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9. STUDENT NURSE LED WARD IN AGED CARE

In this chapter we present an innovative clinical education model in nursing known as the Student Nurse Led Ward model of clinical education, which is in the style of dedicated education units (Edgecombe, Wotton, Gonda, & Mason, 1999) and based in the residential aged care setting. The Student Nurse Led Ward model provides for students from third, second and first year to work collaboratively in a service unit. Senior students mentor junior students, enabling skill development in peer learning and leadership. The students work closely with clinical staff members who provide mentoring and feedback. An on-site nurse educator develops staff capacity for supervision and supports student learning through reflection and discussion.

THE SETTING

This case study is set in three Canberra-based residential aged care centres that are formally partnered with the University of Canberra through memoranda of understanding. All three are not-for-profit private services. The aged care services include a mix of high and low residential beds, independent living units and community service packages. The Student Nurse Led Ward in Aged Care (SNLW) project was established in 2010 with financial support from an Australian Department of Health and Ageing (DoHA) grant.

The SNLW project was an innovative pilot developed collaboratively with the three service partners to increase the clinical training capacity of the University of Canberra. The primary purpose was to increase enrolled student numbers and therefore graduate registered nurses to address a rising workforce shortage generally, and in the aged care sector specifically. This project was developed and led by the first author.

The SNLW project involved the placement of heterogeneous groups of nursing students from third, second and first year in the aged care centre. With support from the DoHA grant, each aged care centre employed a full-time nurse educator (registered nurse background) who worked with the centre staff to develop a community that welcomed the students and could provide appropriate learning opportunities for each year level. In this model, students worked in small heterogeneous groups, led by the third year student and supported by the nurse educator, registered and enrolled nurses, trained personal care workers and assistants in nursing. The university provided training and a monthly peer support meeting for nurse educators. Through this model, students were supported to develop teamwork skills including delegation, problem-solving and clinical leadership.

THE FOCUS

There is an international nursing shortage, with Australia relying heavily on nurses who qualified overseas to meet its workforce requirements (Buchan, Naccarella, & Brooks, 2011). At a national level, as the baby boomer generation in Australia ages, the numbers of older persons requiring aged care services, including routine clinical nursing care, is expected to rise. These expected trends require a nursing workforce that understands the health challenges confronting older Australians, particularly the impact of chronic illness in aging, as well as the impact of the changing social structure of families in society.

Challenged by evidence that nursing students are increasingly less likely to work in aged care as they progress through their studies (Stevens, 2011), this project took as its primary focus the need to produce greater numbers of graduate nurses to address the nurse shortage. A secondary, but equally important, focus was to prepare graduate nurses to work appropriately with older people and provide opportunities for learning about chronic illness, palliative care and clinical leadership, as well as skill development in bodily care and communication.

THE STRATEGY

With the support of the grant, three full-time nurse educators were appointed in each aged care centre. These nurse educators all had experience in the aged care sector, which was perceived as important for credibility with students and staff. Although the students are on placement for an average of only 35 weeks of the year, the work of the nurse educator in preparing and supporting staff who host these students is continuous throughout the year. The nurse educator role has become highly valued in each of the aged care centres. As the project moves into a sustainable phase, there is now shared funding of the positions.

In this model, students usually attend placement in a 2-day per week pattern over the course of a 14-week semester. Third year students, with higher placement day requirements, come into the setting first, usually in the second week of semester. Second year students come to the facility 2–3 weeks later, followed by first year students 4 weeks later again (see [Figure 9.1](#)).

Year group	Week of semester													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Third		■	■	■	■	■	■	Classfree	■	■	■	■	■	■
Second				■	■	■	■		■	■	■	■	■	■
First									■	■	■	■	■	■

Figure 9.1. Student placement configuration

Up to three third year students lead in each centre. The third year students support the orientation of the second year students and in doing so develop a rapport for future peer learning and support. Third year students plan an orientation program for first year students in consultation with the nurse educator and second year students. In this way, the students become more engaged in identifying learning opportunities and developing relationships.

The students work in small groups or pairs, sometimes with each other and sometimes with aged care centre staff, depending upon the circumstances. The nurse educator facilitates appropriate selection of residents and care activities to support student learning from experience, and plans learning or debriefing sessions on most days. These can be quite lively later in the semester, when up to 18 students can be in one of the two larger facilities on a single day (usually in two shifts).

The nurse educator provides short (45-minute) workshops for staff on how to facilitate student learning, including topics such as assessing learning needs and opportunities, providing feedback, and responding to students who are not engaging. These are sometimes co-delivered with faculty from the university. The nurse educators also include students in on-site continuing education on topics such as wound care, use of new equipment, and infection control updates.

Students are kept informed about their progress against competency standards for the placement and learning objectives that were established by students in collaboration with educators in the first week. The nurse educator meets with students at the half-way point in their experience to provide feedback on performance to date and collaboratively identify further learning opportunities to facilitate further learning. The nurse educator is also responsible for the final competency assessment, which draws on data collected from personal observations of the student, feedback from staff in the facility, and student participation in group discussions and peer support. Concerns about a student's performance are raised early with the student and reported to the relevant university unit convener as per the placement guidelines. When a student's learning and performance are not progressing, a formal learning contract is developed between the student, the nurse educator and the unit convener.

The clinical model is designed to develop a community of learners, recognising that everyone on the team is continually learning, providing feedback, and negotiating best practice in the situation, and that this can benefit residents. Peer learning theory (Aston & Molassiotis, 2003) informs facilitation by the nurse educator, with students assigned to work in care teams, sometimes in year groups but more often in cross-year groups. Students can then ask each other questions and seek information together, without fear of being judged by possible future employers. Senior students are encouraged to use coaching skills (Grealish, 2000) to support others' learning.

The relatively small number of aged care services (compared to large public and private hospitals and health services) provides opportunities for senior nursing students to undertake leadership work experience in the areas of quality and safety monitoring, resource management, team leadership, and liaising with private health

service providers such as pharmacists, physiotherapists and nutritionists. In this way, the aged care model provides senior undergraduate nursing students with leadership opportunities in a sector where clinical care is relatively stable.

CHALLENGES FACED

Clinical placement in residential aged care facilities provides nursing students with rich learning experiences, including a deep understanding of the trajectory of many chronic illnesses, the aging process and the social as well as medical impact of aging in contemporary society.

Nursing students tend not to seek a career in aged care as part of their professional future, and are often disappointed to learn of their placement in an aged care setting. Nursing students who undertake paid work outside of their studies, as carers or assistants in nursing, often cannot differentiate the roles of the registered nurse and assistant in nursing before they go on placement, and therefore do not believe that they will learn anything new on an aged care placement. This ageist attitude is sustained by a keen focus on acute and short-term care based on technical knowledge and skills that comprise the dominant health care discourse. As students progress through their nursing program they become more ageist in their attitudes (Stevens, 2011), suggesting that course design might be a key factor in those attitudes.

Resistance to Learning in the Aged Care Placement

First year students are relatively open to learning in the aged care placement, but engagement of students in their second and third years of study is more challenging. Many students believe that they must work with a registered nurse in order to learn about registered nursing work and, given the low ratio of registered nurses in the aged care sector, are understandably sceptical about available learning opportunities.

The appointment of the on-site nurse educator has been critical to overcoming resistance and supporting learning. As averred by Billett (2002), good facilitation skills are essential to support student learning. The three nurse educators meet monthly with the first author to collaboratively develop strategies to engage and guide students in ways that support their learning. This guidance requires sensitivity to the learners' readiness to progress (Billett, 2002) and usually begins with a technical procedure that interests students, such as a complex wound dressing. Students are generally keen to develop their skills and engage in the activity. The nurse educator can then link the performance to current and tangible goals such as healing or palliation, underlying pathology and bodily changes associated with aging, and gradually focus on professional practice issues as well. In their weekly discussion group, students' awareness can then be extended to considering the wound dressing requirements for the whole facility, including supply ordering, storage, and staff training.

Role Clarification for Learning

As in all health care settings, in aged care there is a hierarchy of workers and work. Care workers are often responsible for helping with activities of daily living such as personal hygiene and eating, while the registered and enrolled nurses are responsible for clinical aspects of care. Students coming to aged care expect to work with a registered nurse, as they do on their other clinical placements, where there are many registered nurses working on a given shift. In the SNLW model there are typically many more students than registered nurses.

When they arrive on placement, students are invited to develop learning goals for the placement. This is done in discussion with the nurse educator so that student expectations for their learning can be clarified and compared with educator expectations. Third year students are encouraged to develop high-level goals, usually focused on pathophysiology of co-morbidities, associated health interventions and evaluation as well as leadership development. Second year students are encouraged to focus on common diseases and learning about illness trajectories, clinical assessment, medications, and the clinical procedures usually found in aged care. First year students are encouraged to engage in skill development in the areas of assessment and activities of daily living. They engage peripherally with topics developed by second and third year students through structured peer learning activities. All students are encouraged to think critically and to adopt a person-centred approach to their practice.

Students often work in small groups and are required to negotiate workload. Small-group work promotes leadership, negotiation and teamwork skills. The nurse educator informs the relevant staff of the group plan and monitors the situation as the shift progresses.

Through this process students are required to make explicit their understanding of what a registered nurse does, and the nurse educator can facilitate meaning making from students' experience with various team members. This is often undertaken in a daily discussion meeting, facilitated by the nurse educator, on topics raised by the students.

Addressing Ageist Attitudes

Ageism is part of Western contemporary society and is also reflected in the health care sector. The workplace culture in an aged care facility can nurture or resist ageist attitudes. Students come to their aged care experience with a range of views about older people. The on-site nurse educator is well placed to address unreflected assumptions, challenge stereotypes and facilitate critical reflection for students about what it means to grow old in an ageist society. This is an area that requires further research and development, including determining the effects of an aged care placement on ageist attitudes.

Learning about Chronic Illness

Student-generated learning goals for second and third year levels are focused on diseases, trajectories and co-morbidities. The aged care setting provides opportunities to understand some of the consequences of diseases that are diagnosed during mid-life and the effects of those diseases on people's life journeys. Students are encouraged to talk with residents and their families about their life journeys and to consider these personal accounts in conjunction with the clinical accounts. The nurse educator is well positioned to support students in making meaning of these two quite different worlds, the biomedical and the social world.

CRITICAL REFLECTION

This SNLW case study is valuable in many aspects, including strengthening professional partnerships between university and workplace facilities, enhancing the organisational learning environment of a placement facility, developing leadership capability in senior students and facilitating workplace learning. At the organisational level these placements enable the participating aged care facilities to increase their staff numbers by gaining nurse educators and several nurse students. The dual focus on student learning and staff development provides opportunities to create learning environments for the entire organisation.

The collaborative nature of establishing and implementing the SNLW model at organisational and interpersonal levels (between the university and facilities, and between academic and education nurses) strengthens professional partnerships. The common ground is a shared interest in preparing work-ready graduate nurses who have an understanding of aging. Professional partnerships have been identified as a decisive factor in ensuring quality workplace learning experiences for students (Braunstein, Takei, & Wang, 2011). The regular meetings between the academic and educator nurses not only enhance mutual respect and support but also allow the use of shared teaching and learning approaches for the benefit of students. Regular meetings and discussions remind partners of their roles, and their value in maintaining high-quality and sustainable placements is increased.

Unlike in acute care settings, there is slow resident turnover in aged care facilities. This enables students to get to know and build rapport with residents throughout their placement stay. Because of the nature of aged care, students are confronted not only with issues of medical aspects of aging but also with psychosocial, economic and quality of life aspects. Students are exposed to the need for ethical, respectful and mindful care, as well as patient dignity and person-centred care.

This SNLW offers third year nurse students unique opportunities to develop leadership skills by inviting them to mentor junior peers. Mentoring others is an important leadership skill that is needed for developing future practice. Further, being asked to mentor others helps these students to appreciate that mentoring is not necessarily an easy or straightforward exercise. Surprisingly though, most third

year students are more focused on learning to develop their clinical practice rather than mentoring and leadership skills.

With innovation comes change and not all change is welcome. Baines and Chiarelott (2010) raised potentially problematic issues of professional partnerships that can be detrimental to program quality, institutional reputation and faculty autonomy. In the aged care setting, there is a temptation to use nursing students as extra staff, focused on service delivery rather than treating them as learners. The nurse educators were able to set up clear learning objectives in the context of the organisation's capacity to deliver appropriate learning experiences for the students.

Aged care staff need to adjust their practice to incorporate students and the nurse educator. The degree to which staff engage with students is a key enabler for students to participate in learning. A respectful, reciprocal student-educator and student-staff relationship promises to help all involved to learn and develop their practice, regardless of levels and professional standing (Trede & Smith, 2012).

Establishing the model was time-intense. Collaboration requires listening, negotiating, and at times even giving in to others in order to achieve higher-order aims (Trede & McEwen, in press). Reconciling university and aged care facilities' interests was not entirely straightforward. It required many meetings and rigorous discussions. However, these led to stronger partnerships and the sustainability of this model.

This case study was ambitious because it not only restructured organisational and learning aspects of the participating aged care facilities, but it also started to confront highly entrenched ageist attitudes among nursing students. One should not expect that one placement experience can reverse ageist attitudes but we hope that these aged care experiences at least help students reconsider their career options and set a seed towards empathetic person-centred care and awareness of the diverse, often not only biomedical, needs of their older patients in future practice.

CONCLUSION

The SNLW initiative provides senior undergraduate nursing students with leadership opportunities in a sector where clinical care is relatively stable. This means that nursing students are operating in a relatively (to acute sector) low-risk leadership environment where they can learn about organisational functions and associated governance and management issues. This is a new way to think about student nurse learning in the aged care sector, and would benefit from exploration in other jurisdictions.

The presence of nursing and other health professional students in the aged care centres increased staff awareness about their practice (Grealish, Bail, & Ranse, 2010). This awareness provides a solid foundation for further staff development around team practices and an opportunity for further organisational development to achieve a culture of learning and continuous improvement. Practice-based education not only benefits the students and future patients but can also provide a framework for further organisational development.

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