

The Denis O’Leary Medical Educator Award

## **District Nurses as Medical Student Educators**

Barts and the London Medical School, Queen Mary University of London

### **Rationale**

Medical students spending time with District Nurses is a well established learning activity, but this is usually mediated via General Practitioners (GPs). Feedback from students on GP placement previously had identified a heterogeneous experience in terms of exposure to members of the wider team in community care. The Medical School aim was to establish a direct relationship with District Nurses as the primary educators. It was hypothesised that an intervention for all students would provide equity of experience that in turn would increase both the quality and relevance of the education opportunities provided. Such Interprofessional Education (IPE) has been defined by the Centre for Advancement of Interprofessional Education (CAIPE) as occurring when “two or more professions learn with, from and about each other to improve collaboration and quality of care” (1), with work-based placements being recognised as “fundamentally important” for medical undergraduates (2).

### **Development**

Initial meetings between medical school educators and the local district nursing team were facilitated by the local Community Practitioner Education Network (CEPN), supported by Health Education England (HEE). Mutually agreed learning outcomes for the placement were identified and a standard operating procedure was agreed. These early developmental stages identified potential barriers to interprofessional education such as interprofessional indemnity and students

lacking a full range of Entrustable Professional Activities, (EPAs) defined as “a key task of a discipline that an individual can be trusted to perform in a given health care context, once sufficient competence has been demonstrated” (3). These issues were resolved by liaising with respective indemnity organisations and HEE legal support.

The District Nurse team were able to accommodate medical students on one-to-one placements; they identified that this led to less barriers in terms of patients giving consent to enter their homes, and was a format the team used when nursing students were placed with them.

Information sheets were developed for both District Nurses and Medical Students about educational expectations of the placement and an induction session was produced to be viewed online by students prior to the days placement.

## **Implementation**

A mutually agreed Service Learning Agreement was created to support the standard operating procedure. Named key contacts were identified by both the medical school and District Nurse team to co-ordinate student placements and communications before, during and after placements between all parties.

Evaluation of the placement was by semi-structured questionnaire to both students and District Nurses, distributed by the District Nurse team; an online Likert-scale feedback form distributed by the medical school; and an end of year OSCE assessment that asked students to take a home and social history from a patient in the context of discharge planning.

## **Impact**

*Impact for the Medical School.*

Over the academic year 2018/19, a total of 240 students undertook a placement with the local District Nursing team. This had a significant positive impact in terms of clinical placement capacity; there is currently a significant strain on community placements due to increasing medical student numbers, decreasing numbers of GPs and increasing learners in the community from varying professions. This combination of factors has led to competition for the scarce resource of a clinical community placement.

### *Impact for Medical Students*

Analysis of the collected feedback identified a number of common themes, identified below with examples of quotes from the feedback collected:

#### **i) Students knowledge of the district nurses role was varied prior to placement.**

*“I had no idea what they did before this placement”*

*“They did exactly what I thought they did”*

#### **ii) The placements made students aware of the range of activities undertaken:**

*“They do their own consultations...reduce admissions”*

*“I didn’t expect them to do insulin injections”*

*“They gave medications”*

#### **iii) Student gained awareness about the complexities of care in the community**

*“What do you do when the patient doesn’t answer the door?”*

*“The patient didn’t speak English...the District Nurse still managed to communicate”*

*“District Nurses wear panic alarms...I wasn’t expecting that”*

*“I found it enlightening how patients can turn district nurses away”*

**iv) Students commented about their identity and role on the placement:**

*“I couldn’t do anything but watch”*

*“I had suggestions but didn’t feel it was my place to say”*

*“It was simple shadowing but I didn’t feel lost”*

*Impact for District Nurses*

Feedback from the District Nurses drew out the following themes:

**i) District Nurses recognised benefits for medical students being on placement with them:**

*“The student had the opportunity to see care being provided despite social issues”*

*“It was good for the students see what happens in the community”*

**ii) District Nurses recognised that educational exchange was occurring:**

Some District Nurses identified they were imparting knowledge:

*“I enjoyed answering questions from students”*

*“The student made me feel like an expert”*

Other District Nurses identified they were learning from the medical students:

*“It felt good to learn from the student today”*

**iii) District Nurses identified that learners from a different profession changed the dynamics:**

*“It was different to when you have a nursing student with you”*

*“the medical student asks you why you do it in the way you do..that’s not questioned when you’re the same profession”.*

## **Evaluation**

In collected online feedback using a Likert Scale, over 85% of the students either Agreed or Strongly Agreed with the statement “I enjoyed my placement with the District Nurses”.

Data was gathered in regards to the OSCE examination station. Overall, students performed well in the station with a mean score of 7.4/10. Other exam metrics of the OSCE station (such as standard deviation and number of fails) were comparable to other stations in the exam.

## **Lessons Learnt**

Firstly, it is recognised that poorly planned and delivered IPE can waste resources and create ill-will (4). A recognised strategy of effective IPE is to have shared aims (1); this was the reasoning behind both the joint planning activities and the information sheet to students prior to placement- aims were made explicit to support all parties to feel engaged in the educational process.

Secondly, some students felt they were “just shadowing” and District Nurses expressed frustration that students could not practically do more. By defining medical student EPAs, it would be theoretically possible to satisfy the challenging area of cross-organisational indemnity, giving the placement the potential to be truly collaborative in regards to patient contact.

Finally, District Nurses noted that learning was both reciprocal and differed in nature to a shared educational experience with someone of the same profession. Such quotes were flagged by the District Nurse team leader as an indication the placements had stimulated District Nurses' own reflective practice, a key element that the District Nurse team leaders wish to explore further.

## **Conclusion**

This innovative organisational format developed relationships and cross-sectional working in interprofessional education. The experience deepened students' understanding of the complexities of delivering care in the patients' homes and the nurses' expansive role. Direct placements with district nurses empowered nurses as teachers and encouraged their own reflective practice. It has since been presented at national level at Health Education England as an example of an effective CEPN-led collaboration.

These placements have now been embedded into the core medical undergraduate curriculum and have been expanded in terms of both student time on placements and District Nurse localities involved in taking students. A toolkit has been developed by the current stakeholders to support both the extension and the sustained change of curriculum.

In terms of developing the District Nurses as educators, they have since been trained and acted as medical student OSCE examiners, and research is being undertaken to gain further understanding as to how these interdisciplinary placements develop their own reflective practice.

Finally, recalling that a key aim of IPE is to "improve collaboration and quality of care" (1), it is also vital that as the placements expand, that the patient voice is heard explicitly in terms of these innovative collaborative placements.

## **References**

1. CAIPE (1997) Interprofessional Education – A Definition. CAIPE Bulletin No.13
2. Morris, C., Blane, D. (2011). Work-based Learning in T Swanwick (Ed.) *Understanding Medical Education: Evidence, Theory and Practice* (pp 81-96). London. Wiley Blackwell.
3. Freeth, D (2011). Interprofessional Education in T Swanwick (Ed.) *Understanding Medical Education: Evidence, Theory and Practice* (pp 81-96). London. Wiley Blackwell.
4. Ten Cate O (2005). Entrustability of professional activities and competency-based training. *Medical Education*. Dec:39(12): 1176-7.