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# Primary care experience “The pro-active student”.

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&

Sarah Batt

# Aims of the presentation today

- To introduce and discuss primary care simulation at Huddersfield.
- To inform other educators/ practitioners of the move towards primary care and its development in pre-registration.
- Discuss the developments of problem based learning simulation sessions in the pre registration curriculum.

# Rationale

- When undertaking mentor updates in community practice, practitioners frequently state that there is a deficit in preparedness including skills knowledge in the students that they mentor, students also stated that they were not specifically prepared for community practice placements.

we were concerned that this deficit adds weight to the ongoing issues around fitness to practice at the point of registration.

- **Achieving fitness to practice by contributing to public and patient protection through nurse education is vital and supported in Standards for pre-registration nursing education (Tees and Jowett,2008 & NMC,2010).**

# Supporting evidence.

- When assessing the diversity of skill taught in the university pre-registration nursing programme, we identified that there was a pronounced bias in the programme in favour of secondary care and minimal reference to skill development for primary care.
- Although lecturers when questioned stated there was verbal reference to primary care settings, none of the student simulation experience was grounded in a primary care perspective contradicting the findings of influential documents such as the Crisp report (2005) and the Darzi review (2008) that identified a need to develop community practice. Again supported by the NMC (2010) standards for pre registration education.

# Aims of this approach

- To enable the student when placed in an unfamiliar community environment to use previously learned transferable skills (Mathews 2010).
- To promote the concept that skills transfer is not a one way process i.e. secondary to primary care or visa versa but one that allows learners to take skills and ideas and explore these with nurses from differing nursing backgrounds, the student moving from novice to competent practitioner through this cyclical approach(Benner 1984).

# The Framework

## Preparation of the Student

- Use of a problem based learning process.
- Students are given scenarios from community practice two weeks prior to the simulation event.
- Students are provided with trigger questions to help them research and identify possible implications to their practice (Quinn, 2000).

## Session content- tutor facilitates:

- Scenario one: Initial assessment of a patient with a traumatic wound.
- Scenario two: Assessment of the patient with an infected wound and implications for a multi professional team approach.

## Directed study:

- Scenario three: Wound maturation stage work book for students. WOUND PICTURE- a mnemonic to assist in the hand over of care (Vuolo, 2009).

# The three scenarios use blended learning

- **1. Acute trauma:** The student identifies the management and delivery of care in the acute situation in community settings. Led from the DR. ABCDE approach (Resuscitation Council (UK), 2010), from which students transfer skills learned from the secondary care module to ensure initial management of the patient.
- Student assesses the wound using identified tools.
- Makes appropriate dressing choice offering an evidence based rationale.
- Management of pain.
- Negotiation of a patient centric care plan. Including a holistic approach to care planning with appropriate evidence base.
- **2. Infected wound:** Evaluation and appropriate re-assessment following processes involved in scenario one. And...
- The student investigates the need for a multi professional team approach offering a rationale for their actions.  
Relevant communication strategies including negotiation and compromise to treatment with the patient. Evans Et al (2011)
- Identifies why record keeping is essential. (NMC 2009)

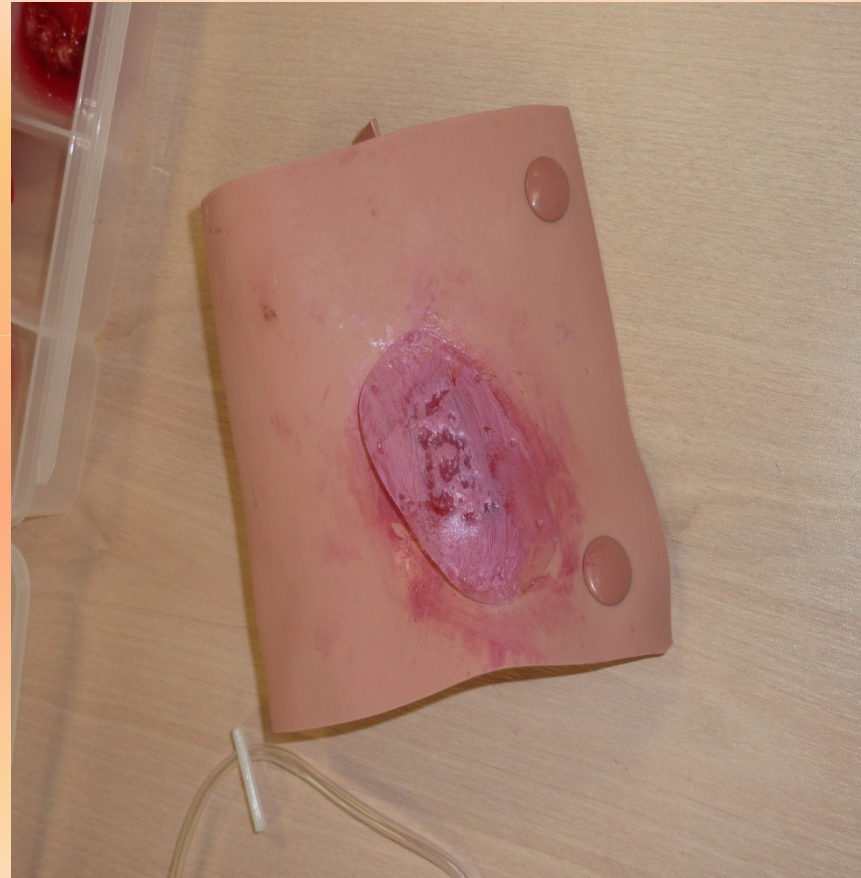


# Example of the simulation tools used



# Scenarios continued...

- **Scenario three:**  
Students are given a picture of the maturing wound as a trigger and the WOUND PICTURE mnemonic to use to prompt discharge planning (Vuolo, 2009).



# Why this way

- Links assessment methodology between primary and secondary care.
- Students are required to demonstrate knowledge of international, national and local guidelines as part of their evidence base.
- Allows the student to holistically manage the patient journey in the patients own environment Nicol(2011).
- Converts evidence based practice from a theory concept to a practical application(Williams et al,2008).
- 4D( introduction of smell) approach encourages students to use sensory receptors for assessing the patient condition.
- Ongoing development of students communication strategies. Including negotiation and compromise in care planning and patient empowerment (Reed 2011).
- Requires Multi-professional networking.
- Encourages awareness of provide achievable and cost effective care.
- Identify appropriate health promotion strategies (Reed 2011).

# Problems encountered.

- Reliance on Electronic systems for dissemination of work books.
- Adapting the sessions due to timing issues.
- Realisation that students need time to interpret tools and BNF usage.
- Scenario three the facilitator tends to give the summary of care as students are not experienced at this process.
- Students reliance on using trade rather than generic names (financial implications).
- The problem based learning approach takes longer to deliver e.g. we had to change session three to a self directed approach.

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