

LOCAL IMPLEMENTATION AND EVALUATION REPORT

HELMo

1. Description of the intervention

a. The current situation.

The nurse curriculum is established according to the European directive (2013/55/EU) imposing a minimum of 2300 hours of clinical practice (at the patient's bedside) distributed during the four years of studies.

The structure, organization and pedagogical supports for nurses students currently applied was thought out and established in the past. As it no longer meets the current realities of curriculum and hospitals, this structure must now be adapted.

At the same time, the Belgian health care context has evolved: an aging population, shorter hospital stays, development of ambulatory and outpatient structures and care. Moreover, Belgium knows a lack of nurses since 30 years. This shortage has been accentuated by the covidia pandemic. As a result, fewer and fewer nurses find the time to accompany students in the field.

In addition, the role of the teacher, supervising the students' clinical placements, has evolved with the Belgian higher education decree published in 2013 .

The budget for teachers to support students on placement is limited.

These different elements lead to many difficulties that hinders a good organization of diversified and placement of high quality in hospitals.

In addition to the HEAL project, the paramedical department (midwife, medical laboratory technician, psychomotrician) is currently working on this issue as part of the HELMo strategic plan.

b. Activities carried out.

The aim is to improve the teaching of clinical judgement during the placement by using existing teaching tools.

These tools are, on the one hand, the drafting of personal placement objectives (what does the student want to improve?) adapted to the context of the care unit and, on the other hand, the drafting of learning writings which must be linked to the placement objectives.

This last point will serve as a starting point for the implementation of a portfolio.

The student is supervised once a week by the teacher in the hospital (general care). Each supervision has its own objectives :

- **Week 1 :**

- ✓ Working on the personal aims of the placement.

- **Week 2 :**

- ✓ Working on a clinical case (real patient) and developing clinical judgement.
- ✓ Using students' writings describing a learning situation and what they learn from it. These writings must be linked to their personal aims of the placement.
- ✓ Making an assessment of the students' learning with the chief nurse and eventually describing new personal aims.

- **Week 3 :**

- ✓ Reviewing the personal aims of the placement and writing new aims for the future.
- ✓ Working the students' placement report based on the clinical case worked on week 2.

Student supervision by teacher no longer takes place at the patient's bedside. On each day of the placement, the student is supervised by a member of the care team.

This supervision's new organisation :

- ✓ guarantees that the student will be supervised once a week.
- ✓ offers the possibility of supervising several students at the same time.
- ✓ uses the school's current documents.
- ✓ does not require any changes to the organisation of work placement timetables.

2. Description of the implementation process

a. The process included :

- ✓ 7 teachers.
- ✓ 126 students (Students in their second and third years were included. The nursing course comprises 4 years in Belgium.).
- ✓ 11 general care units in the 3 largest hospitals in the Liège region.

This process took place in two parts:

- from October to December 2023. (52 students)
- from February to May 2024. (74 students)

These dates correspond to the organisation of the academic year in Belgium and therefore to the time when it is possible to organise placements.

b. Evaluation methods applied :

- For student :

An online satisfaction evaluation via Qualtrics.

It consisted of a series of 11 statements (assessed by a Likert scale) and 2 open-ended questions.

- For teaching staff :

A focus group covering 4 themes:

- ✓ Organisation of supervision.
- ✓ Working with the care units.
- ✓ Educational aspects.
- ✓ Suggestions for improvement.

- For nurse staff :

An online satisfaction evaluation via Qualtrics.

It consisted of a series of 9 statements (assessed by a Likert scale) and 2 open-ended questions.

3. Evaluation report participants/learners

We received 100 responses on 126 participants. (participation : 79%)

° I recommend this methodology to other students (N=79) :

- **Yes** : 71%
- **No** : 29%

° On a scale of 0 to 10 (10 being the maximum score), evaluate :

- **the methodology during the placement** : 6.79 (N=81)
- **the instructions related to the methodology** :
7,03 (N=80)
- **the methodology as favourable to apprenticeship during placement** : 6.15 (N=79)

° I was informed of the objectives related to the methodology before the beginning of the placement (N=78) :

- **Strongly disagree:** 3%
- **Disagree :** 5%
- **Neither disagree nor agree :** 4%
- **Agree :** 53%
- **Strongly agree:** 36%

° The explanations relating to the methodology are clear and complete (N=77) :

- **Strongly disagree :** 3%
- **Disagree :** 8%
- **Neither disagree nor agree :** 12%
- **Agree :** 51%
- **Strongly agree :** 27%

° The methodology makes it possible to achieve learning outcomes and skills targeted and specific to internships (N=79) :

- **Strongly disagree :** 3%
- **Disagree :** 8%
- **Neither disagree nor agree :** 19%
- **Agree :** 46%
- **Strongly agree :** 25%

° The methodology is in line with my skills and achievements previously developed (N=78) :

- **Strongly disagree :** 4%
- **Disagree :** 4%
- **Neither disagree nor agree :** 17%
- **Agree :** 46%
- **Strongly agree :** 29%

° I was supported enough by the teacher to achieve certain achievements and targeted skills (N=77) :

- **Strongly disagree :** 3%
- **Disagree :** 17%
- **Neither disagree nor agree :** 9%
- **Agree :** 35%
- **Strongly agree :** 36%

° The teacher's formative assessments helped me with my learning (N=77) :

- **Strongly disagree** : 3%
- **Disagree** : 15%
- **Neither disagree nor agree** : 13%
- **Agree** : 36%
- **Strongly agree** : 33%

° I felt welcomed during my placement (N=76) :

- **Strongly disagree** : 0%
- **Disagree** : 3%
- **Neither disagree nor agree** : 8%
- **Agree** : 43%
- **Strongly agree** : 46%

° I felt free to ask questions through this methodology (N= 78) :

- **Strongly disagree** : 3%
- **Disagree** : 1%
- **Neither disagree nor agree** : 5%
- **Agree** : 38%
- **Strongly agree** : 53%

According to the free comments :

35 students said that the time devoted to clinical judgement helped them to write their placement report and improve their clinical judgement. (they could ask freely questions, receive personal advices, ...)

9 appreciated the help they received in developing their placement objectives and assessing how well they had achieved them. Some students mentioned that they had become aware of the importance of these objectives in expressing their learning needs.

According to 8 students, this methodology provided time to discuss difficult individual situations. The teacher is seen as a coach, a helper, a support in overcoming difficulties.

The methodology reduced stress for 8 students.

The main suggestion (according to 28 students) was to be able to carry out patient care with the teacher. (one-off care or even global nursing of a patient).

4. Evaluation report service users/ clinicians/ teaching staff

a. Nurse staff :

We received 13 responses on 13 participants. (unit head nurses)

- ° I recommend this methodology : **No responses.**
- ° On a scale of 0 to 10 (10 being the maximum score), evaluate :
 - **the methodology during the placement** : No responses.
 - **the organisation of this methodology in the care unit:**
No responses.
- ° The methodology was conducive to high-quality learning on placement :
No responses.
- ° Clear and comprehensive explanations of the methodology :
No responses.
- ° The methodology has led to a better distribution of roles in student learning :
No responses.
- ° The methodology has helped to improve support for students from the care team :
No responses.
- ° The methodology has made it possible to improve student support from the teacher (N=6) :
 - **Strongly disagree** : 33%
 - **Disagree** : 17%
 - **Neither disagree nor agree** : 33%
 - **Agree** : 0%
 - **Strongly agree** : 17%
- ° As far as student support is concerned, the methodology has enabled satisfactory collaboration between the teacher and the members of the care unit (N=6) :
 - **Strongly disagree** : 33%
 - **Disagree** : 50%
 - **Neither disagree nor agree** : 0%
 - **Agree** : 17%
 - **Strongly agree** : 0%

According to the free comments :

One head unit nurse mentioned : “ Complementary supervision of students by the teacher on the one hand and by the team on the other.

Development of ‘clinical judgement’ skills, which are often overlooked during traditional bedside supervision.

Learning that respects the student's pace and adapts to their specific needs.”

Two nurses don't agree with this methodology.

Three nurses want teachers to supervise students again at the patient's bedside.

“The nurses in the field are not trained to support student nurses” is expressed by two nurses.

b. Teaching staff :

Teaching staff are generally satisfied with this new supervision methodology. During the interview, the teachers mentioned a reduced mental workload and the possibility of devoting more time to the student and his or her needs.

They also mentioned :

- satisfaction with the greater involvement of students in writing their placement objectives. These are more specific and more concrete. This makes it easier to understand the student's expectations of the placement.

- a more concrete analysis of clinical situations and a greater awareness on the part of students of the importance of clinical judgement in nursing practice.

With regard to the organisation of the methodology, certain difficulties arise if the teacher supervises several different care units (which may sometimes be in different hospitals) and if the distribution of students across these units is not homogeneous. This requires prior consideration in order to adapt the students' placement schedule.

All the teachers mentioned that the first moments of the implementation of this methodology were marked by a certain lack of understanding on the part of the nurse staff. After a period of informing these staffs, collaboration was put in place. A ‘student referral nurse’ is a valuable aid to this collaboration.

In some care units, some teachers noted that nurses were more involved in monitoring students as they administered care. On the other hand, in other care units, teachers reported difficulties in the daily assessment of students. This assessment was not very precise and took little account of the areas for improvement to be communicated to the student. In these units, there was an awareness of the need for additional training to ensure support for students in the practice of care.

Suggestions for improvement:

- the possibility of carrying out one-off care or even global nursing of a patient in the event of significant shortcomings on the part of the student.
- simplification of assessment documents.

5. Evaluation by project implementers

- **Main strengths :**

- ✓ Less stress for students and teachers.
- ✓ The student becomes or returns to being the focus of the teacher's attention.
- ✓ More consistency for students with regard to teachers' requests concerning personal aims and reflective writings, as they have more time to work on them.
- ✓ More time for the teacher to supervise students who are having difficulty with their clinical judgement.

- **Main weaknesses :**

- ✓ Difficulties for some teachers in finding their place within care units, as they no longer go to patients' bedsides.
- ✓ Difficulties and fears on the part of some teachers that they will 'lose' their care expertise if they no longer work at the patient's bedside.
- ✓ The teachers must reconcile their course timetable with their work placement timetable. In addition, some teachers may have several care units in different hospitals.

6. Conclusion & recommendations

We note a difference in satisfaction between teachers and students on the one hand, and the nurses staffs on the other. This difference was already highlighted during the "need analysis" last year.

The most barriers come from the nurses staffs. In Belgium, there is a lack of nurses on the field. So students and teachers are seen as a workforce.

We are also experiencing a change in skills reference framework. We will have 10 skills. (so 4 more skills to develop). This reference framework will be the same for all

the university colleges in Wallonia. We hope this new reference framework will be a promoting factor.

We intend to carry on the methodology during the first semester of the next academic year. We will assess it again in January 2025.

The improvement likely to be made will be :

- Introduce the performance of one or more nurse care during one of the three supervision.
- Improve the contact with the nurses staff about how to assess a student and the goals of the methodology.