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In this article...

- How to plan a themed placement
- Ways to establish mentors’ expertise
- Evaluating placement outcomes

A mentor, lecturer and student worked together to improve experiences of practice placements that would meet Nursing and Midwifery Council requirements

Partnership work in placements

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High-quality practice placements are fundamental to learning nursing skills. This article reports on how a lecturer, mentor and student nurse developed and managed a placement together to achieve the Nursing and Midwifery Council outcomes for the foundation year of a pre-registration nursing programme.

This involved establishing the mentor’s expertise so she could support learning, liaising with different departments, and ensuring appropriate learning opportunities.

We looked at how the lecturer contributed to developing the placement, how the student’s motivation contributed to her learning, and why it was important to evaluate the impact of the placement on learning and on the service.

We also examined implications for the design and implementation of placements.

Establishing the mentor’s expertise

Mentor Jane Brown and lecturer Alison Clark met to discuss the feasibility of first-year student nurses doing practice experience in the local county council’s healthier community service. A trial was to be undertaken with one student to ensure the placement met NMC standards (NMC, 2010).

For this to be effective, Jane needed:
- An overview of the taught curriculum.
- It was important Jane knew that, as well as studying nursing, students should be introduced to a range of disciplines such as sociology and psychology, which inform nursing practice.
- Knowledge of the NMC (2004a; 2004b) practice outcomes for the foundation year. Activities such as assessing clients for health and or social care intervention, and their implementation and evaluation, have principles in common with how Jane’s service works to meet client and community health needs.
- An understanding of the role of the mentor in establishing the learning experience, teaching and assessing student nurses.

After discussing these issues, Jane and Alison planned a themed four-week placement, focusing on understanding the needs of homeless people of all ages in the area (Fig 1). These plans reflected Jane’s experience and interests, and her aims that the student would gain insight into:
- The impact of homelessness on emotional and social health, as well as its effect on physical health;
- The diverse agencies involved in supporting homeless people;
- The role of nurses, directly and indirectly, in meeting homeless people’s needs.
- Taking a themed approach allowed us to make links to the theory the student was studying in school. This covered issues such as stigma and stereotyping, understanding attitudes, and applying public health theory and health promotion strategies.

The NMC outcomes were mapped to the learning opportunities along with potential sources of “evidence of learning” we would expect the student to produce for her portfolio (Table 1).

As the placement was for four weeks only, we focused on enabling the student to develop communication and interpersonal skills in the team and with individual clients, and to understand the societal and ethical issues around providing services for local homeless people. It was hoped she would also develop some of the skills needed to address the health needs of people who experience homelessness by participating in a health promotion project.

Jane and Alison invited student Sophie Trecarichi to a pre-placement meeting to discuss the opportunities available, her needs and how her learning would be assessed. Sophie needed to develop an awareness of social and psychological care to complement her experience of providing nursing in a more defined medical setting, such as a hospital ward. We all agreed an action plan for the placement.

We then prepared a profile of the placement and the placement learning package. These were audited by another lecturer to ensure we had met the standards for offering this experience to students, based on guidelines from the NMC (2004b) and the standards of the Quality Assurance Agency for Higher Education (2007).

To prepare Jane for her mentorship role, we reflected on how she could meet the NMC’s (2008) eight standards (Box 1). Jane holds a further education teaching qualification, but it had been some time since she had been responsible for teaching and assessing students. We arranged for her to attend a supporting practice learning module at the school to update her mentoring, teaching and assessment skills. One benefit of this was that she was able to discuss how she could support the student with other health professionals.

A concern was how Jane could monitor and supervise Sophie directly and indirectly.
Although she was required to commit to supporting Sophie directly for 40% of her planned experience, many of the learning opportunities were outside her direct control as they involved visits to agencies.

Jane organised staff in various services to provide feedback so she could monitor Sophie’s progress and wellbeing. Sophie needed to be aware that staff would be discussing her progress with Jane. To support Sophie, Jane planned weekly reviews of learning into her schedule. This was complemented by two shared learning discussions between Jane, Sophie and Alison.

Creating learning opportunities

Over four weeks, plans were drawn up to ensure Sophie would have a broad view of the needs of homeless people. Some opportunities were scheduled for half a day, others for a week. They included a week at the Kirkby Trust, which provides support for people aged 16–25, and a visit to a local hospital with the drug and alcohol liaison team.

The aim was that Sophie would see the links between primary, acute and tertiary services across private, public and voluntary sectors.

Jane found the most time-consuming part of the process was planning the placement, including liaising between services and organising Sophie’s schedule.

Evaluating the outcome

Sophie, Jane and Alison met at the end of the placement to review how well this partnership approach had worked. We did this using a simple four-point format:

- What were Sophie’s expectations and were these met?
- What did Jane want Sophie to learn, and to what extent had this been achieved?
- Was there any unexpected learning?
- What should Jane and Alison consider in planning the next placement?

The student’s perspective

Sophie Trecarichi writes:

The reason for my placement was to learn how the needs of people with mental health problems were met. My mentor had focused my learning around the needs of homeless people.

Before my placement, I felt quite anxious about working with people with mental health problems as the media portrays most people with mental illness as a danger to society. This placement has helped me understand and increase my knowledge about how having a mental or social health problem stigmatises people and affects their day-to-day lives.

After visiting two projects working with people with drug and alcohol addictions, I now understand how people deal with emotional pain in different ways. Sitting down and talking with these individuals, and speaking to staff, I have found their stories an emotional journey of pain and suffering – how some people just from losing their employment can find themselves homeless in a short period of time through no fault of their own.

I visited a local hospital-based drug and alcohol liaison team. I enjoyed this immensely. It allowed me to build upon my communication skills and also showed me the importance of listening to their needs in a non-discriminatory way. It highlighted the need to complete care plans correctly, and the assessment tools used within a healthcare setting.

The nurses, by being truthful with the clients about the effects of their drug and alcohol use, were able to get them to open up to help with their individual needs.

My most memorable moment was being able to work with young vulnerable teens living in a hostel. I found it hard seeing young adults detached from society due to family breakdowns and abuse. It was great to see how their key workers tried to guide them in the right direction, especially as many found it hard to listen to authority figures due to past experiences. I learnt how important it is not to give up on these young people.
This placement has helped me to look at supporting people with mental and social health needs from a broader perspective. I have realised that mental health is about treating everyone as an individual and not their label.

The mentor’s perspective
Jane Brown writes:
My aim was to encourage the student to dispel some of the myths and stereotypes, which influence how the homeless are perceived by society.
I found the whole experience both rewarding and challenging. Fundamental was grounding Sophie’s interest in meeting the health needs of homeless people from across the county. This was partly achieved through the work of the healthier communities service and my personal commitment to supporting homeless people through being a trustee of a local homelessness project. This enhanced the learning opportunities I was able to organise.

Alison, Sophie and I submitted a report to the council and the placement learning committee at the division of nursing to reflect on what we had gained from developing the placement, and its potential for the future. This has added to my portfolio.

The lecturer’s perspective
Alison Clark writes:
As a lecturer in health promotion, my aim was to ground the taught public health content of the course by enabling some students to gain insight into the reality of how different services meet health needs in a local community.

It was crucial that both Jane and Sophie gained personally and professionally from the experience. I felt my role was to offer educational support; for me, it was essential to help Sophie and Jane map how the health promotion project, working with a small group of vulnerable teenagers, met the foundation course outcomes.

Sophie has shown she is able to research, plan and resource her health promotion project with supervision from Jane and the key workers at the centre.

Jane and Sophie were both able to summarise their learning for their portfolios using the relevant professional standards.

Discussion and conclusion
The placement was successful because all partners committed time to designing and implementing the planned learning. The project also worked because regular shared learning was scheduled, Jane had a variety of contacts, and support measures were set up for Jane and Sophie, such as email, telephone and face-to-face contact.

The placement involved a theme to focus the student’s learning and clear, reasonable and achievable objectives, based around the NMC outcomes. The project not only focused on skills development but also linked practice to theory and had an action plan for learning.

On reflection, we discovered other important considerations when planning and developing placements. These included:

- Clarifying professional standards within the context of the service, for example time-keeping and dress code;
- Being able to and comfortable to challenge a student and provide constructive feedback;
- Having guidance for students, such as what to do with free time when it arises if an appointment is cancelled, such as self-directed study;
- Mapping the outcomes within the context of the service and deciding what types of portfolio evidence could be produced;
- Ensuring planned time for supervision;
- Both mentors and lecturers being open to constructive feedback from the student;
- Offering the student the opportunity to guide her own learning opportunities. Working in partnership with a health and social care service in a community council can offer student nurses learning opportunities that meet the NMC requirements for fitness to practise. Essential to this are the time and commitment that actual and potential mentors provide, and the support academic staff offer to both students and mentors. NT

### TABLE 1. FITTING NMC OUTCOMES TO PRACTICE LEARNING OPPORTUNITIES

<table>
<thead>
<tr>
<th>NMC outcome</th>
<th>Focus</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate an awareness of and apply ethical principles to nursing practice</td>
<td>Explain how stereotypes of homeless people can influence the availability of services and approach of professionals</td>
<td>Reflection</td>
</tr>
<tr>
<td>Demonstrate respect for patient/client confidentiality</td>
<td>Identify homeless people’s rights to shelter</td>
<td>Diary notes on relevant issues to clients encountered/annotated bibliography</td>
</tr>
<tr>
<td>Identify ethical issues in day-to-day practice</td>
<td>Identify key issues in relevant legislation relating to mental health, children, data protection, manual handling and health and safety</td>
<td>Mind mapping is used to precise information in visual/diagrammatic form. For instance, Sophie would place the client in the centre of the diagram then list the issues relevant to the client and highlight which services would be involved, why and how</td>
</tr>
<tr>
<td>Demonstrate an understanding of the role of others by participating in interprofessional working practice. Identify the roles of health and social care team members. Work within the health and social care team to maintain and enhance integrated care</td>
<td>Key workers’ role in sheltered housing Drug and alcohol team Outreach workers Benefits</td>
<td>Health promotion project</td>
</tr>
<tr>
<td>Contribute to the implementation of a programme of nursing care, designed and supervised by registered practitioners. Undertake activities that are consistent with the care plan and within the limits of one’s own abilities</td>
<td>Define “care package” Who was involved/ why? Choices/options</td>
<td></td>
</tr>
</tbody>
</table>

References
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