

Preparing students for aged care

First-year nursing students have a lot of anxiety about their first clinical placement in aged care. How can they best be prepared for it?

By Faye Davenport

What's the best way to most effectively prepare first-year nursing students for their initial clinical placement in aged care? This article explores this question and attempts to answer it.

At the Universal College of Learning (UCOL) in Palmerston North, students have been in the bachelor of nursing (BN) programme just three to four months when they embark on their first placement. They need to be prepared physically, emotionally and socially for the opportunities and challenges of both the aged-care facility and health care generally. They need resilience and they need to develop positive coping strategies.

Appreciating aged care

An important part of the preparation for students' first clinical placement is helping the students recognise and appreciate how much the aged-care environment has to offer them. The focus at UCOL is on a four-day preparation for the initial six-week clinical placement.

When the UCOL BN curriculum was written and introduced in 2009, the feedback from clinical agencies was that students would benefit from six-week placements. However, feedback from first-year nursing students over the years, to stakeholders, staff, Nursing Council members and the BN degree monitor was that six weeks for the first-year placement was rather long.

Feedback from an external review of the BN in 2014 recommended that reducing the current number of clinical hours within the programme be considered. The reduction could be in accordance with the minimum requirement of 1100 hours,



Practising clinical skills in the skills laboratory before their first clinical placement helps students build their confidence.

with the emphasis on quality rather than quantity.

The 2009 curriculum required students to complete a minimum of 1188 clinical hours, well in excess of the 1100 minimum required by the Nursing Council. UCOL's academic board accepted the suggested change and the required clinical hours were reduced from 1188 to 1116.

Based on feedback and careful consideration of a number of options, it was decided to reduce the first-year introductory clinical practice paper hours from 240 hours (six weeks) to 160 hours (over five weeks). The six-week placement is now made up of the following:

► Week 1 is devoted to preparatory work and is timetabled as a theory week. The four six-hour days of this week include familiarisation with the requirements of the clinical experience handbook and learning objectives. Relevant content such as critical incident analysis, reflective practice, healthy ageing, palliative care and the students' role in an emergency are included.

► The remaining 160 clinical hours are made up of eight hours a day at the aged-care facility from Monday to Thursday for five weeks. The Friday is used

for reflection and independent learning associated with the learning objectives set for the placement.

Before starting the placement, students have completed three papers – professional nursing, skills for nursing and a communication paper.

The four days of week one are scheduled as theory but they are specifically preparation for clinical. Sessions are managed through large and small group work. Work in small groups provides the students with peer support and a "safe space" to share feelings and discuss possible emotional challenges. Two lecturers manage the sessions, but the students lead the group work. The topics are based on lecturers' and previous students' experiences of the placement.

Students are asked at the start of the week what they are anxious or fearful about. The anxieties and fears they describe are supported in the literature. Students commonly describe anxiety related to self perception – low esteem, self worth and doubt. The students have high expectations of themselves and want to know what success means on a placement. They are concerned about their ability to form effective relation-

ships with residents, preceptors and staff.²

Students fear making mistakes and compromising the safety of residents.^{1,2,3} There are fears about their ability to perform, to live up to the expectations of others and the possibility of being unsuccessful in the placement.^{2,3}

Dealing with dying and death

Other fears include not knowing enough, inability to cope with a resident's rapidly deteriorating condition, or the inability to deal with dying and death.² Nursing students feel ill prepared for their first clinical placement.³ They need to be mentally prepared to face the challenges through using resilience programmes and positive coping strategies.¹ To be able to support students most effectively, lecturers need to understand the students' anxiety and to explore their coping styles.² Preceptors may lack familiarity with the students' scope of practice, their abilities and capabilities.⁴

The opportunities for nursing students in aged care include gaining an appreciation of the complexities of care, and recognising the value of listening to the life stories of the residents. Interacting and familiarising themselves with, and appreciating the roles of members of the wider health-care team is valuable for students. Developing skills in health assessment, planning, implementing and evaluating care, practising the skills learned in the skills laboratory and observing and assisting the registered nurse (RN) are other opportunities.

The challenges can include lack of guidance and support from either the clinical lecturer or preceptors/facility staff and the possibility of reality shock associated with a first clinical placement. There may be inadequate constructive feedback from the preceptor/clinical lecturer, or an inhospitable clinical learning environment, with students feeling unwanted, unwelcomed or "in the way". In their feedback, students commonly report limited opportunities to work alongside the RN, as well as being given a workload as an employee, rather than a student nurse.

With these opportunities and challenges in mind, what topics might best assist with the preparation of the students?

During the four preparatory days, the students discuss a variety of topics based on what they may face on placement. These topics allow them to explore, think critically and reflect on their strengths and areas for further development. This, in turn, empowers the students as they navigate their new environment and problem solve when they find themselves in challenging situations. Part of this is learning about the Nursing Council's nursing competencies and domains of practice in preparation for formative and summative assessments. The students plan examples and narratives that fit with the competency requirements.

Learning to write effective learning objectives is part of the preparation. This allows students to demonstrate evidence of their learning, along with integration of theory and practice. Part of the challenge is for students to be able to

Students are introduced to manual handling and no-lifting techniques. A variety of these techniques are demonstrated and practised in the skills laboratory. This is important to keep the students and residents safe. It also allows students to explore and reflect on safe practice and what they might observe in the facilities. Again, students are provided with the appropriate tools to respond, if they are asked to participate in unsafe practice, or the facility's policies and procedures are not being adhered to.

Nursing students who have recently completed the placement come to class to share their experiences. This provides a further opportunity for discussion about what went well, what the challenges were, as well as positive coping strategies. This sharing of experiences is an important part of the preparation.



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clearly articulate the requirements and the related evidence to their preceptors and staff during the placement.

An important part of the preparation is the opportunity for the students to work on their clinical skills. This improves their confidence and competence. It also allows students to start placement with a clear idea of their scope of practice. Preceptors and staff are not always familiar with the students' scope of practice. It is important students can articulate the boundaries of their practice. It also provides them with effective tools to be assertive, if they are asked to complete a task outside their scope of practice.

Students' perspectives can have a much greater impact than lecturer-student discussions. It is also an important mechanism for ongoing peer support.

The students discuss some specific topics related to coping in the aged-care environment. The lecturers also share and lead discussion about situations that have occurred during previous placements. The overarching goal is that the students are as "work ready" at this level as possible.

Specific topics, eg aged and palliative care, are discussed in small groups. Attitudes to ageing, who are the aged, what is healthy ageing and how to remain

healthy as one ages are all explored and reflected on.

Part of the overall preparation is the assessment of a resident during the placement. The students discuss how they can use all their senses when assessing the resident. The students go on to consider how and what to assess, as they help the resident with hygiene, mobility and nutritional requirements.

They also consider what might constitute an emergency and what the roles/responsibilities of the student nurse might be in such a situation. This provides students with the opportunity to discuss and reflect on their scope of practice and the lines of communication.

Students are often anxious about caring for residents whose condition deteriorates rapidly/unexpectedly₂ and those who are actively dying. They may be concerned about how they will cope, emotionally. The chances are high that students will be involved with residents who are dying or who die while they are completing their first placement. This scenario is discussed in small groups so it is less daunting. It is important to remind students at the beginning of the session that they can leave the group if they feel triggered by a previous experience.

The groups consider how death in communities and in society is talked about, or not. They are given the opportunity to discuss their experiences of the death of a family member or friend and how those experiences were for them. The differences between palliative care and end-of-life-care are discussed.

Responses to dying

There is discussion about a resident's declining health state, how end-of-life may present and how nurses care for residents and their families. Students reflect on how they might respond when a resident asks, "Am I going to die?" The students also consider questions and reactions from family members. Students are given the opportunity to think about how they might manage their own emotional responses, those of family members and those of the wider health-care team.

First impressions of an environment are important. Orientation for the placement and meeting staff is critical. A positive welcome has an impact on

building confidence and self-esteem, and facilitates learning.₄ Nursing students need detailed information about the culture of the facility before their placement so they are better prepared for it.₁ Students become increasingly anxious before the start of the clinical placement.₂ Timeliness of the first meeting between students and staff and preceptors is important in building trusting relationships. Arranging to visit the facility before the placement starts goes some way toward raising awareness of the real work environment and in reducing students' anxiety.₂

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An important part of the four days of preparation is enabling students to make their initial contact with the facility in which they will be completing their placement. Each facility will have its own process for this. Some students can visit the facility, be orientated to the environment and meet the staff (particularly the manager and/or preceptors) before starting their placement. This is really useful in reducing students' anxiety. Other facilities will orientate the students on the first day of placement.

If possible, the students meet the UCOL clinical lecturer who will be supporting them before the placement begins. This is important, as some clinical lecturers do not teach in the classroom so don't know the students. The students and the lecturer begin to build their own therapeutic relationship and discuss expectations and responsibilities. The students may be anxious to know how often and when the clinical lecturer will visit, and how/when contact can be made.

The majority of the students will be completing their placement in groups. Although they will be working in the same facility, students often work in different wings and on different shifts. They often don't see each other during the shift except when meeting the clinical lecturer in a group tutorial. The tutorial is an excellent venue for the students to discuss what they have been involved in, learn from each other and provide ongoing peer support.

First-year nursing students have a number of fears and anxieties leading up to their first clinical placement in aged care. Some of these are related to performance, the meaning of success and the fear of failure. Other concerns are related to building relationships

with, and support from, peers, residents, lecturers and preceptors. There is anxiety about how they will control their emotions and their ability to "fit in" to the workplace environment.

The four-day preparation for the clinical placement is an effort to most effectively prepare nursing students for the opportunities and challenges they may face in the aged-care practice environment. The creation of a safe environment for student-led peer discussion and reflection is important.

The overarching goal is that students are effectively prepared and supported to gain the most out of their first clinical placement. A crucial part of this is the ability of the students to recognise and appreciate how much the aged-care environment has to offer them in this foundational phase in their nursing career. •

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References

- 1) Lopez, V., Chow, Y. L., & Shorey, S. (2018). Does building resilience in undergraduate nursing students happen through clinical placements? A qualitative study. *Nurse Education Today*, 67, 1-5. doi:10.1016/j.nedt.2018.04.020.
- 2) Sun, F-K., Long, A., Tseng, Y. S., Huan, H-M., You, J-H., & Chiang, C-Y. (2016). Undergraduate nursing students' lived experiences of anxiety during their first clinical placement: A phenomenological study. *Nurse Education Today*, 37, 21-26. doi:10.1016/j.nedt.2015.11.001.
- 3) Levett-Jones, T., Pitt, V., Courtney-Pratt, H., Harbrow, G., & Rossiter, R. (2015). What are the primary concerns of nursing students as they prepare for and contemplate their first clinical placement experience? *Nurse Education in Practice*, 15, 304-309. doi:10.1016/j.nepr.2015.03.012.
- 4) Frazer, K., Connolly, M., Naughton, C., & Kow, V. (2014). Identifying clinical learning needs using structured group feedback: First year evaluation of pre-registration nursing and midwifery degree programmes. *Nurse Education Today*, 34, 1104-1108. doi:10.1016/j.nedt.2014.02.003.