

Getting the most out of your placement

Abstract

This article will describe the best ways to get the most from your placement. Firstly, we will describe what to expect in general; secondly, what you should learn during placements; thirdly how to get the most from non-traditional practice placements; and finally, how to handle a placement that is not going well.

Introduction

Nursing is a degree like no other. Many other programmes leading to a professional qualification require an element of workplace learning but this is often a minority aspect of their hours of study (HCPC 2012). However, due to the requirement of nurses to be “knowledgeable doers” (UKCC 1986, Ousey K 2011), 50% of any nursing course must be spent in practice (NMC 2010b). This equates to 2300 hours or about 62 working weeks out of the course. While you are on placement you will be both supported and continuously assessed by a registered nurse mentor. Consequently, it is as important to develop strategies to get the most out of your placement as it is to build your study skills for exams and assignments. This article will attempt to provide you with the knowledge to make the most of your practice learning experiences. Firstly, we will describe what to expect in general; secondly, what we should learn during placements; thirdly how to get the most from non-traditional practice placements; and finally, how to handle a placement that is not going well.

What to expect in general

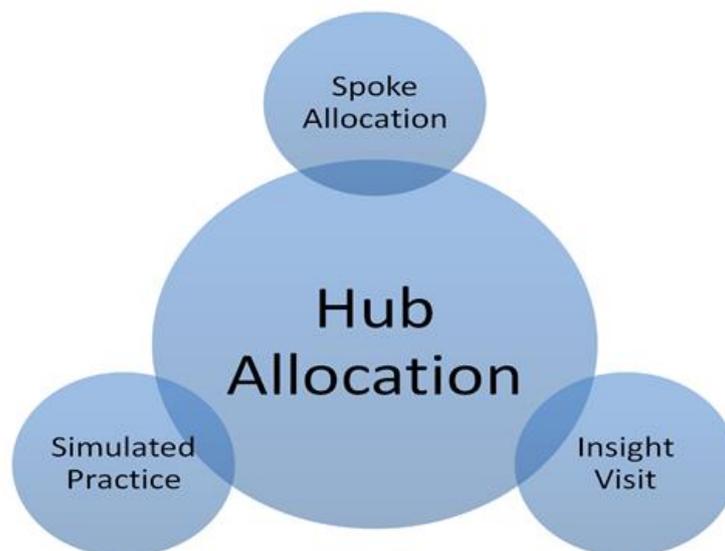
There are as many different methods of providing practical experience as there are universities offering nursing degrees. The tradition method of placement allocation is to provide what are known as blocks of a few weeks of university based study interspersed with a series of a continuous run of individual placements in a variety of

Getting the most out of your placement clinical settings. A variant on this is to have the student spend two or three days a week on placement and the rest of the week on campus.

A recent attempt to deliver the range of experiences needed combined with longer relationships with the same mentor is the “hub and spoke” model of placement allocation. Again, there are as many versions of this as there are nursing courses espousing it but the main idea is to have a long central “hub” placement with the requirement to spend time on “spoke” placement areas to ensure the student is exposed to other specialities and experiences (see an example of this from University of Derby in figs 1 and 2 below).

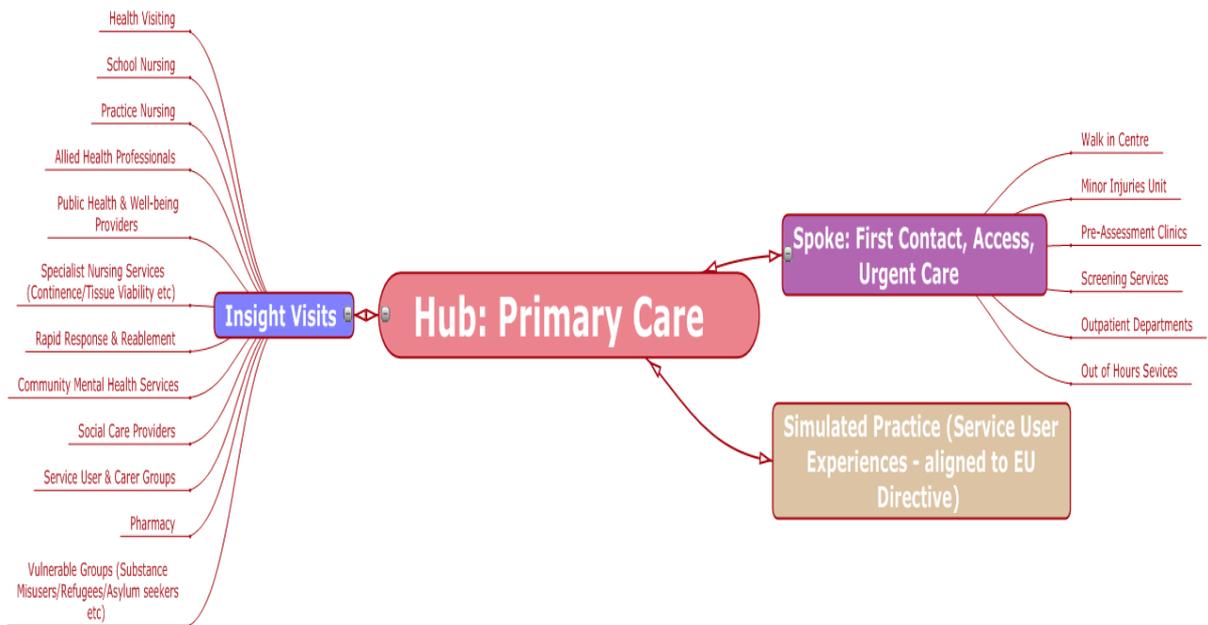
[Fig 1]

University of Derby Model for Hub & Spoke:



[Fig 2]

Getting the most out of your placement



In addition to these and other methods of clinical placement learning some programmes now include up to 300 hours of “simulated practice” (NMC 2007). However, as the NMC says “most practice learning is required to be undertaken in direct care of clients” (NMC 2010b). Despite all of this variation in placement provision it remains the case that each student will be provided with a mentor as indicated in the first section. As the recent guidance to directors of nursing states, employers and universities must “ensure that there are sufficient mentors to work with and supervise students in practice” (Withams 2013).

The national requirement for mentors requires systems of support from placement providers and universities (Whitehead 2010). In many trusts there are practice placement managers, link tutors from university, practice educators and skills labs within the trusts or university that can help with supporting the students too. Drop in clinics at the trusts and university for advice with documentation and issues around mentors and practice. The one thing that can be guaranteed is that each student will be allocated to a mentor.

Getting the most out of your placement

Mentors must be a registered nurse with at least 12 months experience and have completed a mentoring qualification (NMC 2008). An additional requirement is that for the final placement prior to qualifying the student be allocated a “sign-off mentor”. It is also a requirement that the student be given experience of 24 hour and seven day care (NMC 2010b). This generally means working weekend and night shifts to gain this experience. This experience must be supernumerary. However, practice learning as defined by the NMC above requires the student to be mainly participating in direct care. Therefore, the student nurse should expect usually to be working alongside registered nurses and the interdisciplinary team in the care of patients in order to receive practice learning. Nevertheless, to quote the NMC directly:

Supernumerary means that the student will not, as part of their programme of preparation, be contracted by any person or body to provide nursing care (NMC 2010b).

Unsurprisingly, this combination of being required to undertake direct care and to be supernumerary at the same time can be confusing for students, staff and patients. The main thing to remember is that the purpose of students being on placement and delivering care is to gain practice learning experience. If students are in any doubt as to their status on placement they should discuss this with their mentor or their university lecturer.

For students with disabilities such as dyslexia reasonable adjustments that are relevant to the workplace must be made (Equality Act 2010).

Many students say that they learn more on placement than they do in university. This is a highly debatable opinion and nurses involved in education strive to build and strengthen the necessary link between theory and practice. Sometimes it is not until a student has completed a placement, or even many years later, that they realise the importance or relevance of what they were taught in university. However, there can be no doubt that practice learning makes a valuable contribution to the nurse’s need to

Getting the most out of your placement
acquire the skills to do a good professional job. What then should the student aim to
learn during placements?

What should we learn during placements?

The first thing to say is that no nurse has ever been able to learn the full set of nursing skills that will be required for her or his first job after qualifying (Whitehead et al 2013). This is because whatever field of nursing you are studying for the education and assessment to ensure you've reached the required standard is general rather than specific to the particular position that you are recruited to after qualification.

Consequently, the NMC and the Department of Health require all newly qualified nurses to be supported by a period of preceptorship after qualifying (NMC 2006, 2010b, DH 2010). That said a great deal can and must be learned during the practice learning part of your degree. The majority of programmes require students to have experience of care prior to commencing their degree and DH policy is to require all students to work as HCAs before starting their nurse education (Campbell 2013). Students need to be responsible for their own learning opportunities and when assessments are due. They also need to ensure that they understand the learning outcomes to be achieved on placement and discuss any queries with their mentor.

Nevertheless, it is important for nursing students to participate in the fundamental care of patients during their course of education as well as before it. One of the tricks to ensuring that you make the most of the educational aspects of fundamental care is to consider the nursing theory and human sciences (anatomy, physiology, psychology and sociology) that relate to the care you are providing. Nursing models such as Roper, Logan and Tierney's (1980) describe human life in terms of activities of living as well as the external influences such as aging and psycho-social factors. Several of the activities described by Roper et al equate well to the needs of the patient in

Getting the most out of your placement
fundamental care giving. Maslow's hierarchy of needs (1943) has at its base the
fundamental requirements of life (fig 3).



fig 3

Another good way of linking theory to practice is to reflect in action and upon your actions. Schön described the reflective practitioner as being how professionals think in action (1983). This idea of reflection on action being a property of professionalism has permeated nursing and is now a central tenet of the profession. One of the main advantages to this process in placement learning is that you can use your experiences as springboards to bring your academic learning to life. There have been many examples of reflective cycles to help you to reflect on your actions in placement. Your university or mentor may advise a particular cycle or may leave the choice to you. I generally advise my students to use a three stage cycle such as Oelofsen's (2012). For writing reflective accounts I have devised a three stage linear process (Whitehead 2011). The stages of the structured reflection in this process are:

- Description of the area of activity (Description);
- Reflection upon the area of activity (Reflection);
- Consequent plan to improve future professional activity (Plan).

Getting the most out of your placement

This allows for description of the evidence; discussion and critical analysis of the activity described; followed by a plan based on the findings of the reflection to improve future activity or to maintain existing standards. The reflection stage of the process should be based upon further reading and thinking that the student has done to illuminate the issue. Once you have considered your experiences either through reflective thought or writing or through considering the activities on placement in light of your academic reading you can discuss this with your mentor, peers or university tutor. The final test of your learning of course is to teach less experienced students and staff.

These are tried and tested methods of learning as much as possible from your placement but what if the practice learning area is not the sort of experience you expected? The next two sections will look at this.

Getting the most from non-traditional practice placements

Traditionally, student nurses were placed in NHS acute hospitals and community placements. However, in recent years a wider variety of experiences where nurses work outside of these areas have become available. These include “NHS treatment centres, hospices, nursing homes, out-of-hours service providers, prison services, GP surgeries and private hospitals” (Sherratt et al 2013:18-19). Some of these private, voluntary and independent sector placements will be with nurses practising advanced skills and others in areas of fundamental care. Whichever it is, you can gain at least as much from these experiences as from more traditional ones. Using the theory to practice techniques described above can be transferred to any learning experience. It is worth remembering that any arena where nurses work is a valid place to be as a student as in your future career you may be practising there yourself. Consequently, with the right attitude and learning toolkit it is possible to gain a lot from any placement.

However, sometimes, despite your best efforts placements may go wrong.

Getting the most out of your placement

How to handle a placement that is not going well

There are a number of reasons why a placement may not go well. It may be that you just do not like the speciality. If that is the case this is a valuable learning activity as you will know to avoid this type of position when you are a registered nurse. The advantage of being a student is that even long placements are time limited. They will be over at some point. In the meantime you should try to gain as much learning as possible from the experience anyway. Reflect upon your reasons for not enjoying it and discuss these with people that you trust.

If you feel that you are not performing to the standard that a student at your stage should this can be concerning. The first thing to do in this case is to discuss your concern with your mentor. It may be that you are setting your standards too high and your mentor may be able to reassure you that you are within the correct range of competence. However, even if your mentor confirms your fears this remains the best policy as she or he will be able to help you to formulate a plan of action to build up to the required standard. Remember, with support, guidance and personal effort, you can do this.

More worryingly, it may be that you have experienced poor patient care or have been mistreated by staff, patients, their carers or even your mentor. In this case the advice from the NMC is clear. Inform your mentor, tutor or lecturer immediately if you believe that you, a colleague or anyone else may be putting someone at risk of harm you should, “inform your mentor, tutor or lecturer immediately if you believe that you, a colleague or anyone else may be putting someone at risk of harm” (NMC 2010a:6). This can be a difficult thing for a student to do but it is both ethically correct and the requirement of our professional regulator.

Getting the most out of your placement

Evaluation of the placement by students is vital to ensure that good placements are praised and encouraged and that areas that need to make changes are aware and monitored to enable all students to have a good experience.

If you do have problems on placement the main thing to remember is that you should not suffer them alone. In the unlikely event that the first or second person you approach is unable or unwilling to help, you can escalate your concerns to others in the placement or university as the NMC suggests (NMC 2010a).

Conclusion

As noted above, most nursing students say that they gain more from their placement learning than learning done in the university. The advice given here suggests that getting the most from your placement involves using the learning from one part of your course to inform the other. It is best to approach every learning opportunity with an open mind and a positive attitude. Enjoy your placements and your degree. They are a valuable and unrepeatable opportunity.

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Getting the most out of your placement

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