



Humber Teaching
NHS Foundation Trust

Expanding Placement Capacity during the Pandemic

The Practice Education Team 2021

The Practice Education Team (PET)



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- 2 MH nurses**
- 3 adult nurses**
- 1 OT**
- 1 admin support**



All clinicians in the team are suitably prepared as either practice assessors and/ or practice supervisors



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& Growing Together**

Humber Teaching NHS Foundation Trust (HTNHSFT)

- NHS trust integrated health care services
- Wide geographical area across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale.
- Population of 765,000 people
- MH, LD, forensics, community services and hospital inpatient wards



Organisational Profile

OUR TRUST IN NUMBERS



1 AWARD WINNING TRUST

We are proud to have been named H&SJ Provider of the Year Award 2019

(HSJ logo to add)


94%

of staff are aware of our three central values. Caring, learning and growing underpin what we do and by living these values we can ensure the best possible care for our patients and service users.

765,000 PEOPLE



We deliver a wide range of health and social care services that support the health and wellbeing of our local populations.



4,700 SQUARE KILOMETRES

We care for people of all ages across a wide geographical area along the north east coast of England.

47 ACTIVE RESEARCH PROJECTS



Over 1400 participants took part in research projects over 2019/20 helping to improve the health and wellbeing of our patients and service users, our services and the care and treatment of people worldwide.



16 STAFF AWARDS

Our staff awards are our annual opportunity to celebrate together and reward and recognise excellence and achievement.

75 LEADERSHIP DEVELOPMENT OPPORTUNITIES

Our leadership and senior leadership programmes support staff from across the Trust to develop their personal leadership skills and lead engaged and high performing leads.




2,800 STRONG TEAM

Our diverse and dedicated team work together to provide our services which are rated overall as 'Good', with areas of excellence, by the Care Quality Commission.

5 GEOGRAPHICAL AREAS

We are the leading provider of integrated health care services across five geographical areas - Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale.



79 LOCATIONS

Our services are delivered from a diverse mix of buildings including community hospitals, mental health inpatient units, GP practices and more!

Find out more about our Trust at humber.nhs.uk

Our best hopes for today

- Share our engagement with stakeholders to think creatively about opening placements
- To present how 'blended learning/ Virtual placement models work in practice
- Share some feedback



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Preparing Practice

- Practice placements provide opportunities for experiential learning that allow students to acquire **skills, knowledge, attitudes** and gives relevance to classroom (theory based) teaching (*McCarthy & McCarthy, 2019; Bazyk et al., 2010*).
- *“the essence of effective teaching lies in the quality of the teacher to set up a learning experience which brings about a desired educational outcome”* (*Kyriacou 1991*)



The impact of the Pandemic



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- Government mandated lockdown
- Placement capacity declining
- Anxiety around the learning environments



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Challenges....

- Covid restrictions upon estates
- Large cohort 58 MH and LD – in addition to AHP, and SW students
- SSSA standards
- Future nurse proficiencies (new curriculum)
- MYE pads
- Agile working introduced more widely
- Workforce unprepared for digital age
- Supporting trust staff undertaking professional apprenticeships (SNA , TNA)



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Professional Apprenticeships



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- Working closely with areas around placing students (SNA, TNA, OT apprentices)
- Change in programme structure
- Managing the balance of learners and skill mix



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Overcoming the challenges

- Initial lack of resources to support agile working – secured 10 student laptops nursing & AHP
- Working with reluctance and anxiety – remedied by role modelling, having students in the PEF team and face-to-face meetings with individuals, supporting staff health and wellbeing
- Changing the mindset – moving away from the legacy mentor-student relationship
- Estates restrictions – worked with teams to plan opposing shifts (early and lates, start and end of week etc)
- How do we evidence the virtual timetable as credible clinical hours? – robust reflection pro-forma and supervision, focussed on implications for practice



Why do we need to think creatively?



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- Less people in buildings
- Double in size of cohort
- Making up hours missed – bespoke placements
- Including other disciplines
- Releasing pressure on frontline services
- Frustrated assessors/supervisors wanting to contribute



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What we did...(Virtual Placement)

- Proposed to the University 7 week virtual placement with the PET
- Each clinician was PA for group of 8-14 students
- Microsoft Teams used as the basis for the learning environment; students undertook a mixture of virtual teaching sessions from a variety of different disciplines and services across the organisation, a face-to-face clinical skills workshop (vital signs and NEWS2), facilitated peer group supervision, presentation project
- MH first aid training paid for all 1st years, wellbeing and chair yoga.
- Recruited virtual assessors



What was offered in the virtual timetable?



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Information governance	Freedom to Speak up
Clinical systems training	Recovery College
Models of reflection/ reflective writing	Commissioning and integrated care systems
Supervision skills	Aromatherapy interventions in MH and LD
Catheterisation and Catheter Care	Patient and carer experience
Quality Improvement	PPE
Forensic Services and Pathways	Safeguarding awareness
Asthma and COPD	ECT and clozaril clinic
Defensible Documentation	Care Planning
Self-care and emotional resilience	Inpatient pathway
MHA awareness	Physical Health in LD and MH
Workstation yoga	CAMHS Teaching
Working with Children and young people	Basic Wound Care
Working with older adults	Basic pressure area care
Working with adults	Privacy and dignity/ self-care
Continance Assessment	Specialist treatment and recovery service
Domestic Abuse Champion	Bowel Care
Assessing risk, self-harm and suicide	Medication Optimisation
Role of the Pharmacy Technician	Research team
Role of the AHP in the MDT	Fluid and nutrition



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Key Benefits & Outcomes (Virtual Placement)

- Maintained continuous stream of students in the trust
- Reflection and the Code promoted from Day 1 of induction
- 2 week induction (completed all mandatory training)
- Enhance the CPD and teaching experience of practice staff contributing to the virtual timetable
- Evidence of supporting learners for revalidation and re-registration
- Blending learning empowers the student, increases motivation to engage in self-directed reflection and research (NMC, 2018)
- More students can access MDT, formulation and assessment meetings remotely, where room size would ordinarily not permit
- 2nd and 3rd year students delivered teaching sessions – increasing autonomy and confidence
- Established positive relationships with students early



What we did...(Increasing Capacity)

- Engagement and collaboration with stakeholders from ward to board level
- Central hub for all expressions of interest , queries and manned with a daily duty PEF offering time for face-to-face support
- Face-to-face initial meeting with clinical area (conversations around utilising resources within the team and problem solving)
- Work around possible learning opportunities, preparing the learning environment



- Completing audit with the HEI and help complete placement profile
- Preparing all staff for PA and PS roles

New placement areas (March 20-present)



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- Safeguarding children's team
- CAMHS inpatient and home based treatment team
- Assertive engagement team (working with the homeless) within the response service
- Specialist Treatment and Recovery Service (STaRS)
- GP practices
- Humber sensory processing service
- Integrated Care Services –ICS
- Complex emotional needs service
- Safety huddle
- Specialist Community Forensic Team
- Primary care service (within the forensic unit)
- Widening GP practice input
- Rotated the adult nurses between the DN's and MIU and the community wards – increasing learning opportunities
- Working with Occupational health and Infection prevention and control team



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Evaluation and Feedback

- PARE (Practice Assessment Record and Evaluation)
- Qualitative data from questionnaire
- Anecdotal feedback
- Student blog



“The thought of a virtual placement at first seemed very overwhelming. I think we were probably all thinking, “Not more online learning surely?” But this experience has been so different and a breath of fresh air really, especially during the clinical skills session, the presentation work, the MHFA and other interactive activities. I’ve learnt so much throughout these 5 weeks. You have all done an excellent job, thank you.”

“I would like to appreciate all the hard work, dedication, and desire to support us during our virtual placement five weeks ago. The imparted skills and knowledge gained make me feel ready for physical placement. Once again, thank you all for your support throughout the past few weeks”

“I feel that I have a sound knowledge base to take forward into clinical practice placements. I feel that the teaching has been relevant, in terms of theory and how this translate into practice. All the facilities have delivered content that is engaging, informative and leaving me want to learn even more (in a good way). I have learnt so much about the NMC Code because we have been encouraged to reflect and hold discussions that link the code. I have learnt some skills around reflection and would like to enhance these further and feel confident and empowered in doing so.”





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Further information



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