# Clinical practice and placement support: supporting learning in practice

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**Summary**  It is the responsibility of Higher Education Institutions (HEI) in partnership with the NHS to prepare nurses and midwives who are equipped to cope with the complex nature of clinical practice. This paper explores how, through partnership working, the School of Nursing and Midwifery (SNM) at the University of Dundee developed a Clinical Practice and Placement Support Unit (CPPSU) whose remit is to *support learning in practice*.

The setting up of this successful unit resulted from the clear identification of three key elements which enables the CPPSU to support learning in practice. These elements are adequate mentor support, developing and monitoring the clinical learning environment and increased collaboration between the HEI and service providers in the allocation of students to appropriate practice placement areas. Each of these will be explored in depth in order to give an overview of how the CPPSU delivers its remit.

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Within the United Kingdom Nurse/Midwifery education is now accepted as a higher education discipline supported by preparation in the practice placement area (Burns and Glen, 2000). There can be little doubt that the aim of nurse/midwifery education is to provide the NHS and other health care providers with a future generation of skilled and knowledgeable practitioners. It is clear therefore that the education of nurses and midwives must be directed at the service needs of our community (DoH, 1999). In order to achieve this, educational establishments are required to work in partnership with service providers to ensure pre-registration programmes are fit for purpose. Preparing students who not only have the psychomotor skills required for practice, but also an underpinning knowledge base which will equip them to cope with the complex nature of nursing and midwifery practice (Cope et al., 2000).

Central to this is the responsibility of the educational establishment in partnership with service providers to develop mechanisms that support learning in practice (QAA, 2001; NBS, 1999; DoH, 2001). This paper outlines how a partnership between the University of Dundee

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School of Nursing and Midwifery (SNM) and service providers led to the development of a designated Clinical Practice and Placement Support Unit (CPPSU) whose role and function is to *support learning in practice*.

In developing this strategic and operational approach to supporting learning in practice, cognisance was taken of the point highlighted by Turner (2001). He recognised the reality in nurse education and to a lesser extent in midwifery education is that a relatively small population of lecturing staff is required to support a large number of clinical practice placement areas. The SNM currently has approximately 90 full time lecturing staff supporting over 900 approved practice placement areas across its Scottish Executive pre-registration contract area of Fife, and Tayside in Scotland. This figure does not include the individual mentors who operate within these practice placement areas or take account of the geography of this part of Scotland. The challenge therefore was to develop, in partnership with service providers, innovative and realistic strategies to ensure that at an operational level both students and mentors feel supported in practice and have access to the appropriate level of support to meet their identified needs.

The challenge for the SNM and our partners within our contract was to manage an increasing number of pre-registration students through an ever-changing health care environment. At the same time enhancing the quality of our education programmes ensuring they are academically sound and clinically focused.

## Clinical practice and placement support unit

Following a review of the literature (Newton and Smith, 1998; DoH, 1999;Cope et al., 2000; Watson, 2000; Chow and Suen, 2001; DoH, 2001; Turner, 2001; QAA, 2001), focused visits to other Clinical Placement Support Units, and discussions with service colleagues at all levels within the NHS and Independent Sector, the SNM set up a Clinical Practice and Placement Support Unit (CPPSU). This brought together all the components deemed necessary within a School of Nursing and Midwifery to support learning in practice. The remit ranged from the approval of practice placement areas, allocation of students to these areas through to supporting mentors and students in practice.

Three key elements were identified which should be incorporated within a CPPSU, Mentor Support, Practice Learning Environment and Placement Allocation. Once these were clarified then the administrative and academic elements required to ensure the CPPSU could function was put in place. The final structure of the CPPSU (Diagram 1) represents the functional requirements of the unit and the contribution made by the identified academic and/or administrative staff.

This arrangement provided the CPPSU with a collegiate structure under a designated Director who also represents the CPPSU on the School Executive and in formal and informal contact with senior members of service providers. This directorate function places practice, and supporting
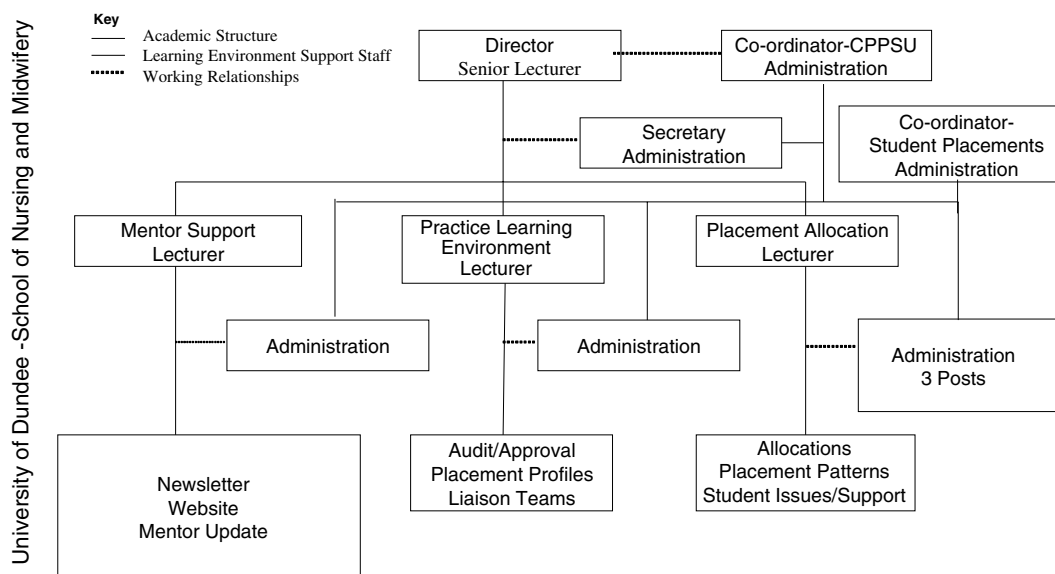


**Diagram 1**    Clinical practice and placement support unit.

learning in practice at the core of the SNM's business. The lecturing posts are seconded pro-rata 2 days per week while the administrative functions are a combination of full and part time appointments. This ensures the CPPSU is able to provide continuity of support for students, mentors and the SNM's own staff.

Each of the three key elements of Mentor Support, Practice Learning Environment and Placement Allocation will be explored in order to give an overview of how the unit functions to deliver its remit of *supporting learning in practice*.

## Mentor support

Central to the preparation of nurses and midwives is the learning that takes place in the practice placement area. In order to facilitate this learning, mentorship is now widely accepted as the favored approach to managing this process in clinical practice (Chow and Suen, 2001). This approach ensures that students are supported in practice with clinical staff whose educational remit is to facilitate learning and ensure preparation for practice (Jones et al., 2001). Gray and Smith (1999) suggest that successful mentoring of pre-registration students is more important in the process of educational development than supernumerary status. Jones et al. (2001) did not identify this element of effective mentoring but produced evidence suggesting that significant mentor contact had a direct effect on the type of activities students engaged in while on clinical practice. To the extent that if the mentor did not legitimise the role of the student in a learning context with the rest of the team, when the mentor was not on duty students were often left to work mainly with unqualified staff. This would

be supported by Gray and Smith (1999) who found that when mentors were not working with the student they were often left to their own devices or allocated "tasks" more in line with unqualified staff.

Mentors are therefore a key component of effective preparation for practice. They not only provide direct support in terms of the development of clinical skills but also engage the student in critical thinking, reflection on practice and an exploration of alternative strategies to care. If, as Cope et al. (2000) suggests we wish our mentors to aspire to this level of clinical support for our future professionals then we must as indicated by Watson (2000) provide them with education, training and ongoing facilitation that allows them to function effectively in this demanding role.

It was crucial that in developing the CPPSU we focused on the requirement of our mentors, without whom pre-registration education could not function. In developing our commitment to *supporting learning in practice*, supporting mentors is a key function of the CPPSU in partnership with the wider SNM staff and management colleagues in clinical practice.

With the help of our service colleagues the first challenge for the SNM was to establish effective communication and support at strategic and operational levels across the contract area. To this end the SNM and the four local NHS trusts agreed to set up an Education Partnerships Committee. This strategic committee is currently chaired by a Director of Nursing and includes key membership drawn from all "education partners" in the contract area. This allows the SNM and service providers to develop a strategic lead in terms of supporting learning in practice. This committee then agreed that the CPPSU should develop a clear model for supporting learning in practice (Diagram 2).
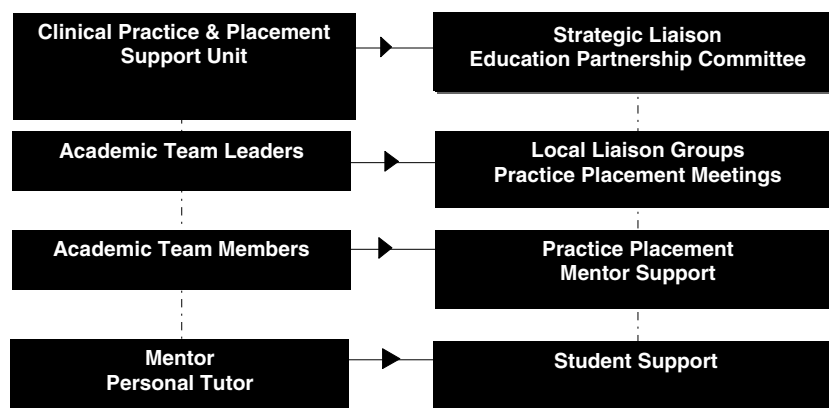


| Clinical Practice & Placement Support Unit | → | Strategic Liaison Education Partnership Committee |
| Academic Team Leaders | → | Local Liaison Groups Practice Placement Meetings |
| Academic Team Members | → | Practice Placement Mentor Support |
| Mentor Personal Tutor | → | Student Support |

**Diagram 2**    A model for supporting learning in practice.

**Table 1**  Academic teams

Acute and critical care
Cancer and palliative care
Care of older person and continuing care
Child nursing
Mental health and learning disabilities nursing
Midwifery
Public health and primary care nursing

In tandem with this the school reorganised its academic structure to reflect the clinical agenda. The SNM identified seven areas in which our structure should reflect the business of providing not only preparation for practice but also developing research to enhance the delivery of practice. The SNM was organised into seven academic teams (Table 1). Each team is led by a senior academic, incorporating a mix of lecturers and associate lecturers (joint appointments from clinical practice); with an identified academic with a clear remit to lead the research element of the teams function.

These developments allowed the CPPSU in consultation with service colleagues, students and school staff to develop a model for supporting learning in practice. This model clearly identifies the support levels available, from a strategic level through to supporting the individual student while on our programmes of study.

In addition to this support it has been identified that mentors require adequate preparation for this role and ongoing support and encouragement (Watson, 2000). The SNM delivers a NHS Education for Scotland approved Scottish degree level three module entitled "Partnerships in Learning" which incorporates a generic mentor preparation component which is free at the point of delivery to identified clinical staff who will be involved in mentoring students from the SNM. This module is led by the academic member of staff with designated responsibility for this area of the CPPSU's business.

In looking at these aspects of the work of the CPPSU an action research project on behalf of the Education Partnerships Committee was undertaken by the Director of the CPPSU and a senior member of a local NHS trust to determine other needs of the clinical staff. The results of focus group interviews and a mentor questionnaire identified a number of other strategies that would be welcomed by clinical staff. These included:

- A newsletter
- A web site
- Update opportunities for mentors

It has been recognised that the mentor role is complex, as a result of conflicting roles and responsibility (Watson, 2000). It is therefore essential that mentors are updated and have access to information which facilitates the mentor aspect of their role. The CPPSU newsletter is currently published twice per year and sent to all practice placement areas that are contracted to take our students. It is a jargon busting publication which is aimed at getting information to the mentor on the ground and reassuring them of their value to nurse/midwifery education. The CPPSU also has a developing web site which is accessible on the internet by mentors and students (cppsu.snm.dundee.ac.uk). These elements of our communication strategy along with regular formal face to face update sessions are at the forefront of *supporting learning in practice*.

## Practice learning environment

The practice placement learning environment provides students with the opportunity to engage in practice and make links between theory and practice (Cope et al., 2000). Supporting mentors and students in clinical practice is essential if we are to ensure our courses and programmes are fit for purpose and deliver competent professionals able to function in an ever-changing environment.

The SNM's academic structure (Table 1) facilitates the delivery of support to enhance the practice placement learning environment in line with The Code of Practice for the Assurance of Academic Quality Standards in Higher Education: Placement Learning (QAA, 2001). This support is available from the initial approval through to ongoing support for the practice placement area, the mentor and the student. A key element of providing mentor support is the link lecturer/school contact from the SNM (Turner, 2001). Their aim is to:

- provide effective communication between the school and the clinical area.
- act as educational resource for clinical staff who teach and assess students.
- complete and update with clinical staff the practice placement profile.
- monitor with clinical staff the clinical learning environment.
  Their role is to:
- Maintain effective communication in agreement with the clinical practice placement area (visit or contact once per term).
- Provide support to clinical staff who supervise and assess students.

- Ensure that all programme information and educational policies, held in the clinical area, are kept up to date.
- Introduce new educational procedures and policies to clinical staff and provide support while these are being implemented.
- Provide information to clinical staff about relevant post registration and post graduate programmes being offered by the school.
- Attend liaison committees relevant to the clinical practice placement area.

The student is then supported on a day-to-day basis by their mentor and from the SNM by their personal tutor.

The aim of the mentor is to promote the professional and personal development of the student in line with their role expectation and the programme they are undertaking.

Their role is to:

- Provide the student with a professional role model.
- Manage and facilitate the educational programme for their student.
- Liaise with associate mentors and other team members to meet the educational needs of the student.
- Ensure that each student is given an appropriate level of supervision throughout their mentorship period.
- Identify learning opportunities for students within their own and associated practice placement area.
- Provide the student with ongoing formative assessment of their performance in line with the outcomes/competencies they are expected to achieve.
- Provide the student with formative assessment at the mid point of their placement and a written summative assessment at the end of their placement.
- Engage in lifelong learning.
- Evaluate their own mentorship activities.
- Participate in the evaluation of their practice placement area as an effective learning environment.

A key element of the personal tutor role is to provide the student with a point of contact with the SNM and offer ongoing help to ensure they are engaging in effective learning which facilitates professional and academic development (Newton and Smith, 1998). This is important as the students' personal tutor may be the only constant in the academic and professional life of the student as they move through their educational programme.

As Newton and Smith (1998) point out, crucial to this is the development and nurturing of an interpersonal relationship. It therefore seems appropriate that this relationship be extended to include support in practice. To that end, personal tutors visit their students while on placement during the first year of the programme to build upon that relationship and offer appropriate advice as they begin to deal with the realities of clinical practice. This initiative does have resource implications for the SNM; however it has been welcomed by NHS Education for Scotland, local NHS trusts and the Independent Sector, as well as individual mentors. Mentors recognise that the personal tutor has insight and knowledge about the individual student, which may be crucial in assisting the mentor in providing an appropriate balance between the needs of the student for a focused leaning experience and the needs of the practice placement area to provide a service to patients and clients. Evidence to date from the SNM's formal evaluation on student practice placement experience and mentor evaluation of support from the school suggests that this investment has improved contact between personal tutor, student and mentor. This has led to increased student and mentor satisfaction and has also raised the profile of the SNM in the practice placement area.

Turner (2001) indicated that one of the major challenges for HEI's is in the provision of specific information on each clinical area for students and the collation of placement specific information for the institution. The CPPSU through the education partnerships committee agreed that it was essential not only for students to have specific information prior to placements but the service providers and the SNM required key information as part of the annual audit of practice placement areas. This practice placement profile section of our web site was developed and modeled on the work of Turner (2001). This included two levels of information, one internet based on our web site (cppsu.snm.dundee.ac.uk) and the second level only available by pass word via our intranet site.

The internet site is designed to provide students with placement specific information to help them prepare for their practice placement experience. The key as pointed out by Turner (2001) is that clinical staff provide the information relevant to their individual area, which they wish to share with perspective students.

The intranet site which is password protected provides the SNM with the optimum numbers of students which each area can support, the names of mentors and the names of those members of staff who act as associate mentors for students

while on placement. This initiative which allows for formal annual auditing is a key strategy within the SNM's quality assurance cycle.

A second crucial element of quality assurance is the opportunity for mentors and students to engage in ongoing evaluation of the learning environment (QAA, 2001; NHS, 2003). Students are therefore given the opportunity to formally evaluate their practice placement experience and once collated this information is communicated back to the practice placement area in the form of a summary report. It is also now possible to provide our service colleagues with different levels of collated information on practice placement areas. This ranges from placement specific evaluation, to hospital/unit/department specific feedback to trust wide information. This then provides a key indicator for all levels within service to initiate quality initiatives to ensure that the practice placement areas are *supporting learning in practice*.

The final piece of this jigsaw is the mentor's responsibility in this area. This in many ways is devolved to local arrangements agreed within the liaison committee structure which has been developed at academic team level (Diagram 2). However at a strategic level and to allow the SNM to provide for the needs of our mentors the CPPSU carries out an annual monitoring of a sample of our mentors through a specific mentor questionnaire. This questionnaire is sent to 100 clinical areas, selected at random with a request that six mentors working in that area complete and return the questionnaires. This has proved a worthwhile exercise, allowing the CPPSU and link lecturers to identify areas of good practice as well as areas of concern and initiate strategies to meet the needs of our mentors in terms of ongoing educational development.

## Placement allocation

This is an area that presents us all with a unique challenge as we are all aware that the practice placement environment is in a constant state of change. While this is happening there is also an increasing demand to provide suitably prepared registered nurses and midwives. The aim of the CPPSU in consultation with service providers is to ensure that all available practice placement areas are being utilised to optimum effect (NHS, 2001).

The SNM in partnership with the NHS and Independent Sector providers in Fife and Tayside have the responsibility to provide practice placement areas for over 1200 pre-registration students. In preparing students for practice it is essential that we recognise the key role played by the practice placement areas. The practice placement area provides the student with the opportunity to make the links between theory and practice and adapt their skills and knowledge accordingly (Cope et al., 2000).

The CPPSU has a major responsibility in ensuring that students are placed in the right place at the right time in order to help them achieve the appropriate NMC competencies in order to progress towards successful registration as a nurse or midwife (NMC, 2002a; NMC, 2002b). The administration and academic staff in this area work closely together to ensure the practice placement element of the programme is in line with validated programmes and placement patterns are monitored to ensure optimum use of practice placement areas in line with agreed contract numbers for students.

Key to this is monitoring the student and mentor feedback on the practice learning environment and working proactively with practice placement areas. This is facilitated in many ways by our communication strategy via the CPPSU newsletter and website. There are now clearly defined policies on practical issues such as shift patterns, study days, and expanding on the work of the RCN (2002), newly developed guidelines on cause for concerns while on placement including concerns over the learning environment, bad/unsafe practice and bullying and harassment while on practice placement.

## Conclusion

Supporting learning in practice is the joint responsibility of both service providers and HEI's. Through partnership working the SNM and has developed a CPPSU which provides a focal point for partnership working which meets the needs of students, mentors and service providers. This type of initiative would be supported by Turner (2001) who recognised that in the transition period following the move of nurse/midwifery education into higher education there was almost an inevitable loss of contact between education and service colleagues. This affected the HEI's ability initially to support learning in practice. The SNM's commitment through its CPPSU has endeavored to close this gap and provide an effective means of *supporting learning in practice*.

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