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Primary care experience "the Pro active Student"

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Currently the emphasis on primary care is that of pro-active management and patient participation (South 2005). In a rights based health system it is argued that the patient has the right to expect, high quality and accountable nursing care, delivered by health care professionals who have the skills and experience to underpin this philosophy as advocates of professional practice (Barnes 1997). With the widening participation of patient involvement as promoted by the DoH(2002), the prominence of a student who is equipped to function with transferable skills in practice is considered an essential component of Nurse education. The NMC competency framework (2010) articulates what needs to be achieved in nurse education, but it remains the role of the lecturer to identify how these may de delivered (Pijl-Zieber& Kalischuk 2011).

As students experience fewer mentored experiences in practice, it is the role of the lecturer to think imaginatively of how to deliver the student experience (Cohen & Gregory 2009). The educator's role is to orientate them in relation to community practice. The student needs to understand the concept of community care and how previously developed skills can be enhanced to ensure that they are meeting the needs of the NMC (2008), and their own learning competencies. This can be achieved by developing problem based simulated scenarios that echo students previous experience and allows the student to recognise skills which can be adapted from the acute environment for transfer into community settings (Erickson 2004).

The challenge is not to disconnect students from the secondary care process but to identify that primary care is an extension of the service we offer to patients, but is more holistic in its overview of the person and their unique circumstances (Cohen et al., 2007). Whilst it is not feasible to attempt to teach every conceivable skill, we focus on the communication and assessment strategies that allow the student to build on their past experiences using reflection, directed and independent learning.

To achieve this aim the second year curriculum has been coordinated to ensure that the theory modules have a common theme thus providing an overview of seamless care from acute delivery to long term condition management (Robertson 2004). These opportunities have been developed to ensure the student becomes an active participant in their own learning. This multi disciplinary approach enables problem solving skills and identifies the need to effectively net work with fellow professionals ensuring the appropriate assessment and package of care is delivered to the patient.

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