Student Nursing Times Awards 2012, Placement of the Year

Showcase of winner and finalists
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Introduction

For many students on pre-registration courses, the placement can often be the first experience they will have of working in a clinical setting. It can start to formulate their thoughts and ideas around whether they would like to come and work with a particular team or employer, or even if they wish to continue on a course.

Placements make up 50 per cent of the course. They are influential environments to ensure that students not only develop the right technical skills, but demonstrate the right values, behaviours and professionalism that are core to being a nurse. Investing time and expertise into developing the future workforce is essential if we are to continually improve the quality of care patients receive.

These pages include interviews with all the finalists in the Placement of the Year category at the Student Nursing Times Awards 2012. We would like to thank you all for taking part and enabling us to showcase and share your achievements with other employers.

Caroline Waterfield, deputy head of employment services, NHS Employers

Students tell us over and over again that their placement is one of the most important aspects of their training. A positive placement experience will not only teach good practice but will also coach students in how to develop relationships with their peers and patients. Student nurses often approach their placements with a certain amount of trepidation, but our finalists have created cultures that are supportive, caring and empathetic – the best environments in which to nurture the next generation of nursing talent. We, and our sponsor of this category, NHS Employers, applaud their positivity, enthusiasm and wisdom.

Jenni Middleton, editor, Nursing Times

The Placement of the Year category at the Student Nursing Times Awards 2012 created a fantastic opportunity to celebrate and showcase some of the many achievements from around the country of teams, departments and organisations who support our next generation of nurses by providing high-quality learning experiences for students.

Making sure we lay the right foundations when developing our future workforce is essential. I am very proud of all the finalists for their dedication to ensuring the students gained confidence and competence whilst on their placements. These are all excellent examples of supportive and empowering teams who place patient safety and the quality of care at the heart of learning. Congratulations to you all.

Dean Royles, director, NHS Employers
Winner: Student Placement of the Year

The Royal Cornwall Hospitals NHS Trust, Coronary Care Unit

The student who nominated Cornwall’s Coronary Care Unit (CCU) for this award told the judges: “I am approaching my last placement as a student and rarely have I experienced this level of tuition and mentorship. It is truly a learning experience.”

The CCU is a ten-bed critical care unit delivering many aspects of cardiac care in a well-constructed learning pathway in a busy and critical environment. It is the only coronary care unit for the county of Cornwall and therefore experiences a high demand for bed spaces and specialised nursing care. The unit cares for patients with a range of critical cardiac conditions and events, including myocardial infarction, arrhythmias, acute heart failure and cardiogenic shock. The unit benefits from being joined to a cardiac catheter lab offering many procedures, including angiogram and angioplasty.

This helps expose students to a range of different procedures and teaching experiences. For example, there is an electrocardiogram (ECG) simulator and students are offered sessions with a nurse, learning to recognise rhythms and their physiology. Each student is scheduled for a week’s experience in the cardiac catheter lab and allocated another mentor to coach and support them during that time.
Offering constant support is paramount to the CCU. The unit is well staffed, with up to four nurses at any time, is managed by an experienced sister, and accepts up to three second or third year students at a time, as well as paramedic students.

This ratio is essential to making students feel welcome. The ward has written its own welcome pack and manual to outline expectations, as well as lists of what students will learn and checklists to help them manage their progress.

“From the outset, we go through the routine but emphasise that they are supernumerary,” says Fiona Brittle, ward manager at CCU. “We give them a background of what to expect while they are with us and the treatments they will see while on placement here.”

The unit actually considers its teaching role as part of the working remit and therefore sets aside time and resources to prepare and deliver structured teaching experiences as part of students’ day-to-day working.

“I am approaching my last placement as a student and rarely have I experienced this level of tuition and mentorship. It is truly a learning experience.”

Adequate time to attend extra teaching sessions, work with other professionals and complete paperwork is offered.

CCU offers actual teaching experiences as well as the mentorship required to achieve the necessary learning outcomes. This can include ECG recognition, watching procedures in the lab, regular ‘ABCDE’ assessments on patients, discussions with doctors and pharmacists, time with cardiac rehabilitation nurses and even attending the Friday presentations that the doctors and consultants provide for each other. Workbooks and textbooks are available, as well as ECG simulators, heart models and extremely knowledgeable staff. There is also time for reflection and discussion of an event.

As each nurse cares for a smaller number of patients in a critical environment, there is ample opportunity to work through their care holistically and systematically.

Due to the critical and emergency care offered, there are often emotionally challenging experiences to share with patients or family, and students who have been with patients at their time of death feel supported and cared for.
“We can prepare them for seeing different things, such as a sudden cardiac arrest, and then reflect on that with them afterwards,” says Fiona. “Students write about it afterwards and that gets into their way of thinking.”

In the structure of the team, the student works closely with their mentor and is therefore able to have a personalised learning experience – often building a close relationship with their mentor.

“But we recognise this can be quite intensive for mentors,” says Fiona. “So we rotate them and we allocate everyone a mentor and a co-mentor to provide them with continuity.”

CCU is a clinical environment that allows for one-to-one mentorship at most times. It is therefore natural that each learning experience is personalised to the needs of the student. There is time to discuss progress and work on specific tasks, and students are encouraged to ask for particular experiences. But this does not exclude them from learning from the rest of the team. Staff members who excel at a certain skill will demonstrate this to the students, and, even if a student’s allocated mentor is unavailable, they will always work with someone. The ward manager is present on the ward and also spends time with the student and learning experiences.

The team on CCU is smaller than others and, due to the nature of the care delivered, team work is essential. There is excellent rapport at all levels. Students are able to learn alongside the nurses, doctors, consultants, pharmacists and housekeepers. They will work with the chest pain team or community cardiac rehab and go to local gyms to work on rehabilitation to understand the patient journey and how it affects the patients and how they cope.
The unit says it is rare that they fail a student because they can provide such one-to-one coaching and can really get to know a student’s strengths and weaknesses, but that they will fail if the student can not meet their high standards. “But, on the whole, we try to provide a supportive and non-judgemental atmosphere,” says Fiona. “And we give praise when students do well.”

“I have been made so very welcome on this ward and other students remark on the same experience. We never want to leave.”

The student who nominated this placement provider believes they have achieved that. “As a student nurse on this unit I can say that this truly has been a personal as well as professional journey. I have developed in many ways during my time on CCU and will carry the skills I have learned here throughout my career.

“I have been made so very welcome on this ward and other students remark on the same experience. We never want to leave.”

**Tips for providing a great placement**

- Give praise when it is due to students, try to encourage them.
- Ensure they go out in the community and see the whole patient journey, even after they have left the ward.
- Offer a co-mentorship programme.
- Build in time for reflection, especially after a traumatic event.
- Schedule teaching experiences into every day.
- Move the student around to expose them to new procedures and environments, but make sure they always have a mentor.
- Give the student a co-mentor so they always have someone they can talk to about their experiences.
Highly commended

Manchester Mental Health and Social Care Trust, Crisis Resolution and Home Treatment Team

The Crisis Resolution and Home Treatment Team (CRHT) notched up an impressive ‘highly commended’ spot in the Student Nursing Times Awards 2012. Here’s how they did it.

“Because it is based in people’s homes as well as other environments, it makes it hard to control the situations students find themselves in.”

The motto of the team is ‘Together we are better’, and that is certainly the approach that the team takes when it comes to incorporating students into the placement. Their health, their work-life balance, teaching needs and sense of belonging are all catered for, and it is little wonder that students opt to return again and again as an elective placement despite the emotionally challenging environment that this type of placement can sometimes offer.

Based in a busy part of North Manchester, working with mental health service users who are experiencing mental health difficulties, CRHT aims to keep them out of inpatient units by providing alternative intense home support.

“Because it is based in people’s homes as well as other environments, it makes it hard to control the situations students find themselves in, and yet time is built in for reflective practice and the approach is structured,” said one of the Student Nursing Times Awards judges. “This is a real challenge to achieve, and the fact that they have managed it is a real success.”

CRHT is able to support up to three students per intake across other disciplines as well as nursing from universities in the Greater Manchester area. The multi-agency approach gives students a range of experiences, including
working closely not only with nurses but with consultants, occupational therapists and psychologists. Students get exposure to practitioners who have specialised in areas such as cognitive behavioural therapy, safeguarding and child protection, non-medical prescribing and alternative therapies, some with over 20 years’ experience.

CRHT works as a hub to most services so students on placement get to experience most areas within a mental health setting, from inpatient wards, community mental health teams (CMHTs), drop-in centres, schools and the general medical wards. It works with 16 to 65-year-old service users, so students get to work alongside service users from varied backgrounds, ethnicity and demographics.

“This is a real challenge to achieve, and the fact that they have managed it is a real success.”

But, as well as the ability to get access to a broad range of staff and service users, it is in the consistent and structured approach to providing experiences for students using various methods, such as observation, reflection, supervision, formal and informal teaching and role play, that impresses.
While it may be structured, it is not depersonalised. Students certainly don’t feel like they are getting a ‘cookie cutter’ approach to learning.

“Our skills as practitioners enable us to identify a student’s learning style and then maximise the potential for learning, in order to get the best out of the students on placement,” says acting team leader, CRHT North, Ibrar Ahmed. “But we also recognise that at times students need to be encouraged to move out of their comfort zones and experience different types of learning to enhance their experiences. We will look at students and which stage of their training they are at and then allocate appropriate experiences for them. But we also ask what particular area they are interested in within mental health and provide them with a learning opportunity to meet this requirement.”

The team’s psychologist does formal teaching sessions with students and has access to various learning and evidence-based materials.

“As the practice education facilitator for Manchester Mental Health and Social Care Trust, it is my aim to provide high-quality learning environments for students placed within our trust for their practice experience. Regular evaluations and feedback from students has shown that CRHT North certainly put the student experience high on their list of priorities,” said Hilary Stratton-Powell, (Practice Education Facilitator).

“We will build upon our recent experiences and hope to encourage and inspire our future workforce.”

The judging panel particularly liked this approach. “This would be an inspiring and motivating place to spend time,” they said. Ibrar agrees: “We will build upon our recent experiences and hope to encourage and inspire our future workforce.

“The process of entering the Student Nursing Times Awards enabled us to consolidate and reflect on what we do with students. Things such as making the student feel part of the team whilst they are with us and valuing their opinions, as they come to the team with their own diverse life experiences and placement experience, enhances the team’s knowledge and in turn gives patients a better standard of care.”

Although the team has been established for four years, Ibrar recognises that for students it can be difficult to integrate into a new team. “At the start of each placement we provide a student pack, which gives details of the placement, our student philosophy, who we are, the names of all the staff,
and other details that help the student orientate to the placement,” says Ibrar. “They are introduced to their mentor as soon as possible, but are invited to visit the team prior to starting their placement to get a sense of the environment but also to look at practical things such as travel time, parking and so on.”

CRHT North recognises that students not only have to be on placements and meet their set objectives, but have to balance their academic work and home lives. It is flexible because it is a seven days a week service, so it can allow students to work weekends if they need to get to the library or have other commitments. “As long they complete their required hours and learning is not affected, we aim to accommodate where possible,” says Ibrar. All students are allocated a mentor and, where possible, an associate mentor to cover the times when their mentor is off. But CRHT also informs the student of the other people they can approach if there are any difficulties, such as the senior practitioners or manager.

The practitioners provide formal teaching sessions, but often take students along to their own study days if it will enhance learning, such as conferences, presentations and journal clubs. “Via observation, supervision and understanding learning styles, we are able to enhance learning and, where needed, alter our own approaches if objectives are not being met. We try to mirror teaching styles that students have at university, so we will look to provide feedback after a skill is performed – questions such as ‘How do you think that went?’ and ‘How would you do that differently next time?’”.

“This is a real challenge to achieve, and the fact that they have managed it is a real success.”
This incorporation of reflective practice particularly impressed the judges, who liked that CHRT built in time for reflective practice between visiting people. “It is great that they make use of this time to provide instant feedback,” said the judging panel. Flexibility, understanding and empathy – this team has it all.

“Being highly commended at the awards has raised our profile within the trust and we are getting positive feedback from the executive management team,” says Ibrar. “The University of Manchester has complimented us and, as part of our student evaluation of our practice area, they ensured that our highly commended recognition was included in the formal paperwork to achieve our accreditation. We hope that in the future we can roll out our model to other practice areas within the trust to standardise student experiences on placements, and draw out the skills and expertise of staff to enhance the student experience using creative ways of working.

“And we hope that we can go one better next time at the Student Nursing Times Awards 2013 and win.”

**Tips for providing a great placement**

- Make sure there is time for reflective practice and ask questions about how the intervention or visit went and what could have been done differently.

- Offer a set structure for the student.

- Make sure the experiences offered are relevant to that stage of learning.

- Recognise that an established, albeit friendly, team can be intimidating to a newcomer, so give them their own post trays and so on to make them feel they have a space.

- Spend time learning the student’s preferred style and work with that.

- Don’t be afraid to push the student out of their comfort zone.

- Take students to your own study days if they are relevant and they mix well with formal teaching sessions.

- Be flexible and let students work weekends or evenings to fit in with their study schedules and other commitments.
Other finalists:

**Aintree University Hospitals NHS Foundation Trust, Critical Care**

What impressed the judges looking at Aintree’s entry to the Student Nursing Times Awards was its creativity. Despite being the regional trauma critical care unit providing care to critically injured patients across the Cheshire and Mersey region, the busy placement goes out of its way to provide innovative solutions dedicated to helping students learn in a realistic and memorable way.

“We collaborated with our local hyperbaric unit, which ran a three-day pre-hospital trauma life support (PHTLS) course for healthcare professionals and emergency services, and arranged for our students to take part,” says Ann Butler, practice education facilitator for Aintree University Hospitals NHS Foundation Trust.

“The students played the parts of victims in a mock car crash. One has a fractured neck, one has a broken arm and so on. We tell the ‘victims’ about their conditions, respiratory rate and heart rate, and they work with the multi-disciplinary team who are trying to treat them. While they are acting, they get to learn from the teams managing their care and see first hand what they do.

“We collaborated with our local hyperbaric unit, which ran a three-day pre-hospital trauma life support (PHTLS) course.”
At the end of the day, there is a debrief so they can see which teams work best and how they can carry what they have learnt through to their nursing.”

Learning in simulated real-life situations enables the students to appreciate the trauma that patients experience and how this affects them. According to Ann, “the beauty of critical care is that students learn by the bedside and see a huge variety of medical conditions.”

Preparing students by discussing the potentially difficult or tragic situations they may encounter whilst working in critical care is an important element of the student induction day.

“We spend time talking to them about what they will see, to gauge whether they will need additional emotional support,” says Ann.

Students can gain information about the clinical area prior to the placement. The Placement Learning and Support System (PLSS) holds information describing the unit and suggested learning opportunities. Mentor details and contact phone numbers for the department are also provided. “We also produce a student guidebook, which gives them information about the trust, library opening hours, car parking, as well as guidance on infection control in this high-risk area, maintaining a professional image.

“The induction day is a nine-to-five full day, run by the practice educator or one of the link nurses. The students are given an introductory lecture which covers the history of critical care and describes the patient’s journey. If possible, the practice education facilitator (PEF) and the link lecturer meet the students on this induction. All students are allocated a designated locker and, although a small thing, this is an important element of making sure the student feels ‘a part of things’ and is essential to creating a good experience,” according to Ann.

“‘The beauty of critical care is that students learn by the bedside and see a huge variety of medical conditions.’”
“The students are given a tour of the clinical area, shown the bedspace and introduced to all the equipment used at the bedside. Students are encouraged to familiarise themselves with basic equipment before looking after a patient. The sheer number and complexity of devices in use can be very overwhelming.”

Each student is allocated a mentor. Ann says that giving them support throughout their time is vital. “We give them a one-to-one mentor and a back-up mentor, whom they work closely with. They may well work with other nurses and other members of the multi-disciplinary team, but we try to ensure that at least 40 per cent of their time is spent with their mentor.”

The mentor is selected on the basis of how suitable their shifts and working patterns are to that of the student, as well as their personal style. “We try to match the student’s needs to the mentor’s work pattern as much as possible to accommodate other jobs, and also try to match the student’s learning style to that of the mentor.

“One of the real bonuses of one-to-one mentorship is that the mentor gains an in-depth insight into the student’s learning and progress. The mentors are also able to identify learning opportunities as they occur on the unit and can make sure they get to see everything they need to understand the unit.

“If the mentor identifies that a student is not coping, I am always on hand, Monday to Friday, to help if they feel a student needs extra support.

“The students are given a tour of the clinical area, shown the bedspace and introduced to all the equipment used at the bedside.”

“We train our mentors regularly to enable them to help students meet their learning outcomes. We run a quarterly mentor support day. It’s multi-disciplinary for half a day, the other half is NMC related, and we educate them about anything new they need to know. These days are also attended by HEI representatives, ensuring a collaborative approach to supporting the students,” says Ann.

“Registrants also attend a one-day workshop because we know that supporting students in practice is about the whole team. The workshop explores how to support students, produce a good learning environment and match their learning needs to their outcomes.”
Understanding the patient journey in its entirety is also vital. Student nurses are able to have a spoke placement with paramedics, follow the patient into A&E, and may also go through to theatre. They may also meet former patients who return to attend the unit follow-up clinic.

“Integrating the students into the placement is as much about understanding as it is about belonging. Gaining feedback is a priority in understanding how we could do better as a placement. Feedback is gathered by the universities and fed back to the unit, who respond with an action plan if required. Critical care also gives their students another questionnaire while they are still on placement.

“This gives us instant feedback and enables us to capture what are the most appropriate day-to-day learning opportunities, especially if they go to spend their time with other teams. We want them to feel that they have gained the most from their visits.”

This has taught Aintree to change certain aspects of the placement. “For example, in response to a student feeling very upset when caring for a young patient who had been admitted to the unit and subsequently died, we have had to consider our counselling and supportive measures closely,” says Ann.
Learning from student experience is not only enriching future students’ time with the trust, it is also enhancing practice.

“We support a North West student quality ambassadors (SQA) scheme where, every six months, students who have completed a change management project share their project with practice, highlighting areas where they think improvements can be made. This encourages them to think about change management and innovative new practice.

“One of our students identified that a checklist for start of shift checks would be useful at the bedspace. It was familiar to us but unfamiliar to them and so we’ve taken that on board. It will be useful for new staff as well as students.

“They alert us to the areas to be developed and help us to identify solutions,” says Ann.

Ann knows that providing a placement enables two-way learning for both student and staff, and does everything she can to support that through creating the right environment.

**Tips for providing a great placement**

- Provide a proper induction – a full day if appropriate. It should be structured to give students a tour, introduce them to key personnel and familiarise them with procedures and patient conditions they may see.

- If you can’t offer them a broad range of experiences in your setting, think about transferring them to spend time with other multi-disciplinary members of the team to get a wider view.

- Be creative in the way you approach learning – would role playing, where they act the part of the patient, enable them to pick up more?

- Expose them to training scenarios and situations that your qualified staff are taking part in.

- Conduct your own student questionnaires to ensure you understand how well the placement is doing and evaluate where you can improve it.

- Don’t be afraid to learn from your students. Use the objectivity and the fresh perspective that students have to ask them what things need to change to improve the way you run things.

- Recognise that they will not have been exposed to as much as you and will need more emotional support if they see particularly difficult situations or traumas.
Bolton NHS Foundation Trust, Trust-wide Education Service

The smiling faces of engaged students who were enjoying their placement at Bolton NHS Foundation Trust is the one thing that stuck in the minds of the judges overseeing the marking of the Placement of the Year category in the Student Nursing Times Awards 2012. Bolton’s practice education facilitators didn’t just want those judges to take their word for it that students were finding their placement rewarding, so they made a DVD of students describing what it’s like to be on placement at the busy acute trust.

Student feedback is taken seriously at Bolton, with university evaluations showing 90 per cent of students feel that placement areas see teaching and learning as important. But the trust is striving to achieve 100 per cent and has action plans in place to support placements to attain that high level. The seven practice education facilitators share a philosophy that all students deserve quality learning environments within all areas of the healthcare economy, from their very first day on clinical placement through to being newly registered health professionals.

“We really believe it’s important to create a student-friendly event,” says the practice educator facilitator, Sam Bulpitt.

It would be all too easy to disregard students’ needs because of the hectic pace at Bolton NHS Foundation Trust, which serves a population of approximately 260,000 patients and accommodates 350 healthcare professional students a year, mostly within nursing, from Salford University, within 85 placement areas. There are about six students per placement area, with a ratio of around two students to each mentor. Despite the scale of the placements, the practice education facilitators work hard to ensure that all placements consistently provide the right outcomes and equitable learning environments and patient care.

“We really believe it’s important to create a student-friendly event.”

Because students are working in busy clinical environments where traditional mentoring can be difficult, the team promotes a culture of innovative mentoring, ensuring students develop their knowledge, skills care and compassion in a variety of ways alongside traditional mentoring. This change in culture supports mentors with the assessment of students’ knowledge, skills and capability through the involvement of other professionals, production of personal development plans (PDPs) and evidence of their development. Students have given positive feedback and say the approach is instrumental in helping them recognise what they need to improve.
The trust also uses blended learning to help students link theory to practice. It has a programme of work-based learning forums, directed learning workbooks and e-learning resources, which are directly linked to the nursing curriculum. This culminates into a ten-week consolidation programme (pre-preceptorship) supporting final placement students to prepare for their role transition and post-qualifying period. Being curriculum led, it ensures the consolidation of university-based theory into clinical practice. The forums provide a platform to enable students to discuss, reflect and challenge current practice with the direct support of the team in a safe environment. The aim is not to replicate theory taught via university but strengthen it by clearly linking clinical practice, theory and assessment process.

Work-based learning booklets are available within clinical areas and intranet is used. All placement areas have welcome/induction packs available online.

The practice education facilitators have also developed a curriculum map to support mentors and students to tailor the students’ clinical learning and development to the appropriate point in their training. ‘Hubs and spokes’, devised in partnership with placement areas, help students to understand a patient journey and other healthcare professional roles, and use reflective skills to critically analyse practice and identify further development.

Hubs and spokes booklets encourage students to identify their own learning objectives, both for the hub placement and any spokes identified, and give the students an opportunity to reflect on their experiences. PDP development is supported by mentors in practice and the team at forums, where students identify gaps in any skills and knowledge. Opportunistic learning is
encouraged within placement areas and promoted within the trust’s in-house mentorship programme, such as working alongside a paramedic student who may be on placement, or junior medical colleagues, teaching another student a skill.

Far from being just about theory, the team supports trust initiatives, for example Safety Express, 100 Voices and NW Care Indicators, giving students an opportunity to understand and play an active part in national and local agendas. Students have been involved in trust engagement events – ‘The Big Conversation’ – to create an environment where students can connect with the organisation, feel valued and understand the behaviours and attitude required to work within the trust.

An annual review of their educational audit action plans is in place, along with action plans for the quarterly student evaluation received from the higher education institution (HEI) and an e-survey to obtain student feedback.

Students are made to feel special throughout their time at Bolton. The trust has a student of the year award. The organisation has developed, and sees students as part of its future workforce. It has employed 85 to 90 per cent of its pre-registration nurses in recent years and is beginning to work with workforce planning to ensure employment for future cohorts. This, in turn, supports the need for the organisation to engage with the pre-registration student population to ensure the workforce is fit for the future challenging healthcare needs.

Named practice education facilitators (PEFs) in each placement area allow students and mentors to raise concerns timely and confidentially, which are then dealt with by individuals who understand the day-to-day challenges all face within clinical practice. We have visibility and an open door policy, and it’s clear that with their university link lecturers and mentors, we are there to support them. Since the team has been in place, there have been an increase in complaints and failures by mentors, which shows that people have the confidence to speak up or fail students.

Quarterly student focus groups – using the ‘appreciative enquiry’ approach – seek to engage students and renew, change and improve performance of placement areas. Student rep drop-in sessions have been set up from feedback from the Big Conversation engagement event and provide an opportunity for students to raise issues about clinical placements, which the rep can then raise informally with the team or university link lecturer.

“Students can connect with the organisation, feel valued and understand the behaviours and attitude required to work within the trust.”
“Occasionally, we have students who complain that they are treated like HCAs,” says Sam. This was taken forward and discussed within the student rep group forum. This highlighted the issue of maintaining supernumerary status whilst at the same time educating the students about holistic care and team working, and that it is everybody’s responsibility to deliver care, from toileting to giving out meals and feeding.

By offering a variety of learning material/opportunities, the Bolton Practice Education facilitators hope to meet most students’ learning styles. Mentor guidance supports a practical, structured way of meeting skills development and action planning. For example, in medical devices workshops, core medical devices used by students in placement areas are covered and an overview of policy and their responsibility and accountability gives placement areas assurance of students’ baseline knowledge. Forums are delivered in a variety of ways through Powerpoint presentations; group work; scenarios; DVD and board games, examples linked to clinical practice are paramount and students are asked to reflect on their placement experiences is undertaken.

In fact, the judges acknowledged this trust’s “creative and different styles of teaching”. “We are trying to move away from death by Powerpoint,” said Sam.

The trust has authored a DVD on medicines management, a DVD about a complaint made at the hospital and how that affected the patients, and are in the process of producing another called coroner’s court about a death. The trust pulled on its strength of being multi-disciplinary to resource the production of these professional DVDs.

“We are trying to move away from death by Powerpoint.”

The trust has in place its own NMC-accredited mentorship programme, which is linked to placement areas and the needs of the student, HEI and organisation. The programme is work based and supports the trainee mentors to review their learning environment and develop the placement so that it supports each student individualised learning needs.
It is clear that clinching a finalist place at the inaugural Student Nursing Times Awards in the placement of the year category has not been regarded as the finale, but the start of a fantastic journey for Bolton Hospital FT.

In fact, after the awards, it built on the success of the complaints DVD, to produce a medicines administration DVD and another on student experience.

The practice education facilitator says its pledge is “to feel proud to work in a team that values and respects both patients and staff and promotes a culture of learning and development which supports staff / learners to deliver the best possible care to all our service users”.

**Tips for providing a great placement**

- If you’re a large trust, think about combining resources to produce learning materials, such as DVDs that can be used by all the wider team.

- Produce DVDs, notes or documents that can show a new cohort what to expect from the student's perspective.

- Be visible and available to both mentors and students so they can raise issues, challenge practice and make complaints.

- Create your own student of the year award to recognise those who do well in your organisation.

- Don’t just settle for 90 per cent – put action plans in place to work on reaching 100 per cent.

- Set up a student rep body – and don’t be afraid of hearing what they have to say.

- Engage all students in trust-wide initiatives/audits to promote a sense of pride and belonging.
Marie Curie Hospice, Newcastle Site

The exacting standards of the Marie Curie Hospice in Newcastle impressed the judging panel at the Student Nursing Times Awards. “If you were a student, the nurses here would be excellent role models,” said one judge.

The judges were also in awe of the excellent opportunities that the hospice’s 22-bed specialist palliative care inpatient facility offers those studying nursing. The unit offers placements to third year management students, second year specialist placement students and second or third year students on community placements. “We don’t take first years because we feel they need basic grounding in nursing skills, while our placement requires more complex nursing skills,” says Helen Forrow, ward manager and acting hospice manager. “For us, offering the highest level of support to students is paramount. In order to do that, we take one management placement for each intake and then a maximum of two other students at a time. The trained nurse-to-student ratio is a minimum of 2:1.”

The hospice has two dedicated senior nurses who lead on student placements and support. The students are offered a named mentor and can also access the hospice’s practice educator for practical and educational support. The team has a supportive ethos and the students are offered regular debriefing sessions from experienced mentors, especially following emotional or distressing situations. The team regularly reviews critical incidents and student nurses are encouraged to attend for their own learning needs. “We also encourage them to sit in admissions meetings so they can see the whole of the patient care pathway, and show them patients who do get better, leave and are well, so they see all sides of cancer. Students tell us they feel very well supported in terms of dealing with death and dying” says Helen.

“Offering the highest level of support to students is paramount.”
It may be a huge effort to maintain that degree of involvement, mentorship and emotional support but, Helen says, “the more students get out of it, the more we get out of it.”

And it pays dividends. “The key development we see in many students is their ability to communicate effectively with patients and carers. This is through experiential learning in a safe environment and by observation of skilled staff,” says Helen.

This environment nurtures student nurses so they are able to hone their skills and emotional understanding, building their confidence as they are developed into skilled practitioners. “The level of direct clinical and emotional patient care provided by the student is second to none and mirrors the care given by our registered nurses,” says Helen. She describes the unit as a “uniquely caring environment”, which, compared with an acute setting, gives nurses “the time and space to fully appreciate what high-quality care looks and feels like while developing many key practical skills.”

As the hospice is self-contained, the range of experiences available is often unique and completely different to other NHS placements. The student also has the option to explore other providers of specialist palliative care while remaining within a supportive hospice environment. Students are able to observe and then implement a variety of skills in this highly specialised environment.

On a practical level, students develop skills in pain assessment, documentation, medication administration, sub-cutaneous and intravenous administration, spinal anaesthesia, bowel and urinary management, as well as basic nursing care, catheter, stoma management and oral care. While the environment may be special, it is the nurses’ ability to prioritise the learning needs of the students and tailor the experiences offered to them to accommodate those needs that impressed the judges.

So, although all student nurses are given a named mentor prior to commencing placement, and then
remain within a specific nursing team for the duration of their placement, they are introduced to the whole multi-disciplinary team on their first day. They have the option of working with any member of the team if they wish, and will gain a valuable insight into another role. Students are always classed as being supernumerary and are given priority for accessing learning resources within the hospice. The hospice has an in-depth file of relevant, up-to-date articles and information, which is of interest to student nurses. The hospice has its own in-house library and librarian service. Little wonder that they consistently receive excellent feedback from students on evaluation forms and also through university evaluations.

One of the hospice’s students has started work at the organisation after graduation. “We would not have been confident in taking her on if she hadn’t been to our hospice for her placement,” says Helen. “But she’s been fantastic. Some people think a hospice can be quite quiet and come with a different perception, but this is not the case if they’ve worked here. “It takes a special kind of nurse to be a palliative care nurse,” she says. “But even if they don’t go down that route, what they learn here will be useful in any setting. We teach them about how to ensure a patient has a good death, and that is relevant in intensive therapy unit, acute, community or other settings. That’s what we are educating the next generation of nursing workforce about.”

Tips for providing a great placement

• Offer a mentor-to-student ratio that leaves you able to provide emotional and practical support.

• Encourage the students to pick and choose what aspects of learning they need to see.

• Make sure they see a broad range of basic and complex nursing skills.

• Provide a booklet that tells them what they’ll encounter with you, for example what palliative care is and isn’t, what drugs they will see, introduce them to members of the multi-disciplinary team and health and safety procedures.

• Introduce them to the wider multi-disciplinary team.

• Offer a reference library for students to refer to and the time and space to use it.
Medway Foundation Trust, A&E Department

The expectations of many students heading to an emergency department are not always that high. That’s the view of Inmaculada Diaz-Alonso, clinical nurse lead at Medway NHS Foundation Trust’s A&E department.

“They hear things, they watch emergency departments on television, or see fictional programmes such as Holby City, and I recognise that because of that we can seem like a scary place,” she says.

But Inmaculada tries to ease their nerves about it before they arrive. “Through Canterbury Christchurch University, I ask them to contact me at least three to four weeks in advance of coming in so I can talk them through who will be their contact, their shift pattern and how we work.”

That friendly culture continues on their first day, with a scheduled tour of the facilities and being provided with a student guide, which is created by the team especially for the students. This written induction gives information on how many patients Medway sees a year (it’s 100,000), what happens during shifts and the days they will be expected to work. “It introduces them to who we are and the way we work,” says Inmaculada. “There are also some descriptions of common procedures we do in there, such as burns pressing and wound closure, and a list of common acronyms that we ask them to discover during their time with us, such as COPD (chronic obstructive pulmonary disease) and TIA (transient ischaemic attack). They remember it better if they’ve had to find it out for themselves,” she says.

The guide is rounded off with some space to write their learning objectives and information for when they graduate, such as working on the trust’s Flexibank.
But, for all the good intentions of a structure at the outset, this is a busy emergency department in the South East, which is getting busier. This is an advantage, according to Inmaculada. “Even though our placement deals with the unexpected, the department does have a routine, and there are certain things, such as femur fractures, falls, abdominal pain and minor injuries, that they will be bound to see.”

They spend a minimum of two weeks at Medway, and during that time they are moved around as their mentor moves around, so they spend a week in navigation, where they observe the assessment of patients; a week in resuscitation, where again they will shadow the nurses’ work on more critical patients; and a week in the trolley area, where they will deal with patients with a wide variety of conditions, although they are clinically stable.

A nurse will spend one week a month in minor injuries, and so a student will be transferred to another mentor if necessary to gain insight into this area. Such a busy A&E can mean that students will get exposed to everyday trips and falls and instances of shortness of breath. But some of the patients’ visits may be more serious. “When there are cardiac arrests or cot deaths, for example, we encourage students to see this because it’s important that they know that this is nursing. But we will always build in time to talk to them about upsetting things. I am proud of my mentors, they are all very sensitive and know when students need some time. I trust every one of my team to have a student, there is no one I wouldn’t be able to put a student with.”

Outside of navigation and resuscitations, students are encouraged to assess patients in minors, for example, and make their own assessments, which are

“When there are cardiac arrests or cot deaths, for example, we encourage students to see this because it’s important that they know that this is nursing.”
Tips for providing a great placement

• Introduce yourself and the place of work before the student starts work, to soothe their nerves.

• Create for students an induction pack of common procedures that they will see while they are with you and give them some learning points and features, such as acronyms or jargon, to discover for themselves while they are with you.

• Give them time to talk to you if they have seen something troubling or upsetting – recognise that while a death may be commonplace to you, it may be their first time.

• Don’t shield them from traumatic experiences – they should be encouraged to see what nursing is all about.

• Give students some autonomy if it is safe to do so and you can double check their assessment.

• Don’t be afraid to move them to another mentor in another area so they see more procedures.

• Ask them about their learning objectives and check them throughout the experience as well as at the end.
Your Healthcare, Surrey, Psychology and Challenging Needs Service

Many students arrive with a sense of apprehension at the Psychology and Challenging Needs Service, a specialist assessment and intervention service working with adults with learning disabilities and challenging behaviour. The service is part of Your Healthcare, the NHS community provider for Kingston upon Thames.

“It can be the first time many of them have encountered challenging behaviour – particularly those students who are not in learning disability but from the other fields of nursing,” says Padraic Costello, lead nurse at the New Malden-based service.

“The first thing we do is reassure them that they will be safe and secure and they will not be placed in a dangerous situation. We start by inviting prospective placements into the environment before they start to meet all of the team – nurses and other healthcare professionals – and tell them that we will do everything to keep them safe and make them feel included. That is one of the key things we emphasise while they are in our environment. We like to give them some idea of what they will get in four, eight or 17 weeks and set the scene of what they can expect,” Padraic says.

Despite the perceptions, the environment is such an excellent one for learning that it has transformed students’ views of learning disability nursing.

“One adult field student described her experience as ‘an eye opener’, and is now considering moving to learning disability nursing,” says Padraic.

“The first thing we do is reassure them that they will be safe and secure.”
He says being able to champion learning disability nursing as well as the success of the service’s four-strong nursing team gives him a massive sense of pride.

“We used to only take learning disability students but now we take other disciplinary students because we want to encourage them to think about how people with learning disabilities have strengths rather than deficits,” says Padraic. “And we teach them that a lot of skills they will learn here are transferable. True, you will see more anatomy and physiology in acute nursing placements, but we have more emphasis on sociology, psychology and other core skills.”

“Throughout this placement I feel I excelled more so than any other placement.”

The team has hosted students for ten years and has consistently received positive feedback. “I think that's because we try to make them feel welcome and that they won't be isolated while they are here,” says Padraic. “We all remember what it was like to be a student, and we don’t want them to feel isolated.”

Avoiding this feeling is about preparation, according to the Your Healthcare team. The team has prepared a 40-item welcome pack, which details 16 learning opportunities which students can see ‘at a glance’. They don’t just wait until the student arrives to discuss the pack – they constantly strive to improve it – and, since the judging in April, they have added four more items.

This sense of organisation and intense preparation before the student arrives makes the student feel valued. The team works collaboratively with service users, families and other professionals involved in the care of the individuals and gives students many opportunities to contribute to their learning and witness the promotion of good practice.

One student who provided testimonial about her placement for the judging panel said that she felt valued by the team and able to contribute: “Throughout this placement I feel I excelled more so than any other placement, and this was due to the support and constant encouragement I received.”

This feeling of inclusiveness starts by giving students control of their own electronic diaries, with mentors setting up draft outreach visits, appointment and meetings so students can start participating in, assessing and coordinating health action plans for the service user as soon as they start,
as well as being involved in multi-disciplinary team meetings. “We try not to confine them to their immediate locality but expose them to other settings, such as the organisation’s clinical governance and medicines management meetings,” says Padraic.

Weekly supervision is structured, so the student receives sufficient time with their mentors. The placement practises co-mentorship to ensure the student always has objective feedback and plenty of pastoral support. “Having two identified mentors enables us to get double confirmation of how the student is performing and how to help their development,” says Padraic.

At the start of the placement, the mentors discuss with the student any previous experience, any specialist interests and any specific areas for development so they can tailor the approach and programme to best suit the student.

Padraic sees it as a two-way street. “We give them positive continuous assessment and we always seek feedback from all students to help us develop as mentors.” He says the team takes pride from their annual education audit and the fact that they have all taught at the faculty. “How we’ve performed as mentors is important to us,” says Padraic. “We never lose sight of the fact that we were students once, and treat them how we would want to be treated.”

**Tips for providing a great placement**

- Create a welcome pack and constantly review it with students’ feedback.
- Give students their own diary and set up draft appointments before they start, to make them feel instantly included.
- Tailor the learning experience to suit the students’ strengths and areas they need to develop.
- Give students their own space and in-tray so they feel like part of the team.
- Set up co-mentorship so that you get a double confirmation and objective view of students’ performance.
- Speak to students about your own career and experience to help deepen the relationship and build trust.
County Durham and Darlington Foundation Trust, Darlington Memorial Hospital, Ward 62

Ward 62 is a gynaecological ward at Darlington Memorial Hospital and, as a result, can be emotionally tough for its first, second and third year nursing students.

“Commonly, we’ll see miscarriages, pregnancy loss and sometimes terminations due to abnormalities, along with other things that can be upsetting for students,” says Sonya Heath, who is a clinical sister/early pregnancy assessment sister. “For that reason, it’s important that students are prepared early about what they may see.”

“Even before they arrive they have access to an induction pack, which lists the kinds of procedures they may see.”

“Even before they arrive they have access to an induction pack, which lists the kinds of procedures they may see and the terminology we use and gives them more insight into some of the conditions they will come across while they are with us,” Sonya says.

“And then, on day one, they are given a thorough induction and asked how they will feel about seeing some of the procedures or experiences they are likely to witness on placement, explaining exactly what will happen during certain procedures.

“At that point, they may tell us they have had miscarriages themselves or don’t think they can handle the types of things they’ll see. And even if they say they’ll be OK, we keep a close eye on them and support them throughout their time,” says Sonya.

“Although we encourage them to see everything, sometimes we can’t expose them to every experience all the way through. We can show them certain aspects of care, and then support their understanding by talking about it.”
To achieve this, each of the three students the ward has at any one time will have a mentor and a back-up or associate mentor, to ensure the commitment of taking care of the student is shared. The nine mentors and three associate mentors are selected depending on their availability and are given regular training and workshops, at least annually, in teaching and mentoring to ensure they are able to pass on their skills. Mentors will assess the skills of their students and personalise their programmes of teaching accordingly. “For example, some students are here in their first placement and need to learn basic skills, while others may come having some nursing knowledge as they’ve worked as an auxiliary, or others can be with us in their third years,” says Sonya.

The ward makes the most of unscheduled quiet times by creating a quiet library area for students to read up on policies and procedures, look up practice policies on the intranet or enhance their reading on the internet. This is also the time when mentors can reflect with students on what they’ve learnt so far. “We can also send them to other gynae areas so they can work with other nurses or disciplines to see how they work,” says Sonya. Student nurses go on ward rounds with doctors, work with physios, dieticians, oncology nurses, pre-assessment nurses and the discharge management team. As well as working with other team members, the placement arranges for students to see the entire patient journey. “This enables them to see patients at pre-assessment, getting them ready by checking they’re not anaemic or checking ECGs to make sure they are fit for admission; seeing them on the ward and in recovery so they can see where the patient is likely to have pain or bruising and learn how to make them comfortable, as well as seeing how they cope when they go home, and perhaps do too much, by working with the outreach team to see post-discharge care. The students love this bit of continuity because of the insight it gives them into the whole patient experience.”

One of the areas that Sonya says the students can find challenging is how to handle an emotionally difficult conversation with a patient who has, for example, just had a miscarriage or received bad news.

“We can show them certain aspects of care, and then support their understanding by talking about it.”
“They can shadow a nurse when she talks to the patient, if the patient gives her permission, but it can be difficult to observe. We noticed that other finalists in the Student Nursing Times Awards used role play, and this is one of the things we are thinking of doing with our bereavement midwife,” Sonya says.

Despite the sadness involved in much of the work, the placement is hugely popular with students. Ward 62 receives far more requests from Teesside University students for elective placements than it can accommodate. Sonya believes it’s down to the team spirit. “All members of the team remember how they felt as students, and are very open and keen for their students to learn.”

**Tips for providing a great placement**

- Create an induction pack that enables students to be familiar with the type of work they will encounter.
- Prepare your students by telling them exactly what they will see and how they will be likely to feel.
- Give them emotional support throughout the process and a chance to talk.
- Encourage them to see everything, but be sensitive if you think they have personal reasons that make it difficult to get involved in a certain aspect of treatment.
- Create a quiet area and give students a chance to study, learn and use the trust’s or organisation’s intranet and internet.
- Involve students in the entire patient journey so they can see all aspects of care and how the decisions made by other members of the multi-disciplinary team affect the patient.
- Make sure students familiarise themselves with the wider multi-disciplinary team so they understand all aspects of care.

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