part of a clinical commissioning group (CCG). The CCG is responsible for purchasing healthcare from acute hospitals and community/mental health trusts, and from the independent and voluntary sector. GPs are also the first point of contact for most patients and the majority of their work is carried out during consultations in the surgery and during home visits. Most GPs are independent contractors to the NHS. This means that in most cases, they are responsible for providing adequate premises from which to practise and for employing their own staff.
Practice nurse	Depending on the size of the GP practice there will be one or more practice nurses who undertake a wide range of roles including obtaining blood samples, performing ECGs, managing minor and complex wounds including leg ulcers, carrying out immunisations, running family planning, men's health and women's health screening clinics (including taking cervical smears), and running a range of health promotion clinics including sexual health and smoking cessation. Some practice nurses can prescribe medication. If there are healthcare assistants in the practice, practice nurses will supervise them
Specialist nurse	These are nurses with specialist qualification in a particular disease related areas (e.g., cancer, cardiovascular disease) who treat patients in GP-based specialist clinics
Health care assistant	Healthcare assistants support practice nurses with their daily work and carry out a range of tasks, depending upon their training. They may act as a chaperone when a patient or doctor requests it
District nurse	District nurses are not always employed in GP surgeries. However, where they are based in the GP surgery, district nurses provide direct patient care in patients' homes and in residential homes. District nurses also have a teaching and support role, working with patients to enable them to care for themselves, or with family members teaching them how to give care to their relatives.
Dietician	Some larger GP surgeries may employ a dietician. Dieticians undertake the practical application of nutrition to promote the well-being of individuals and communities to prevent nutrition-related problems. They are also involved in the diagnosis and dietary treatment of disease. Responsibilities include working with people with special dietary needs (e.g., people with diabetes), informing the public about nutrition, offering advice, evaluating and improving treatments and educating patients/clients, other healthcare professionals and community groups
Pharmacist	Although some GPs work closely with pharmacists, a new initiative in the UK commencing in 2015/6 new proposal from in the UK from the Royal Pharmaceutical Society and the Royal College of General Practitioners will see pharmacists in the future working as part of the general practice team, much in the same way as practice nurses. They would work closely with GPs and other colleagues to resolve day to day medicine issues, particularly for patients with long term conditions and who are taking a number of different medications. They would also liaise with hospitals, community pharmacists and care homes to ensure seamless care for patients.
Phlebotomist	These are healthcare professionals who take blood samples from patients in the GP surgery
Practice Manager	The role and responsibilities of a practice manager are varied and are different from practice to practice. Generally, practice managers are involved in managing all of the business aspects of the practice such as making sure that the right systems are in place to provide a high quality of patient care, human resources, finance, patient safety, premises and equipment and information technology.

Table 2: Collaborative partners in the steering group

- London GP Deanery – responsible for GP training and for ensuring the educational quality of GP surgeries that are used for training/medical student placement
- Nursing directorate, Strategic Health Authority for London (until April 2013) – Provided the funding for the two pilot projects
- Nursing representatives from the London-wide local medical committees (LMCs) – LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities.
- Representatives from higher education
- The lead evaluation researcher

Table 3: Expectations of GP Practices

- Providing opportunities for sitting in and observing consultations with patients: observing consultations or being observed carrying out consultations
- Providing opportunities to experience aspects of practice administration: a minimum of 5 hours observing the running of the practice, administrative procedures, taking part in meetings, understanding computer systems, appreciation of staff roles
- Provide opportunities for project work on aspects of general practice, e.g., the Quality and Outcomes Framework
- Provide protected supervision with a senior practice nurse with a mentorship qualification or ENB 998 qualification, or equivalent, who is responsible for the practice nurse trainee
- Provide protected time/remuneration for the supervising practice nurse (mentor) and support for mentorship updating (where appropriate)

Table 4: Examples of Likert-style questions

	Disagree	Somewhat disagree	Somewhat agree	Agree
I enjoyed the GP practice learning experience				
I understood the expected learning outcomes for the GP practice learning experience prior to starting				
The GP practice learning experience enabled me to achieve the expected learning outcomes				
I felt adequately prepared for the GP practice learning experience				

	Disagree	Somewhat disagree	Somewhat agree	Agree
I am satisfied with the quality of the mentorship I received during the practice learning experience				
My mentor understood my learning needs for the GP practice learning experience				
The mentor was crucial to my learning during the practice learning experience				

Table 5: Impact of the GP Placement on nursing knowledge and skills

	Agreed (frequency)	somewhat agreed (frequency)	Somewhat disagreed*(frequency)
Improved knowledge of infection control	4	4	1
Improved infection control skills	4	4	1
Improved family planning knowledge	5	3	1
Improved family planning skills	5	1	3
Improved immunisation knowledge	6	2	1
Improved immunisation skills	5	2	2
Improved wound management knowledge	6	3	0
Improved wound management skills	6	2	1
Improved knowledge about patients with long-term conditions	5	4	0
Improved skill related to patients with long-term conditions	5	3	1
Improved knowledge of asthma and pulmonary disease	6	2	1
Improved skills in caring for people with asthma and pulmonary disease	5	3	1
Improved knowledge of cardiovascular disease and stroke	3	3	3
Improved skills in caring for people with cardiovascular disease and stroke	1	4	4

*No student indicated that they disagreed

Table 6: How this experience compared to other placement experiences

	This was better	About the same as others	Not as good as others*
Opportunity to develop new clinical skills	5	2	1
Opportunity to learn new knowledge	4	4	0
Mentor support	7	0	1
Opportunity for professional development	2	6	0
Opportunity to develop communication skills	3	5	0

***One student did not respond to any of these questions**

Figure 1: Framework for educational action research