Changes to healthcare organisations may mean student placements are unavailable or unsuitable. A new allocation model is enabling a more student-focused approach.

Opening up placement opportunities for students

In this article...

- Underlying problems with student placements
- The new allocation model
- Feedback on its use in practice

5 key points

1. Student practice placements are central to students’ pre-registration education
2. Ensuring all student nurses have the right placements can be challenging for education providers
3. Changes to healthcare organisations have altered the availability and suitability of placements
4. A placement allocation model can enable effective placement of students and partnership working between stakeholders
5. The model can be used for different areas of nursing and by other health professions

Despite change, the government requires a nursing workforce that provides high-quality and compassionate nursing care. At the same time, to ensure new learning opportunities and different approaches to learning in practice are identified and adopted, the NMC requires nurse education providers to develop effective partnerships between higher education institutions (HEIs) and different providers of practice learning.

While partnership working between HEIs and practice organisations provides the foundation for patient safety and ensures that education programmes produce students who are fit for practice and purpose, in reality this can be difficult to achieve (Leigh, 2014). At the University of Salford we have developed an innovative partnership approach to benefit student learning and ensure the nursing workforce is fit for the future. More detail about our approach is available on the NHS Workforce Information Network (eWIN) portal (NHS Health Education North West, 2014).

Addressing placement challenges

The university’s BSc (Hons) adult nursing curriculum follows the NMC standards for pre-registration nursing education (NMC, 2010) and so needs to include learning and assessment in community placements. The North West Placement Development Network (NWPDN), whose role is to identify and develop clinical placements in the north west of England, projected a shortage of community placements for adult nursing students. Other partners identified more allocation issues, such as the availability of specific student learning opportunities while on certain placements.

Student nurses need a variety of high-quality practice placements to prepare them for qualification yet, in reality, this can be difficult to achieve. A practice placement allocation model has enabled one university and its partner healthcare organisations to shift from a traditional, process-led system to a robust, proactive, student-focused approach. The model is based on partnership concepts including advance planning of student placements and clear lines of communication. It has resulted in 100% of first-year students taking part in a new fundamentals of care placement and received positive feedback from students and mentors.

Placements are key to effective learning
In 2012 we set up a project group to identify and explore the issues involved in the placement allocation process. The group comprised:

- The adult nursing programme lead;
- Practice education facilitators (PEFs);
- Representatives of the NWPDN, the university's clinical placement allocations unit;
- Senior university lecturers (practice learning leads) with responsibility for placement management and quality.

The aim of the group was to promote a proactive, partnership approach to student placement that:

- Met the requirements of the university’s pre-registration nursing curriculum, the students, and NHS and non-NHS healthcare organisations; and
- Could be applied in future to mental health, children and young people, and learning disability fields of nursing, as well as to other health professionals.

**Our approach**

It was important to identify the underlying problems and their root causes from the perspectives of key practice placement stakeholders (NWPDN, University of Salford, PEFs and students). This would make it easier to identify any gaps and to plan student placements, taking into account the NMC standards and the university’s pre-registration nursing curriculum requirements.

It was important to identify key performance indicators that would measure the success of our project. These could be used to present evidence and recommendations for an approach to student placements that is transferable to other fields of nursing and other healthcare professions.

**Identifying underlying problems**

During an initial meeting the group focused on key areas that related to the allocation of placements. The first area related to a projected shortfall in the number of community placements available; this was despite healthcare policy stating that people should be supported as far as possible within their own homes and communities (Department of Health, 2012), and that care should be provided with compassion (DH, 2012). There was also a lack of agreement as to what constituted a “community” placement.

Another key area was the need for students to be able to demonstrate their clinical skill development upon qualification.

The university’s clinical placement unit reported some difficulties in allocating students to the right practice area to achieve their practice-based assessments. These assessments are embedded in the university’s adult nursing curriculum and are used to provide students with opportunities to demonstrate clinical skills (for example hand washing). The unit also highlighted a need for up-to-date information about individual healthcare organisations so it could plan students’ practice placement journey, taking into account clinical skills development, community placement exposure and meeting NMC pre-registration competencies.

The project group initially used the “five whys” approach (Ohno, 1988) to determine the underlying problem that made it so difficult to organise placements that were effective from the multiple stakeholders’ perspectives. Three key issues were identified:

- Placement capacity;
- Changes to the curriculum;
- Quality of the education programme and the clinical learning environment.

The key issues that were quality specific overlapped curriculum concerns, and these resulted from political priorities and subsequent reconfiguration of healthcare services and organisations. This affected the range and quality of placements available for students, and was compounded by a lack of intelligence about the appropriateness of placements for first-, second- and third-year students.

Even after going through this process, however, we felt we still did not fully understand the underlying issues. As a result, we carried out a strengths, weaknesses, opportunities and threats (SWOT) analysis (Whitehead et al, 2004). The PEF, placement development manager, clinical placement unit and programme leader completed the SWOT, with the results collated and presented as one document. This helped us to understand the key issues and resulted in the formation of four sub-groups, whose remit was to critically explore the following key areas and emerging questions:

- **Overview of the three-year placement**: what would the ideal structure look like for student nurses?
- **Completion of the practice-based assessments**: are there any particular areas to which students cannot be allocated?
- **Proactive management of the placement circuit**: can the capacity of the practice placement circuit be proactively managed?
- **Year-three consolidation**: how can we ensure that by the third year of training our students can clearly identify areas for further development, and that systems are put in place to provide practice-based opportunities to plug the gaps in clinical skills development?

**FIG 1. PRACTICE PLACEMENT ALLOCATION MODEL**

<table>
<thead>
<tr>
<th>Strategic overview of placements</th>
<th>Responsive curriculum</th>
<th>Clear lines of communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice placement allocation model</td>
<td>Advanced placement planning</td>
<td>Strong relationships and partnerships</td>
</tr>
<tr>
<td>Identify compounding factors through responsive intelligence of the practice placement circuit and pre-registration curriculum</td>
<td>Timely, up-to-date practice placement circuit evidence presented in an electronic format</td>
<td></td>
</tr>
</tbody>
</table>

NWPDN = North West Placement Development Network. PEF = practice education facilitators

**A new allocation model**

The four sub-groups concluded that a joined-up approach to placement allocation required effective partnership working between the university, PEFs, healthcare organisations and the NWPDN. It also became clear that the effectiveness...
of allocation was wholly reliant on timely and up-to-date information on the availability of placements (placement circuit), and that this information should be used in conjunction with the education programme/curriculum requirements as well as emerging healthcare and NMC policy.

This led to the development of a new practice placement allocation model (Fig. 1) that moved away from a traditional, process-led approach to one that is robust, proactive and student focused. The model is based around core practice placement allocation partnership concepts, which are summarised in Box 1.

**How the model works**

Six core placement categories have been identified, which the clinical placement unit now uses to allocate student nurses to their practice placements:
- Medical;
- Surgical;
- Critical care;
- Community;
- Fundamentals of care;
- Others (for example outpatients).

The “fundamentals of care” category did not exist before the model was implemented and was introduced to ensure all students receive a placement in their first year that gives them the opportunity to develop fundamental nursing skills. Placements are now organised according to NMC standards and clinical/core/fundamental skill requirements, thereby shifting from a process-led model to a robust and proactive student-focused approach. Feedback from students and mentors on the impact of the model in practice has been extremely positive.

**Next steps**

Our next steps include the ongoing dissemination of the model to other fields of nursing and other health professions. The model is transferable to other organisations and we welcome opportunities to work with them to implement it and spread good practice.

We are also measuring the impact of the six placement categories and the model on newly qualified nurses’ readiness to undertake their role on qualification. To achieve this, focus groups with preceptors are taking place at Salford Royal Foundation Trust. Their results will inform the content of the year-three consolidation checklist that measures students’ practice learning gaps and/or ongoing development needs.

Application of the model enables partnership working to meet healthcare policy and Health Education England’s mandate that all pre-registration student nurses experience an assessed and dedicated period of time in a community placement setting by 2015 (DH, 2013).

**Conclusion**

The success of the project stems from effective partnership working. The practice placement allocation model, with its embedded Bulpitt Framework, has enabled PEFs, clinical placement unit staff and the NWPDN to develop a proactive approach to identifying and selecting clinical placements targeted to students’ needs, based on the curriculum. Students can be confident that their placement experiences will enable them to meet curriculum and NMC requirements along with the wider healthcare policy agenda, ensuring they are fit and ready for practice as qualified nurses.

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