

The Effectiveness of the Lunch Buddy Program: Mental Health Nursing Student Placements in Elementary Schools

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ABSTRACT

A decrease in funding for school nurses, counselors, and social workers in local school districts; and increasing interpersonal challenges faced by elementary school age children prompted the design of a school-based mental health clinical placement for nursing students. The Lunch Buddy Program consists of 8 consecutive clinical weeks of one hour 1:1 meetings scheduled at a consistent time between a nursing student and an elementary school child. Nursing students spend time mentoring, offering help with homework, providing health education, engaging in physical activity, and completing art and play activities. Both school personnel and nursing students evaluated the program as being effective. Additional quantitative evaluations are needed as are expanded school-based clinical placements for mental health nursing students.

Keywords

Clinical placements, Elementary schools, Mental health nursing, Health education, Mentoring.

Introduction

Healthy people 2020 included a goal of increasing the number of elementary schools that provide community based health education including content on unhealthy dietary patterns and inadequate physical activity [1]. One way to accomplish that goal during a period of scarce resources and declining numbers of school nurses is to utilize student nurses who complete portions of their clinical placements in elementary schools. Passage of the Affordable Care Act with its focus on primary prevention and increasing interpersonal challenges faced by elementary school age children prompted the design of a school-based mental health clinical placement for baccalaureate nursing students.

A limited number of placements for baccalaureate student nurses have included community based elementary schools and Head start clinical sites. In a community health course nursing students provided health screenings, completed health education projects, and compiled community resource lists [2]. An undergraduate

pediatric clinical allowed nursing students to spend 90 minutes per week for five weeks in an elementary school classroom helping students with reading and math and functioning as a mentor. Nursing students also completed assessments of children's health education needs [3]. A service learning project in a pediatric nursing course was located in a Head Start site. Nursing students conducted health screenings (vision, hearing, body mass index, blood pressure) and provided community based referrals to parents [4]. Students in both the psychiatric and pediatric nursing course were assigned for 2 semesters to a Head Start site. Nursing students followed one family, assessed the health needs of a child, parenting skills, and the family's understanding of preventive health then designed a teaching plan and community referral list tailored to family needs [5].

Most undergraduate nursing programs rely primarily on acute care hospital placements for mental health clinical rotations. One exception designed by Charron and Parns included a 50 minute group educational session offered to elementary school children as part of the psychiatric mental health clinical rotation [6]. Nursing students spent time selecting, planning, implementing, and teaching health education content. They designed formal presentations,

hands-on activities, skits, and health-related discussions.

Because of the need to expand community-based placements, to stress the importance of primary health prevention, and to augment resources available to local elementary schools, a mental health clinical placement in an elementary school district was developed and evaluated. The clinical placement was called the Lunch Buddy Program.

Methods

The Lunch Buddy Program consisted of 8 consecutive clinical weeks of one hour individual meetings scheduled at a consistent time between the nursing student and an elementary school child. Typically the meetings were just before, just after or overlapping with a portion of lunch period in order to minimize the time children spent missing classroom content. The school nurse or social worker identified children (age 7 to 11) and obtained permission from the parent/guardian for the nursing student to work with the child. Children who were selected were either overly shy, having academic difficulties, experiencing frequent absences from school, being bullied, exhibiting behavior problems, needing a role model or experiencing a health or social problem. Social workers and school nurses selected how many nursing students they wanted at their school each semester (varying from two to six). Social workers and school nurses oriented nursing students to the school by reviewing the sign in procedure, showing them possible meeting locations, discussing how to confirm the child's attendance prior to visiting each week, and pointing out sports equipment, art supplies, and available activities. The school district served a very low income and diverse population.

Twenty second semester mental health nursing students (out of a class of 80) volunteered for this clinical placement each semester and were fingerprinted prior to the beginning of the semester. When more than 20 students volunteered those with the most experience working with children were selected. Nursing students spent time mentoring, offering help with homework, providing health education, engaging in physical activity, completing art and play activities, and discussing the advantages of attending college. Nursing students completed a 4 hour training on child protective service referrals and methods of non-directive play therapy prior to meeting with children. Additionally, students received a 3 hour didactic lecture on children's mental health issues and age appropriate interventions. Nursing students were provided with a 20-page handout of effective activities to use with children. A nursing professor with expertise in child-adolescent mental health met weekly for 20 minutes on an individual basis with each nursing student to review a process recording describing the nursing student's previous visit with the child. The nursing professor offered guidance regarding how to establish/maintain a therapeutic relationship, develop an individualized care plan for the child, and plan weekly activities. The nursing professor maintained open lines of communication with school district social workers and school nurses to ensure student nurses were progressing and working effectively with their child. Nursing students also communicated with the school nurse or social worker by submitting a weekly

e-mail summary of their visit. Nursing students developed a graded care plan by the 5th visit which summarized their work with the child. Finally, at the end of the semester nursing students sent a one page summary to the school nurse or social worker outlining what they accomplished during the 8 weeks of working with their child. The mental health clinical rotation also included a 6 day acute care rotation in a locked mental health facility and two days of additional community based experiences.

Twenty nursing students and approximately 6 social workers or school nurses evaluated the program each semester as a quality assurance measure (not as research). Students completed a final reflection paper outlining what they learned during the Lunch Buddy Program and what suggestions they had for modifying it. Social workers and school nurses also offered suggestions for program modification by calling or e-mailing the faculty coordinator.

Results

The school district has volunteered to participate in the Lunch Buddy Program for 6 years. School nurses and social workers have requested increasing numbers of students be placed at their schools. The program has grown from involving 10 nursing students to 20 students and is currently limited in size by the availability of nursing school faculty with child-adolescent expertise. A waiting list is maintained by school nurses and social workers because so many children ask to participate.

Nursing students have commented on their evaluations that the Lunch Buddy Program helps them to: 1) prepare for the next semester in pediatrics; 2) learn how to establish guidelines for, maintain, and terminate a 1:1 professional relationship; 3) understand how important it is to individualize nursing interventions; 4) recognize that health promotion is as interesting as treating acute illness; 5) learn how to develop a measurable, realistic care plan; and 6) experience how good it feels to connect with and make a difference in a child's life.

School nurses and social workers have commented that children benefit from having a role model who looks like them and is in college. Social workers have also emphasized that children have learned new ways of handling conflict from the nursing students. School personnel have appreciated the donations of basketballs and art supplies which nursing students have given to the schools. School nurses and social workers have stressed it is helpful to have an extra set of eyes and ears to learn more about what is going on with children who are having trouble at school. Teachers have said they value that nursing students motivate children to complete their homework and that children with a history of chronic absences rarely miss the day their student nurse is scheduled to work with them.

Case Study

One nursing student shared the following example of her success with a child: My child had not been diagnosed as having Attention Deficit Disorder but he could not sit still, was easily

distracted, and had trouble focusing on tasks. He often raised his voice and stuttered when feeling frustrated. We practiced focusing techniques (imaging a blue bubble around himself when things got noisy), pressing on his ear when others were talking, doing head rolls, and taking a deep breath before starting his school work. His teacher commented he was doing better in school and was actually using the techniques we practices. The social worker told me she was going to assess him for Attention Deficit Disorder based on my weekly notes. I felt good about that because his mother didn't speak English, worked several jobs, and had not taken him to the doctor in several years, probably because she could not afford it. As someone that had never had any prior experience with children, I learned a lot in this clinical about myself and the issues that still impact my life. I felt like I accomplished something and learned that I have the capacity to make a difference in a child's life even though I only see them on a weekly basis.

Conclusion

There are a number of challenges that were associated with establishing this school-based mental health clinical placement. Locating adequate space for nursing students to work 1:1 with a child is difficult at crowded elementary schools. Often students have to meet in a room off the library, on the playground, in the school nurses' office, or in an after school program space. Coordinating with schools about busy nursing student's schedules, factoring in travel time, and finding a visit time that does not interfere with elementary class times is a challenge. Negotiating with medical surgical faculty members who share clinical times in the same semester so that other activities do not interfere with 1:1 visits in the school is an ongoing challenge. Obtaining timely signed permission slips from guardians is always difficult.

Communicating with the school district when a rare child protective services report is needed requires a substantial amount of time and planning. Scheduling timely weekly supervision sessions between the nursing student and the professor is also difficult given the busy schedules of nursing students. In spite of these challenges, the Lunch Buddy Program is popular with nursing students, with children, and with participating elementary schools. There is a need

for expanding the number of mental health clinical placements in school districts and for developing a detailed and measurable plan for evaluating their effectiveness.

In the current climate in which many low-income school districts struggle to make services available, innovative academic and community partnerships such as the Lunch Buddy Program provide much needed support. It is clear that mental health nursing students benefit from developing an understanding of how poverty, cultural norms, family values, and developmental stages shape individualized care. Nursing students need to be exposed to clinical placements that help them broaden their horizons by working with diverse, low-income populations. Nursing students need practice incorporating health promotion activities into their skill set. School districts benefit from additional support given decreasing resources. School-age children are facing increasing numbers of interpersonal challenges and are better able to succeed both personally and academically when social support is increased. Finally, health behaviors established during childhood (eating, exercise, study habits) that nursing students reinforce affect long-term adult health [2].

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