Using placements to teach on children’s development

Opportunities to observe normal child development
Providing placements in nurseries with well children
The benefits to student nurses and placement providers

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Students have limited opportunities to gain practical knowledge in normal child development. An initiative involving local non-healthcare organisations that provide care and education to the under-fives was introduced at a London university. This allowed student children’s nurses to gain practical experience in meeting the needs of the well child, and to understand normal developmental milestones. Feedback from students and the organisations involved showed positive benefit. Plans are under way to extend the initiative to older children and young people.

A good knowledge of growth and development is crucial to providing the best care for children and young people; it is also necessary for detection of developmental delay (Ahmed and Richardson, 2013). Many student children’s nurses start their pre-registration nursing programme with limited prior experience of being with children. This is partly due to many student children’s nurses coming straight from school (Pollard et al, 2004), and partly to challenges associated with gaining experience (The Student Room, 2013).

Most have little knowledge of normal child development and, owing to the nature of the learning experiences available in London teaching hospitals, there are limited opportunities to gain this experience.

From the outset of the children’s nursing programme, students are exposed to acutely unwell children and those with complex ongoing healthcare needs in large tertiary referral hospitals. They have limited contact with the “normal” child, which is important to successfully prepare graduates to work in a variety of settings. Traditional community placements with a greater opportunity to experience normal child development are increasingly accessed by many student groups, including specialist community public health nurses, mental health and learning disability nurses. This restricts opportunities for student children’s nurses.

Students themselves are aware of the theory-practice gap in their knowledge of child development. Recently, one first-year student commented, after her first placement in a children’s neurology and neurosurgical ward, that it was hard to assess the impact of a child’s condition on their development as she was not sure what they “should” be doing, having had no experience with well children.

Recognising this, staff at Florence Nightingale School of Nursing and Midwifery decided to increase the opportunity for all undergraduate student children’s nurses to have a placement outside of healthcare in an under-fives environment. Students would:

- Gain experience of normal child development during infancy and early childhood, and how long-term illness/disability can affect development;
- Become aware of how experiences and environmental factors influence child development, with a focus on play;
- Understand how children are attached to people outside of their family.

The initiative involved nurseries that were providing care and learning to under-fives.
Placement development

One of the team, a children’s nursing tutor, contacted local organisations – collectively referred to here as nurseries – with positive OFSTED reports, providing nursery or preschool care and education to under-fives.

Nurseries were asked if they would be prepared to provide a placement for a student children’s nurse for one week during a four-week period in the early summer of the forthcoming academic year. No direct financial payment to the nursery was possible, but education on child health issues or mentorship initiatives were offered in reciprocity.

A total of 12 organisations were approached including local and privately run nursery schools; nurseries affiliated to independent day schools; nursery classes in primary schools; and staff nurseries within NHS trusts. All organisations contacted responded with interest and enthusiasm. Depending on the size of the organisation, differing numbers of students could be accommodated ranging from one to four students for each week.

Meetings took place between the children’s nursing tutor and the lead for each of the nurseries. This provided a personal contact for the nursery with the university, helped information exchange and completion of the educational audit (Nursing and Midwifery Council, 2010a). The visit was followed up with a letter of confirmation for intent to offer a placement and a placement agreement form.

Four weeks before the first placement starting, each student was given details of their nursery placement, and support to set specific learning objectives for their individual experience. Representatives from participating organisations were invited to an information-sharing event at the university. This was led by the children’s nursing tutor and the director of clinical education at the university. Providers who were unable to attend the meeting were sent the presentation via email and the children’s nursing tutor followed this up with a phone call to answer any queries.

The event provided the opportunity for nursery representatives to hear in more detail about contemporary children’s nursing education, and how the nursery placement fits with the wider programme of children’s nursing education. Nursery representatives were also able to meet with the students being placed with them. Discussion focused on ways the university could support the nurseries. Some of the organisations identified gaps in their knowledge of caring for children who have ongoing healthcare needs such as epilepsy and asthma. In future the children’s nursing tutor could give teaching, access to information and learning activities that can be used as part of their in-service education and training (INSET), helping to fulfil staff development requirements.

Student children’s nurses undertook nursery placement, rotating into this as part of a six-week acute hospital placement towards the end of progression point one at the end of their first year of training (NMC, 2010b).

Support from the university for both student and the nursery organisation was provided by the named university children’s nursing tutor. During the placement the students were involved in working and playing with the children and developing their communication skills with children, families and other professionals in an environment other than a hospital or health centre.

Theories of development had been covered before the nursery placement and while at the nursery the students were required to complete three focused learning tasks (see Box 2, overleaf). Feedback from these tasks was incorporated into the simulated practice week.

Once all the students had completed the nursery placement they were brought together for a week of simulated clinical practice at the clinical skills centre. The week focused on primary care and covered areas such as expected development, obesity, feeding, weight plotting and giving advice, and accidents in the home. A “community room” was set up to resemble a living room so students could consider the dangers and risks home environments may pose to children and how to give health promotion advice to families.

Learning tasks were well completed by the majority of students, although many noted that they had found it hard to determine what services/provision were necessary.
Innovation

Available to support children and families in the locality. They identified that, if this was a problem for them, parents may also find it an issue, and that support from colleagues such as health visitors and social workers is vital to ensure families in need are able to access appropriate services.

As a result of this experience, some students reported that they would like the opportunity to spend time in a special needs school where children who may have nursing care needs are educated. Many commented that this had increased their experience in nursing in an environment other than an acute hospital setting and that the cross-professional boundary working it offered was a bonus. Some students, especially those with no previous childcare experience, said the placement should come earlier in their training to support them with what they experience in the hospital setting.

A small number of students felt that it would have been beneficial to their learning if staff working at their nursery had a better understanding of why they were on placement. Concerns regarding differing practices across nurseries were also discussed. In most cases these queries were around areas such as physical contact with children, for example, giving cuddles or sitting with the child on a lap, and what was considered appropriate in an educational establishment. Student feedback was given to the nurseries and was positively received. Box 1 gives a sample of student comments (see previous page).

Nursery placement feedback

Nursery staff were also asked to feed back on the experience and all were extremely positive about the students’ enthusiasm and professionalism. They all felt this was a positive experience for both the student nurses and their own staff. It was felt that not only were the students learning, but also that staff had learnt from them. Despite being in the first year of a three-year programme, the students were able to share knowledge and experiences useful to the staff. All the providers have indicated that they wish to receive students again.

University feedback

This initiative was viewed as highly successful. In the past, children’s nursing education focused predominantly on the sick child in hospital. More commonly now, children – especially those with long-term conditions – are cared for or require support outside of the hospital environment, such as at home or in educational settings. Over a decade ago, the Royal College of Nursing (2003) advocated student nurses should receive a common foundation shared with other health and social care professionals involved in the care of children and young people and families. It is essential that children’s nurses are able to work collaboratively with other professional groups, such as social workers and teachers, to ensure children receive appropriate care (Department of Health, 2004; NMC, 2006).

The placement initiative responded to these important policy messages. Students appreciated not just physical development, but also emotional, intellectual and social development, demonstrating the consideration of the child and family as a whole, taking into account their lifestyle and point in education. We are now exploring how this can be broadened to include exposure to older children, young people and the impact of their environment on them, and how healthcare needs are managed for this age group outside of the hospital ward and how this may differ to provision for younger children. Informal conversations have commenced with headteachers in primary and secondary schools to determine ways that students may gain experience with these children and young people that will positively support their understanding of development and enhance their nursing practice.

Conclusion

There is a need for creative strategies to enable students to relate theoretical knowledge among senior nursing students. Journal of Nursing Education and Practice, 3, 1, B2-B7.


Nursing and Midwifery Council (2010a) Standards for Pre-registration Nursing Education. tinyurl.com/NMCstandardseducation

Nursing and Midwifery Council (2010b) Working with Young People. tinyurl.com/NMCyoungpeople


Thesstudentroom (2013) Nursing Application with no Relevant Work Experience at all. tinyurl.com/studentroomwork

References

