

CASE STUDY: DEVELOPING A SPECIALIST RESPIRATORY PLACEMENT FOR STUDENT NURSES

East Lancashire NHS Trust's Integrated Respiratory Service (IRS) has developed a specialist ten to twelve week placement for student nurses, which allows students to gain clinical experience in a specialist nursing role, rather than within a traditional ward or outpatient setting. Trainees gain an understanding of the specialist respiratory nursing role as well how that role works alongside other members of the multi-disciplinary team. Whilst on placement students learn how to seek advice, refer patients and gain experience that could lead them to undertake postgraduate studies in respiratory care in the future.

In order to get to the point of accepting students on such a placement IRS had to formulate an action plan, undergo an audit, train all staff to be mentors or associate mentors, and source other placements which would complement this one as part of a hub and spoke model. In September 2013 the team took on its first student nurse from the University of Central Lancashire, who has just completed a ten week placement, with excellent feedback, and subsequently another student has been placed. This case study will look at the benefits to the student, team and service users of offering such a placement.

Key Outcomes

Students who undertake a placement are required to provide feedback and the university also monitors placements via audits. Initial findings indicate that students have found the placement beneficial. Both students placed so far have given excellent feedback, including that they:

- felt welcomed and supported, and enjoyed undertaking teaching sessions with individual members of the team within protected, planned time
- thought the education board and supporting learning tools provided, such as the respiratory workbook and quizzes, were helpful.
- gained confidence in speaking to the public about some of their new found respiratory knowledge
- welcomed the chance to actively engage with patients and appreciated receiving feedback on their performance and the opportunity to reflect on this.

"I felt very supported and welcomed by the team. I think (the placement) helped me to get the job! Thanks for all the help".
Quote from a student who had an interview during her placement



Benefits to team

- Each member of the team from respiratory nurses and physiotherapists, through to administrative staff, volunteer to teach individual students, using whatever teaching style they feel appropriate. Anecdotally staff have reported enjoying mentoring students and the chance to consolidate their own knowledge.
“It is a great opportunity to share your knowledge and experience. Each student brings something different to the team and it gives us satisfaction hearing what an enjoyable placement this is”:Respiratory nurse
- Involvement of the team’s administrative staff, who show students databases, appointments and customer service skills, is something the service has not done before. This makes it truly a team effort and has been positive for the team, as people are now generating their own ideas of how to train future students.
- Longer placements allow nurses more time to complete university paperwork and to develop a rapport with students, whilst giving students a greater chance for reflection on their learning experiences.

Benefits to patients

- To monitor patient experience the team collects patient satisfaction data on a daily basis. Whilst students have been on placement with the service its patient satisfaction scores have remained very high, averaging out at 98% during the first placement.
- Students, as future clinicians, are able to direct patients to the IRS and assist them with respiratory education on lifestyle, exercise, smoking cessation, oxygen usage and respiratory medication. This helps to improve long-term health outcomes for patients.

Background

The Integrated Respiratory Service amalgamated in 2012 and became part of the community division in East Lancashire NHS Trust, a large acute trust which serves the population of East Lancashire and Blackburn with Darwen. The IRS is based at St Peter’s Centre in Burnley, but also covers acute respiratory work at Royal Blackburn Hospital in Blackburn. This merger created a bigger team which could offer an educational experience to students looking for a healthcare placement.

Previously the team, as respiratory nurses working in acute care, offered short elective placements or took students on for the day; however it was felt that to give a sound understanding of respiratory care this larger team should accommodate 10-12 week placements. At this time few speciality services were offering student nurses full placement opportunities within the Trust, however it was believed that the new IRS team, who have a wealth of experience as leaders and autonomous practitioners,

could pass on a lot of clinical management experience to future generations. Such a placement is a real opportunity for student nurses to experience the specialist nurse role, whereas traditionally most clinical experience is gained in a ward or outpatient setting.

The team consists of:

- 10 respiratory nurses
- 1 clinical lead.
- 1 lead respiratory nurse and trainee advanced practitioner.
- 3 physiotherapists.
- 1 healthy lifestyle coach.
- 3 administrative assistants

Key Aims

- Provide a professional placement, where positive role models act as advocates for evidence-based care
- Relieve pressure on hospital ward placements
- Help train fully qualified staff who have greater awareness of respiratory disease and the IRS
- Use different methods of teaching and assessment to maximise learning potential.
- Respond to all student feedback with positivity



Key Stages of Setup

October
2012

- IRS was identified as a potential new student placement in October 2012. The lead respiratory nurse, with support from the service lead and practice education facilitator met to discuss an intended approach, then undertook planning how many mentors would be needed and how many students could be accommodated.

- The PEF team organised some bespoke updates for IRS across both sites and team meetings were used to cascade updates on progress. An action plan was created and literature searched to find out how other specialist areas had achieved this status.

- Students' learning objectives were mapped to the competencies expected, from a novice right through to an experienced student. To mitigate risk the Trust policies and procedures were made accessible to students, and a risk assessment was added to the service's risk register to reflect having students working in the area.

- Information about the team was collated and updated, including; an induction booklet, a 'hub and spoke' model which outlines all the areas of the service which can facilitate a learning experience, and the service philosophy. These were then uploaded onto the university's website.

- The service was subject to an audit review by the PEF to ensure all its processes had been attended to, and following this the team's service lead sponsored a paper for the Trust's Community Divisional Board meeting. The lead respiratory nurse presented this paper.

- The first student was accepted on placement in September 2013, and completed her training ten weeks later. During this first placement the team was visited by the PEF, who spoke to the student, her mentor and the lead respiratory nurse individually to ensure that he kept in touch with everyone at all times.

September
2013

How it Works

Upon arrival to the department, or prior to a home visit, patients are asked if they are happy to have a student participate in their assessment, and students are always supervised by a member of the team. Patients appear to appreciate the need to train students and the team have not had any refusals for student participation.

Mentors

The team has a mixture of sign-off mentors, mentors and associate mentors, all of whom need to be involved and trained. Students are allocated a named mentor who is on duty on their first day to complete the induction pack. This has been designed to cover orientation, health and safety, mechanisms for raising concerns, shift patterns, supernumerary status, learning resources and placement opportunities. Students and mentors have protected time built into their week to; consolidate learning, discuss scenarios, hold teaching sessions and complete university assessment paperwork. Mentors all have a teaching qualification and are updated annually on student learning outcomes and any changes. Associate mentors do not complete paperwork with the student, but it is felt that they are invaluable in the service as a second main contact for the student in case the mentor is on leave.

Teaching methodology

Students have an opportunity to undertake training on the clinical management of severe asthma, interstitial lung disease and chronic obstructive pulmonary disease. They are taught respiratory assessment of new patients, which may include discussion of diagnosis and differential diagnosis, and are shown how to assess a patient for oxygen therapy, nebuliser therapy and severe asthma injection therapy. They are also taught about respiratory medications and delivery systems, pulmonary rehabilitation, and the assessment of patients still in hospital as part of the team's in-reach service. This can be done using placebos and visual aids so that feedback is simultaneous. Some of the interventions performed cannot be carried out by a student, but the team are able to explain the guidelines, the rationale and how the patient benefits from the therapy, test or treatment, and then discuss it afterwards.

Outside of the normal ward scenario students also benefit from a range of other teaching experiences, such as attending meetings and running stands. For example, one student was asked to take part in the 'Stoptober' smoking campaign and to help run a 'Breatheasy' stand in a health centre, talking to people about the service and offering lung function testing to the public. Photographs were taken and displayed in the community newsletter to promote the service. The student felt this gave her confidence to speak about some of the respiratory knowledge she had to the public, whilst being supported by a member of the team. This helped her to link theory to practice.

As autonomous practitioners the IRS team use respiratory guidance including; the National Institute Health and Care Excellence (NICE), British Thoracic Society (BTS) and Global Initiative for Chronic Obstructive Lung Disease (GOLD). The team also provides evidence-based assessments to all patients and are able to instil this good practice into students who spend time in the service.

Administrative support

A student notice board has been set up in the nurses' office to reflect the student's name, mentor, stage of training, start and finish dates. There is also an education board with teaching details, useful websites and internal Trust training opportunities. In addition there are documents on display such as; 'Guidance on professional conduct' from the Nursing and Midwifery Council (NMC), 'Guidance for mentors of nursing students and midwives' and 'Helping students get the best from their practice placements' from the Royal College of Nursing (RCN).

Student feedback

Feedback forms are given to students during and after placement. This information is shared by the PEF with the team. One student said *'I enjoyed the placement but felt that I would have liked more time to study at the computer.'* The team want students to know that all feedback is taken seriously and acted upon where it is realistic to do so. Therefore the team implemented a 'you said we did' area on the student information board, which will tell future students that this was a suggestion and going forward the team will ensure that all mentors organise two hours a week where computer study is facilitated.

Resources

Time was the biggest resource needed to pull information together in preparation for this placement, with the whole process taking eleven months.

Training occurs within the department and students are invited to management meetings and educational events where members of the team are already speaking. This does not incur any extra cost as the events are already taking place. However there are some time and mileage costs involved for the PEF, lead respiratory nurse and service lead when they need to attend placement meetings, and access mentor updates. For example, there is approximately eighteen miles between the lead respiratory nurse's base and that of the PEF, so the PEF had to travel to the Trust four times to attend meetings. Any other queries were dealt with via phone or email to help keep such costs down.

Internal administrative support has a cost in terms of the time needed to keep the educational notice board and student notice board up-to-date, and to undertake photocopying, printing, signage and laminating services.

Key Challenges

- **Sustained drive** - maintaining enthusiasm whilst setting up the placement was difficult as it took eleven months. This was longer than expected as arranging meetings around people's limited availability slowed progress somewhat.
- **Communicating the vision** - it was important to ensure that all staff understood the vision, and felt included in new developments. Some people were a little apprehensive about taking part, but it was felt that everyone in the team, including administrative staff, had something valuable to pass onto learners. Regular team meetings and communication ensured that the whole team understood why it would be a service improvement to offer a longer learning experience, as well as how it could benefit them as individuals.
- **Demand for placements** - students still want to join the service in an ad-hoc manner. Therefore this has to be managed alongside the team's official student workforce so that they are not disadvantaged.
- **Time constraints** - obtaining information from other people in a timely manner was sometimes difficult, as was juggling all of the priorities and demands placed on the project manager's time.
- **Feedback** - constructive criticism is welcomed so that the team can understand any issues as they arise. For instance, one student said she felt that she would have liked more time to attend the library for research. This was discussed with the PEF to ensure that future students are not disadvantaged by this.

Key Learning

- Monitor the quality of the learning environment and mentorship
- Expect delays and setbacks, but know that these can be overcome.
- Keep people informed and involved so initial enthusiasm and momentum is not lost.
- Resistance to change can be difficult to manage, so positive achievements and benefits should be celebrated along the way with the people delivering the service.
- Accept that not all feedback will be positive, but that the team can learn and improve from those comments.
- Ensure the mentorship of students is evenly distributed amongst the team and annual leave/ study days are taken into account.

Sustainability

One-to-one meetings, where staff can discuss any mentoring issues they might have, as well as Trust backing for IRS to continue offering placements (subject to checks and audits) ensures sustainability.

Next Steps

- The team have risk-assessed the placement and spoken with the Trust's PEF about taking on other students; such as cadets, physiologists, associate practitioners and paramedics. At present the service places one student at a time, however with planning it could potentially have three students rotating around the service at any one time, all at different locations.
- The team will also look at training associate mentors to become mentors, following discussions at personal development reviews.
- It is not known if any other specialist services will be implanting a full placement opportunity, but the service has had interest from other areas who would like to link in with its 'hub and spoke' and be add-on placements for students.

Supporting Information

The following documents are available as appendices to this case study:

- **Appendix 1** – Student nurse placement information.
- **Appendix 2** – Placement experience planner (Hub and Spoke).
- **Appendix 3** – Student workbook.
- **Appendix 4** – Example of IRS competencies for student nurses.
- **Appendix 5** – Introducing the IRS booklet (available to students on the University website prior to placement).

References

Royal College of Nursing, (RCN). Helping students get the best from their practice placements. A Royal College of Nursing Toolkit (2006).

RCN Guidance for mentors of nursing students and midwives. An RCN toolkit (2009).

Nursing and Midwifery Council. (NMC). Guidance on professional conduct for nursing and midwifery students (2012).

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