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Students need to understand specialist nurse roles, so a university and placement provider developed a placement framework give them access to these nurses

Accessing specialist nurse roles on placement

In this article...

- Difficulties accessing specialist nurse roles on placement
- Implementing a pilot framework to address the issue
- Feedback on the pilot

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Abstract Carpenter-Timmis C, Maryon B (2016) Accessing specialist nurse roles on placement. *Nursing Times;* 112: 3/4, 20-22. It is important that clinical placements provide students with experience of working in a wide range of settings and nursing roles. However, the duration of some placements that involve specialist nurses is too short to allow education establishments to adequately assess their students in line with Nursing and Midwifery Council guidelines. This has a negative effect on the development of students, nursing research teams and mentors. This article describes a framework devised by one university in an attempt to address the issue with one of its placement providers and improve students' access to specialist nursing roles while on placement.

The Nursing and Midwifery Council (2008) suggests student nurses gain exposure to person-centred care in a variety of placements to meet the requirements for professional registration. With ever-increasing pressures on the NHS and the demand for additional student capacity, a new approach to placement provision is required, heightening the need to improve learning experiences and opportunities, and find new ways to deliver them.

In 2001, the Department of Health and the English National Board for Nursing, Midwifery and Health Visiting (ENB) produced guidance on education in practice for health professionals. This aimed to encourage and support innovation in increasing practice placements, and maximising the breadth of students' exposure to care delivered across communities and in a variety of situations (DH and ENB, 2001).

The guidance was supported by the NMC's (2010) *Standards for Pre-Registration Nursing Education*, which highlighted that higher education institutions (HEIs) must provide access to a range of practice learning opportunities to ensure students can meet the programme outcomes. Harrison-White and King (2015) have also suggested that pre-qualifying students should be given the best possible opportunity to be exposed to a variety of experiences that reflect the changing complex needs of patients in the community.

Adult nurses must be able to recognise and respond to the needs of all in their care and, while the NMC (2010) recognises this is not always achievable in every practice learning environment, increased contact with specialist nursing roles may enhance this access and exposure.

Area for development

Pre-registration students at the University of Essex access various placement providers across the county. The BSc in adult nursing is a community-focused programme that aims to produce nurses capable of progressing straight into the community sector. One placement provider is North East London Foundation Trust. NELFT provides care and treatment for a diverse population of more than 1.5 million people across north-east London and south-west Essex. It operates a single point of access for each patient to meet their community healthcare needs,

5 key points

1. Accessing specialist nurses for placement provision can be beneficial for both students and staff
2. Placement provision is key to students' pre-registration education
3. The challenges of the changing health economy have altered the availability and suitability of placements
4. Placement providers and higher education institutions need to be creative to provide placement capacity
5. This framework could be used for various nursing placement areas to create additional capacity and increase placement time

Alamy

The NMC says student nurses should gain multiple experiences in person-centred care

including specialist nursing services for Parkinson's disease, epilepsy, stroke care, diabetes, heart failure and chronic obstructive pulmonary disease, and for older people. There are also teams dedicated to infection prevention, practice improvement, and safeguarding vulnerable adults and children.

We identified an area for development with NELFT to improve capacity for pre-registration nurses and access to senior nursing staff: students from the University of Essex had limited access to nurse specialists as they only offered placements of two weeks or shorter. The university requires placements to last a minimum of four weeks to assess students in line with the NMC's (2011) guidance.

Workforce Information Network (2014) discusses a case study looking at developing a specialist respiratory placement for students. It suggests longer placements:

- Allow nurses more time to complete any relevant paperwork;
- Ensure students are given a greater opportunity to reflect on their own learning experiences;
- Give students more time to develop a rapport and relationship with the nurse specialist.

The case study explores how such placements could help students gain clinical management experience, giving them a chance to access, and experience, the specialist nurse role. Whitehead and Bailey (2006) highlighted that students felt they would access a broader range of nursing activities and possibilities by using specialist nurses, which would allow for greater professional development.

We also noted some mentors in NELFT were not regularly accessing pre-registration students and were missing opportunities to maintain their competence in mentorship and pass on their experience and knowledge. Naylor et al (2014) suggested this lack of contact with pre-registration nurses was leaving the research nursing team unable to impart its knowledge and experience. This is particularly important when providing evidence for triennial review – mentors must have evidence of mentoring at least two students in a three-year period (NMC, 2008). Again, this strengthened the need to ensure that specialist nursing teams had more frequent access to students.

Harrison-White and King (2015) assert that a well-organised "hub and spoke" method will give students the chance to work interprofessionally and have an appreciation of some of the complexities of different clinical roles. With that in mind, it was suggested that a new hub and spoke method be explored to:

- Increase placement time and capacity;
- Allow students to experience inter-professional and autonomous practice.

A new placement format

We looked at current capacity and identified qualified mentors who worked part time, and therefore could not always accommodate students for placement, along with areas that only offered insight placements or placements shorter than two weeks. These areas included Parkinson's disease, epilepsy, stroke care, older people's services, diabetes, heart failure, chronic obstructive pulmonary disease, infection prevention and control, practice improvement, and safeguarding vulnerable adults and children. These specialties were grouped into the following "circuits":

- Neurology: Parkinson's disease, epilepsy, stroke, hub and older people's specialist services;
- Long-term conditions: diabetes, heart failure and COPD;
- Harm-free: infection prevention and control, practice improvement and safeguarding vulnerable adults and children.

We then arranged to meet with the individual teams, starting with neurology, to discuss how to join teams and implement circuit plans. Hub and spoke placement experience and mentorship involves providing experiences that are contrasting, yet complementary, learning opportunities (Roxburgh et al, 2011). This approach meant identifying one main hub mentor, who is live on the mentor register and responsible for the student during placement, while using other qualified live and non-registered mentors to provide spoke placement experiences that would not be available in the hub placement area, as proposed by Sherratt et al (2013).

The first week, spent with the hub mentor, allows students to establish the initial learning contract and look at the possibilities for skill acquisition before going on to spoke placement areas; the final week, back with the hub mentor, is when they complete their final learning contract and skills/placement outcomes. Examples of the different frameworks are given in Boxes 1-3 on page 22.

This system is reliant on all qualified mentors completing all relevant documentation of each student's progress when on a spoke. It ensures the requirement for students to work 40% of their time with their mentor directly or indirectly is achieved across the whole placement (NMC, 2008). We advised that spoke mentors:

- Contact the hub mentor by telephone or email to outline each student's progress or any issues that arose in their time at the spoke placement;
- Support this with written documentation in the student practice assessment document.

We completed a standard educational audit form for the newly formed circuit areas that was agreed at the local practice education committee.

Key challenges

Communicating the vision

There were some initial anxieties among mentors around starting the circuits. Since change – particularly when unexpected – can undermine confidence and threaten individuals' sense of purpose (Holbeche, 2006), it was important that all mentors involved understood the vision. To address this, I undertook individual briefing sessions with staff and allowed time in these meetings for discussion around the intended plans. This ensured staff understood the plans for the hub and spoke method, including how it would work in the planned circuit times and what supporting documentation was required.

Placement demand

There is a distinct demand for placements in the circuit so time and implementation were pressured. Some teams had already been allocated students on short-term insights and placements so we had to be mindful of this before allocating students onto the new circuit. At the same time, we had to be assured that the new circuits were properly prepared for the students.

Contact time

Regular contact and face-to-face interactions with the placement areas had to be arranged and we had to be available to answer any queries or questions as they arose. Written feedback was encouraged to ensure mentors and students felt their thoughts were captured accurately; Harrison-White and King (2015) have suggested this is a beneficial approach.

Student feedback

All students completed an evaluation form at the end of each placement. The initial evaluations showed they found the placement to be beneficial to their learning, as the following examples illustrate:

"It gave me a chance to work on areas [about which] *I wasn't that knowledgeable."*

"It was nice to work with a range of

mentors as they all had different ways of teaching, which kept learning interesting."

"Working with a range of specialist nurses, I was able to learn in detail about the different conditions. I was also able to gain understanding of other services that are available for people with different neurological conditions."

"At first I was quite apprehensive as I was unsure how the circuit would work and how I could make the most out of my placement. In my first week, I was able to discuss what my aims were and how these could be achieved while working with the different teams. I was given a timetable that showed who I would be working with, what I would be doing and my role in each team."

The issues with split placement area and specialists were a significant concern for our students. However, most felt this was managed with the use of good timetabling. Whitehead and Bailey (2006) suggested this is not uncommon and, although their research comments about spilt allocations were negatively rated, overall the students could see the positives of providing holistic care and the whole patient journey. This was also reflected in our students' comments and concerns on their placement evaluation forms.

Key learning

This pilot raised several important points:

- Information is key: offering information and reassurance was central to the successful implementation of these circuit areas;
- Not all feedback will be positive: there will always be areas for development and problems that arise; managing these as they occur helps to ensure continual improvement;
- Planning: ensure you are aware of staffing issues, sickness or annual leave to minimise the likelihood of disruption to the placement;
- Monitoring: continue monitoring student evaluations and the practice area for each forthcoming placement allocation;
- Don't be frightened: this seemed like a huge challenge when starting out but the rewards were very beneficial.

Looking ahead

As a result of this pilot we have discovered additional opportunities for work between the community and the trust. We have therefore adapted one of the clinical audits (nurse specialist) to include a week with the acute trust to explore the whole patient journey. NELFT is also currently looking into other ways of implementing the circuit within other specialisms across its other sites. **NT**

BOX 1. SAMPLE FRAMEWORK: 7-WEEK PLACEMENT

Student ..... **Start date** ..... **End date** .....

Week	Start date	Mentor	Placement
Week 1			Heart failure
Week 2			COPD
Week 3 Formative assessment date		Return to heart failure team for one day for formative assessment	COPD
Weeks 4-5			Diabetes
Weeks 6-7			Heart failure

COPD = chronic obstructive pulmonary disease

BOX 2. SAMPLE FRAMEWORK: 9-WEEK PLACEMENT

Student ..... **Start date** ..... **End date** .....

Week	Start date	Mentor	Placement
Week 1			Diabetes
Weeks 2-4			COPD
Week 5 Formative assessment date		Return to diabetes team for one day for formative assessment	Heart failure
Weeks 6-7			Heart failure
Weeks 8-9			Diabetes

COPD = chronic obstructive pulmonary disease

BOX 3. SAMPLE FRAMEWORK: 12-WEEK PLACEMENT

Student ..... **Start date** ..... **End date** .....

Week	Start date	Mentor	Placement
Weeks 1-2			Heart failure
Weeks 3-5			COPD
Week 6 Formative assessment date		Return to heart failure team for one day for formative assessment	COPD
Weeks 7-10			Diabetes
Weeks 11-12			Heart failure

COPD = chronic obstructive pulmonary disease

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