HEAL

internsHips in futurE hospitALs

Needs assessment

Denmark

Index

Thomas Brøcher Christophersen SDU and OUH, Vibeke Damlund, SDU

Daniella Sohn Petersen and Lene Just, OUH

November 2022

Overview of the needs assessment and partners involved

This report presents the needs assessment among clinical nursing teachers, nurse students, medical clinical coordinators and medicine students in Denmark.

Methods used to gather information

The methods used are described in the needs analysis guide V7. We had four semi structured focus group interviews, based on the interview guide and the structure of the guide. The interviews took place in two rounds, first the semi-structured interview and next a creative process where we used Bono's thinking hats. The interviews were audio recorded and transcribed by an online programme: Amberscript.

Description of participants

Nurse students from different semesters of the programme, clinical nursing teachers with varying teaching experience, medical students from semesters 10 and 12 of the programme, medical clinical coordinators with varying experience.

Strengths and limitations of the needs assessment

The overall strengths of the needs assessment are that the groups come from different semesters and have varying experience. This factor provides different perspectives and helps the group dynamics.

Limitations of the needs assessment are that one of the focus groups ended up being quite small, due to last minute cancelations from some of the participants. This inhibited part of the discussions.

Key findings

In this report, we have divided the key findings into the four themes of the question guide.

Teaching and learning experience

The clinical teachers experience that the students are well prepared when they start their internships and they feel that the students have an overall basic knowledge from the beginning of the programme.
The clinical teachers find it important that the students learn from different nurses, as the nurses are role models, and because it is important for the students to see that different nurses can do procedures differently, and the procedure will still be correct. One of the things that can be challenging for the clinical teachers when having the students follow different nurses is to make sure that they are still able to assess the students on a proper basis.
The students have a different perspective and might be confused when they follow different nurses who work differently. Reflection is highly important for the students, and they feel that they benefit the most from reflecting with the clinical teacher. The clinical teachers are very important for securing transfer between theory and the clinical situation. Without the clinical teachers, the students find it difficult to make the transfers of knowledge themselves without guidance. Older students can also be an important part of the learning process. It is of great value if students from different semesters or programmes do reflections etc. in a group or work with cases or problem-based learning.

The students feel a deep need to have a lot of theoretical knowledge and it takes a lot of effort for them to combine internships with studying. Often because the clinical surroundings do not have facilities for studying.
The clinical teachers find it necessary to be able to reflect in different ways. This is because the students are different, and learn in different ways, but also to emphasize to the students that reflection happens all the time. Reflection is not limited to the clinical teacher and student sitting down in a room together, it also happens bedside in ear sight of the patients, it happens in the medicine room, in the lunchroom etc.

Bedside reflection is something that we in Denmark need to prepare the clinical teachers, and the students for as the future Danish hospitals will have private patient rooms and documentation will take place in the patient room. In this

context, a lot more reflection will take place near the patient. The students express that this can be a challenge if the students or the patients feel that it is difficult or transgressive.

The clinical teachers experience challenges with today's youth culture. They feel that the students expect a lot more consideration of their specific needs and life situation. The clinical teachers express wonder and concern that many of the students find it difficult to be at work on time and to take part in evening- and night shifts. The clinical teachers have a desire to prepare the students for life after graduation, but the before mentioned factors are a barrier for them.
The students are challenged by the fact that they feel a great expectation to have a broad theoretical basis.

The clinical teachers and the students agree that it is very important to have a room in the clinic dedicated to studying or for reflection.

Medical students find varying opportunities for learning when in the clinic. Some find it necessary to be proactive; a competence that develops as students become more experienced with being in practice. They find it helpful when initially met with a plan for their stay: who are they to be with, where and what are the expectations? Such a plan helps students feel secure and belonging.
Medical student highly value, the learning opportunities an experienced member of staff provides. Being able to ask questions in the spur of the moment is perceived very valuable. Likewise, the staff is aware of the learning potentials in situ reflections provide.

Expectations

More and more clinical teachers find it helpful to introduce all students of a department together, instead of all the clinical teachers introduce their 'own' students at the different wards. This way, they make sure that the students receive the same information, and they can create a basis of cooperation from the beginning of the internship.

The clinical teachers expect the students to be able to use databases, guidelines, instructions, etc. in order to gain relevant theory to support the clinical training.
The students expect the clinical teachers to work evidence based and that the clinical teachers are visible and follow them closely during their internships.

Both the clinical teachers and the students expect that it will enhance learning, better the connection between theory and practice and create a safe space for students if the students from early semesters can learn from students of the latter semesters, or if nursing students can work with medicine students. The students can support each other, and both groups can learn from one another.

The students express that it is important to get more and more responsibility during the programme and have a sense of independence before finishing the programme.
The clinical teachers somewhat agree with this, but some of them fear that too much independence for the students, can have a negative impact on patient safety.

Medical students expect and wish to be treated as *students* not staff. They expect to be exposed to learning opportunities with the security of an experienced medical doctor if needed. Both students and staff wish for fewer students per staff to allow time for mutual reflection.
Students expect staff to be aware that students are due and to be welcomed with a plan for their stay. Staff prefer to develop learning communities to enhance competences of both staff and students.

Technologies

There are different opinions on how much technology should be a substitute to real interaction with patients. Both clinical teachers and students agree that technology can never stand alone, but technologies can be very important in order to prepare for activities during clinical internships.

Some of the technologies mentioned as useful and beneficial during the internships are video diary, videos as introduction, virtual reality and simulation.

All clinical teachers are very excited about video diary, as it is a daily opportunity for the students to talk about what affected them or what made an impact on the day in question. The clinical supervisors will have the opportunity to view the student's video diary when they have time and give proper feedback. The video dairy could serve as a neutral interlocutor, which is seen as very positive from both groups.

Some departments already use video as introduction in the sense that students have the opportunity to view videos of procedures before having to carry out the procedure on a patient. This can give the students a feeling of being better prepared. It is helpful for the students if these videos can be seen on either iPads or mobile phones. An iPad can also be useful for both students and clinical teachers, as they can download various apps.

The clinical teachers view virtual reality in different ways, some think it a perfect way to rehearse the meeting with the patient. It is also a way of simulating a given situation where the students have the opportunity to see the situation from a patient perspective. It is important that virtual reality is connected to theory; otherwise, it is just a game.

The students and clinical teachers are positive towards the opportunity to rehearse full-scale situations through simulation. There is however, a slight hesitation, as the students have a lot of simulation at their educational institution. Both groups agree upon the fact that practical skills are very important, and a lack of patients or a high number of students in a ward can make it difficult to get the right and necessary experiences. Simulation can be of help here. A concrete suggestion is that there could be open facilities, where students of latter semesters supervise students of early semesters.

Given the fact that most of these technologies are an opportunity for the students to better prepare for the meeting with the patient it is seen as a great mean to improve patient safety.

There is a wish from the clinical teachers to have more interaction between databases, e.g. if video diaries could interact with a system called 'Praktikportalen', where all other written communication with the students takes place.

Both groups agree that before technology can be helpful and before the full potential can be utilized, it is highly important that there is a focus on enhancing technology understanding for both students and clinical teachers.

Technology can be a mean to teach students professional life. A suggestion that some clinical teachers already are working with is a form of cards/apps where the student's competencies can be followed. The students can e.g. get a signature from a staff member, when they have shown that they master a certain procedure, or when they have shown that they excel in communication etc.

Medical students like the idea of an open access simulation room giving them the opportunity to practice before and after participating in/observing a 'real situation'. This will help embodying the skill and show where obstacles may occur, what to pay special attention to or ask the experienced staff about.

Other technologies are not on top of students' needs list. They claim that they already have every possibility to look up knowledge on the internet; they can watch videos that will explain procedures, they can read information and get answers to almost any question. What they need is access to experience, being able to pose their own questions to an experienced medical doctor in situ.

Some staff is more positive and curious of new technologies, but also aware of the need for developing new technological competences if such technologies are to be used. Skills and competences they do not all possess.

Vision

Theory and clinic should be much closer than they are today. Some of the teachers from the learning institution could e.g. join the students in the clinic in some form.

The end of the nursing programme should be as closely linked to the clinic as possible. In Denmark, the nursing students have a long clinical internship and then end the programme by writing their bachelor thesis. The clinical teachers wish that this were reversed, so the students end the programme with an internship. This would in the mind of the clinical teachers, mean that it could be easier for the departments to recruit the students.

The clinical teachers wish that the internships of the nursing programme were twice the length. In Denmark, the nursing students have an attendance of 30 hours, and an expected study time of 10 hours per week. The clinical teachers would like the student's attendance to be 37 hours, as the other staff in the department. This would help include the students socially and help them become more comfortable in their internships.

The students should be more active and be more comfortable in expressing their knowledge, without being afraid to fail. Technology is seen as a huge benefit in this regard.

Study units should be used more, and there should be a focus on how study units can enhance the student's independence as well as how to use study units inter-professionally.

It is important for the clinical teachers that there still is a focus on care in the nursing programme, as they see it moving towards a more treatment-based approach.

It is important for both groups that the students have the possibility of bringing a form of document to their different internships that shows what the student has learned and therefore shows what the student must focus on. This way the students will not have to 'start over' every time they start a new clinical internship.

Medical students have visions of longer blocks in practice to allow becoming more familiar with the actual unit, staff, and the tasks performed. They wish to have more opportunities of access to experienced staff, which calls for fewer students per staff.

Staff agree of the wish for more time; time to talk to and reflect with each other and students. Some suggest a especially dedicated unit in realization of not all staff are good teachers, others wish for more advanced technologies to assist students' learning. They also see the need for a closer connection between the educational institution and the hospital. A closer connection might well include relevant interprofessional learning opportunities, as medical doctors relate to a whole range of other professions in every day working life. This could be facilitated by developing communities of practice to the benefit of all staff and students.

In Denmark, we are looking into a future where there will be fewer patients and more students, which can give a challenge with crowding. Therefore, there is a vision for the future where the clinical teacher will work in a more coordinating role, and the students must train peer-learning, asynchronous learning, and the use of technology.