



How the context of ambulance care influences learning to become a specialist ambulance nurse a Swedish perspective



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SUMMARY

Objectives: Ambulance emergency care is multifaceted with extraordinary challenges to implement accurate assessment and care. A clinical learning environment providing opportunities for mastering these essential skills is a key component in ensuring that prehospital emergency nurse (PEN) students acquire the necessary clinical competence.

Aim: The aim is to understand how PEN students experience their clinically based training, focusing on their learning process.

Method: We applied content analysis with its qualitative method to our material that consisted of three reflections each by 28 PEN students over their learning process during their 8 weeks of clinical ambulance practice. The research was carried out at the Center for Prehospital Care, University of Borås, Sweden.

Results: The broad spectrum of ambulance assignments seems to awaken great uncertainty and excessive respect in the students. Student vulnerability appears to decrease when the clinical supervisor behaves calmly, knowledgeably, confidently and reflectively. Early traumatic incidents on the other hand may increase the students' anxiety. Each student is offered a unique opportunity to learn how to approach patients and relatives in their own environments, and likewise an opportunity to gather information for assessment. Infrequency of missions seems to make PEN students less active in their student role, thereby preventing them from availing themselves of potential learning situations. Fatigue and hunger due to lack of breaks or long periods of transportation also inhibit learning mode.

Conclusion: Our findings suggest the need for appraisal of the significance of the clinical supervisor, the ambulance environment, and student vulnerability. The broad spectrum of conditions in combination with infrequent assignments make simulation necessary. However, the unique possibilities provided for meeting patients and relatives in their own environments offer the PEN student excellent opportunities for learning how to make assessments.

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Introduction

The learning process to become a specialist nurse in prehospital care comprises both theoretical and practical knowledge. During the one-year master's program in prehospital care, students go through ten weeks of clinically based training (1 week of anesthesia ward, 1 week of field studies and 8 weeks of ambulance practice). However, the Swedish National Agency for Higher Education has recommended in a report that universities should improve the quality of clinically based education in general (2007:23R). In response to this recommendation,

the aim of this study is to illustrate how the context of ambulance care influences learning for specialist nurse students during their clinically based training.

Background

Competence Level in the Swedish Ambulance Force

Nurses in ambulance emergency care are a fairly new specialization in Sweden (Suserud, 2005). The final introduction was made on October 1, 2005 when the qualification of registered nurse (RN) became the lowest competence level permitted for the administration of drugs outside hospitals (SOSFS, 2011:1). Nursing outside hospitals became a special field demanding appropriate specialist education. According to the National Board of Health and Welfare, this specialization must enable the nurse to manage care in very varied conditions that are also

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often severe. Three years of higher education resulting in a Bachelor's Degree is a requirement for qualifying as an RN in Sweden. To qualify as a PEN, one extra year of nursing experience in somatic care is required as well as one further year on a master's program in ambulance care.

Environmental Factors

The setting of ambulance emergency care is multifaceted with extraordinary challenges. These challenges are due primarily to the wide range of severity in patients' afflictions, from immediate need for emergency assessment and care to no need at all (Hjalte et al., 2007; Pittet et al., 2014), and also to the variety of ages, social groups and ethnicities. Moreover, the number of requests for ambulance emergency care has also increased disproportionately in Europe over the last 20 years (Pittet et al., 2014). Ambulance crews have to deal with all kinds of medical and traumatic conditions without knowing their medical history and, most often, without any expert medical support. In many cases, patients are aggressive or unconscious, perhaps influenced by drugs or with psychiatric diagnoses. Ambulance care is available day and night, in all environments (Elmqvist et al., 2010). In the ambulance environment, trust between colleagues is essential (Svensson and Fridlund, 2008).

People dialing 112 are often at their limit and do not know how to manage the situation. The ambulance crew normally meet people in crisis but cannot offer them anything other than humanity. These situations are often unpredictable, causing the ambulance crew to experience loss of control, stress and unreality (Jonsson and Halabi, 2006; Jonsson et al., 2003). Apart from their clinical role, prehospital emergency nurses (PENs) must be psychosocial supporters, problem solvers and coordinators (Ranse and Lenson, 2012). The first encounter in the prehospital setting is essential. Emergency care personnel and students need to undergo training in first encounters with patients, since the senses, the time and the narrative are essential elements unique to each person (Elmqvist et al., 2008). Furthermore, this also implies that the clinical handover between the ambulance and the Emergency Department (ED) must be practiced and improved (Bost et al., 2010; Bruce and Suserud, 2005).

Most patients need early and accurate assessment since this makes a significant impact on their subsequent course of care. Early assessment and triage have been shown to decrease patient waiting times and increase patient flow at the ED (Love et al., 2012). A Japanese study also found that "time to physician" decreased with a triage system (Hamamoto et al., 2014). In Swedish ambulances "time to physician" is assessed from the patient's home. The same triage system is used at the ED as in the prehospital field (Jonsson and Fridlund, 2013). Swedish PENs also have the possibility to use different "pathways" to bypass the ED. Two well-documented examples are the cardiac pathway (Bang et al., 2008) and the stroke pathway (Wennman et al., 2012) taking patients straight to the catheterization laboratory or to x-ray.

Developments in the prehospital field are huge and the universities must catch up with the demands and prepare future PEN students with new science and new skills. According to Abelsson and Lindwall, (2012), low exposure to e.g. trauma cases leads to vulnerability in the ambulance nurse, making assessment more difficult (Abelsson and Lindwall, 2012). Low adherence to protocol-based care and triage systems has also been shown in previous prehospital studies (Jonsson and Fridlund, 2013; Byrsell et al., 2012; Ebben et al., 2012). Providing a clinical learning environment conducive to mastering these essential skills is a key component for ensuring clinical competence (Muldowney and McKee, 2011). The clinical class is the last course in the PENs' education. Before taking the clinical class, the students need to gain passes on all their theoretical courses (acute assessment, acute medicine, trauma course) and show skills in simulated cases. During the clinical class, the student is the third member of an emergency team otherwise consisting either of one ambulance technician and one

PEN or two PENs. Students are tutored by a PEN employed and chosen by the ambulance organizations. To become professional tutors, PENs in the ambulance organizations have to gain 7.5 credits through studies at a university. This education has low priority and is not rewarded by the ambulance organizations with any increase in salary. For this reason, few PENs are interested, and if they are, they most often have to work normal shifts while studying. At present, Swedish clinical training for ambulance nurses includes many weak links such as: it is situation-based with varied frequency of missions; there are few trained tutors; there is no planned skills training; and the student must learn to adapt to the environment since the opposite is impossible. A prior Swedish study shows three main significant conditions for learning in the prehospital field: the professional clinical supervisor, the clinical placement setting and the learning strategies (Wallin et al., 2013).

As mentioned earlier, PENs constitute a relatively new profession in Sweden, and clinical placements play an important role in learning a new profession. However, according to Wallin et al. (2013) students report having had poor placement experiences. Standards have been laid down for improvements in clinical training in Prehospital Emergency Nursing programs in Sweden, but only a few studies have been carried out in this field in a Swedish context (Wallin et al., 2013). Other authors have also found similar problems in clinical education and they highlight efforts to reduce the gap between practical clinical and theoretical education to improve the training of qualified nurses (Rahmati Shargi et al., 2015). Lamberts and Glacken (2005) point out the advantage in having a ward-based facilitator who can concentrate solely on clinical education and support, and on attempting to narrow the theory-practice divide (Lamberts and Glacken, 2005). Swedish universities must develop and implement a uniform clinical education for PEN students. In fact, the Swedish National Agency of Higher Education has recommended in a report that universities should improve the quality of clinically based education in general (2007:23R). The prehospital field is multifaceted and differs in many ways from the interior hospital environment. This study is intended to develop and improve learning for PEN students but also for clinical tutors, by the former giving feedback to the latter, and by the latter concentratedly listening to the students.

Aim

The aim is to illustrate how the context of ambulance care influences PEN students' learning during their clinically based training.

Method

Study Design

This study investigates PEN students' learning process. A qualitative approach using content analysis has been employed, in which data was analyzed for meaning (Elo and Kyngas, 2008).

Data Collection and Analysis

The students were instructed to write down three reflections: one at the beginning, one in the middle and one at the end of their clinical practice. At the beginning of the clinical course, the students were introduced to reflection technique according to Gibbs' reflection circle (Wilding, 2008). The questions were constructed following the pedagogic structure in Gibbs' reflection circle. To guide the students in their reflections, we only put in the word "learning" in the context. The students also had a laminated A6 copy of Gibbs' reflection circle in their pockets so that they could use reflections in their daily practice. Written reflections by 28 students were collected during their eight-week practice, based on their reasoning around the questions presented in Fig. 1. The reflections were sent in by the students to a web-based student platform. In this platform, the teachers in the PEN program

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