Developments in multiprofessional education

Placements in Focus

Guidance for education in practice for health care professions

Published by

English National Board for Nursing, Midwifery and Health Visiting

and

Department of Health

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Foreword

Students' practice experience is widely acknowledged as being one of the most important facets of their educational preparation in health and social care.

In 1999, based on cumulative research findings, the Board identified the need to develop further its existing standard concerning the quality of students' practice experience within educational programmes.

In Spring 2000 the Department of Health established a Clinical Placements Working Group, with the ultimate aims of identifying ways to increase the supply of practice placements and ensuring national consistency in their standards and quality.

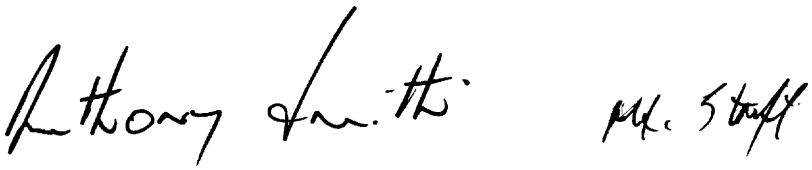
As aspects of the work of the Board and the Department of Health converged, it was agreed to produce a joint document, with a multiprofessional Working Group.

Current Government strategies are reflected in this publication. The principles and guidance for good practice it contains will enable all those involved to provide high quality placements with suitable learning environments for students. Examples of innovative approaches to practice will stimulate expansion of practice placement capacity and will enhance their quality. They also underline the value we place on the student experience in all aspects of their educational programme.

The publication has undergone consideration and critical reading by stakeholders in health and social care, ensuring its relevance to a wide range of professions.

We are confident that *Placements in Focus* will assist in the attainment of students' competence in practice and improved teamworking both of which are vital for quality care for patients and clients in increasingly complex health and social care services.

We are committed to monitoring the momentum achieved by this publication and to supporting all those who are driving forward the development of quality placement experiences for students.



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1 Introduction

A definition of 'practice placements' is contained in Section 1.4

The purpose of *Placements in Focus: Guidance for education in practice for health care professions* is to provide practical and contemporary guidance to enhance the quality and innovative development of practice placements. It is an integral part of the Government's modernisation agenda and *The NHS Plan* (DoH, 2000a). This guidance builds on previous work and on evidence about students' experience of practice. It has been prepared collaboratively by a number of statutory and professional bodies and the Department of Health. It will form a complementary element of changes to the quality assurance of NHS-funded health professional education programmes.

This guidance will be relevant to all those with responsibility for developing, providing, assessing and quality assuring practice experience to meet the needs of all non-medical health care students, including students of clinical psychology, dietetics, health visiting, midwifery, nursing, occupational therapy, orthoptics, physiotherapy, podiatry, radiography, speech and language therapy and other allied health professions.

This guidance supports and elaborates on the existing standards concerning students' practice placements from each of the relevant statutory and professional bodies. It relates to all relevant education programmes in England.

1.1 The aims

The aims of this publication are to:

- enhance and build on existing guidance and standards relating to practice placements
- improve the quality assurance procedures relating to students' practice experience
- focus on common expectations across the health care professions
- support the development of innovative ways of increasing and making best use of practice placements which reflect the varied communities and situations in which health care professionals work
- share ideas about the identification and development of new opportunities for practice experience
- facilitate communication between health and social care professionals on practice placement issues.

1.2 Target audiences

Placements in Focus is written for those responsible for commissioning and providing student practice placements and for those responsible for assuring the quality of placements. The guidance is also aimed at health care students. The target audiences include:

- national education policy leaders
- higher education institutions (HEIs) and other educational institutions approved by statutory and professional bodies, including registrars and relevant deans and heads of departments
- purchasers and commissioners of health care education
- health and social care providers including the independent and voluntary sectors and incorporating Trust Boards and chief executives
- regional directors with responsibility for education and training
- directors and managers of health care services and social services
- practice-based educators and mentors/assessors

- students participating in practice placements
- professional, regulatory, standard setting and quality assurance bodies concerned with health care.

This publication will help in commissioning, planning, providing and quality assuring practice placement experiences to ensure that students get the most out of their placements and that practice mentors/assessors place greater emphasis and value on the quality of that experience. Programme planners are responsible for sharing this document with all those who provide practice placements or new opportunities for students' experience. The guidance will also help inform students and identify what they can expect from their practice experience. The effectiveness of each placement depends on a robust partnership between service providers and education working together with students. Each member of the partnership must ensure that placements offer the expected opportunities for learning and that each student's practice experience contributes to the learning outcomes consistent with the aims of the education programme.

This publication will also be of interest to service users and carers involved in the planning, implementation, evaluation and development of programmes of education.

1.3 Using *Placements in Focus*

Placements in Focus provides underlying principles, guidance and checklists for those concerned with developing practice placements.

Section 2 The context contains a brief overview of the policy drivers that support the development of practice placements.

Section 3 Principles and guidance for good practice contains underlying principles and guidance. The guidance is intended to enable service and education colleagues to plan practice placements that are relevant to the needs of the modernised NHS.

Section 4 Expanding capacity: innovative approaches to practice contains ideas about ways in which the capacity of placements can be expanded and quality in practice placements supported.

Annexes include checklists with key questions to address this guidance, the contact details of relevant organisations, the Department of Health and the NHS Executive offices, the Working Group members and the critical readers.

1.4 Notes on terminology

Practice experience can be gained wherever practice takes place. The term '**practice placements**' is used in this publication to incorporate:

- placements in an identified area of care
- practice experience gained through alternative approaches, for example, through a student working over a period of time with a patient or client and the family, involving a range of settings
- practice experience gained in a skills laboratory.

Skills laboratories provide valuable opportunities for skills acquisition and rehearsal for students. However, they should be seen as complementary to practice experience gained in health and social care settings, not as a replacement.

The term '**mentor/assessor**' is used in this publication to denote the role of the person who facilitates learning and supervises and assesses students in the practice setting. The professional and educational preparation for this role is defined by the appropriate statutory/professional bodies.

Different professional groups use differing terminology. For example, in nursing, midwifery and health visiting the United Kingdom Central Council for Nursing, Midwifery and Health Visiting uses the term 'mentor' to cover all aspects of the role as stated above. For this reason the dual term is used in this publication.

2 The context

2.1 Government commitment

The NHS Plan (DoH, 2000a) emphasises the need to break down barriers between the health and social care professionals in order to promote multiprofessional working, to value and support staff and to ensure that there are adequate resources for the modernisation agenda. The importance of clinical experience is stressed in *A Health Service of All the Talents: Developing the NHS workforce* (DoH, 2000b) which places clear responsibility on employers and the new Workforce Development Confederations to establish good quality practice placements.

The Government is committed to a growth in the health professional workforce which will have significant implications for practice placements. For example, the Department of Health strategy for the allied health professions, published in November 2000, stresses the importance of increased practice placement capacity. Better recognition and support for practice mentors/assessors, through more systematic organisation and management, will be vital to increasing practice placements.

The NHS review of workforce planning and *The NHS Plan* both reinforce the expectation that all health organisations should play a significant part in working closely with higher education and professional and statutory bodies to expand placement capacity and provide an environment that facilitates learning.

The NHS Executive and Committee of Vice-Chancellors and Principals Partnership Statement (NHS Executive and CVCP, 1999) requires that placement opportunities are of good quality, provide relevant learning, give adequate support to students and have jointly agreed learning outcomes.

2.2 Importance of practice experience

The importance of practice placements in the education of health care professionals has been emphasised in *Making a Difference* (DoH, 1999) as part of the Department's drive to modernise the NHS and to ensure that education for health care professionals is strengthened and focused on the services needed by patients and clients.

High quality and longer practice placements, in a supportive environment, will help students gain better practical skills and ensure that they are able to provide the care needed by patients and clients (HSC, 1998/149). It is important that practical and clinical skills are introduced into education programmes from the start in all health and social care settings. Gaining early contact with patients and clients is essential, because this enables students to see the relevance of their theoretical preparation.

Within each of the health professions there has been an emphasis on improving and developing practice placements and experience. This investment must also contribute significantly to the total quality of the students' educational experiences, their motivation and morale and their future career aspirations. *Placements in Focus* enhances, expands and makes more explicit existing guidance and standards for student placements and practice experience. It enables local standards to be developed within a national framework.

Another joint Board/Department of Health publication *Preparation of Mentors and Teachers: A new framework of guidance* (ENB and DoH, 2001) contains guidance on the preparation of mentors/assessors and teachers, including practice educators. The implementation of this guidance will improve teacher support to students on practice placements and the quality of the learning experiences for students.

2.3 Thrust for quality

Higher education institutions and service providers are responsible for the quality of the learning opportunities provided for students. All organisations and professionals must share a responsibility to support and educate the next generation of health care professionals. Students also have a responsibility to be active participants in their own learning and make the best use of the learning opportunities in their practice areas.

A range of contractual relationships and arrangements underpin the provision of placements in different professions and with different partner organisations. For the majority of professional groups referred to in this guidance the HEI has primary responsibility for securing adequate learning opportunities for its students, and for the standards of assessment related to professional and academic awards. This responsibility is shared in partnership with those responsible for service provision, education commissioning and workforce planning and development, and is carried out in conjunction with appropriate approval mechanisms. The approval mechanisms incorporate the relevant standards of the statutory and professional bodies. Service providers are responsible for the quality of the practice learning environment.

The Quality Assurance Agency for Higher Education (QAA) is developing a framework for reviewing the quality and standards of educational programmes and awards in UK higher education. The central activity of the new arrangements will be the process of academic review which is scheduled to begin in England in October 2001. Underpinning the new arrangements are a number of related developments. These include benchmarked standards across all the main disciplines and guidance to institutions on greater explicitness about the intended purposes and outcomes of educational programmes and on qualifications frameworks which seek to clarify the nature of HE qualifications. Together, these developments will make more explicit than hitherto the attributes and capabilities of UK graduates and the standards of their attainment. Benchmarked standards for nursing, midwifery and health visiting and subjects allied to medicine will be published in Summer 2001. The QAA is also developing, in collaboration with the HE sector, a number of codes of practice relating to academic matters and their operation and management. These include a code of practice on student placements. The joint Board/Department of Health publication will complement the code of practice and will be relevant in the context of the QAA's more general development of the new arrangements for quality assurance.

As part of the wider strategy to modernise the NHS to help deliver better health and faster, fairer care, the Government is modernising professional self-regulation. Professional regulation needs to be open, responsive and accountable, focussing primarily on protecting patients and the public. It needs to support flexible education and training for the health professions, to enable them to work more flexibly to deliver high quality, safe and effective care.

The Government is proposing to replace the current regulatory frameworks by establishing a new Nursing and Midwifery Council and a new Health Professions Council in Autumn 2001 (NHS Executive 2000a, b). The professional standards set in collaboration with the other stakeholders and monitored by these regulatory bodies will impact on future education and training, in particular student learning in practice settings.

3 Principles and guidance for good practice

The underlying principles and guidance in this document are based on the need for a dynamic and proactive approach to the organisation, provision and assessment of practice experience. HEIs and service providers have an opportunity to think creatively about how to plan and provide practice placements that meet the needs of the new NHS, the wider health sector and developments related to public health. Planning and provision should take into account and value ideas and suggestions from students and draw on the experience and knowledge of other stakeholders.

This guidance is provided to support institutions in developing, maintaining and enhancing the quality of placements. The guidance is offered as a framework for institutions to use according to their needs. **It is not intended to be prescriptive or exhaustive.** However, in many institutions the guidance will constitute a model of good practice.

The guidance focuses on four key aspects of practice placements:

1. Providing practice placements
2. Practice learning environment
3. Student support
4. Assessment of practice

3.1 Providing practice placements

Underlying principles

Please refer also to the relevant standards of your profession

Partnership: An effective working partnership between education and service-based organisations is fundamental to the development of practice placements. These organisations include health services, voluntary and independent sectors, local authorities and prison services. New health care provider organisations such as Primary Care Trusts (PCTs) must work with local education commissioners and partner HEIs to enable the development of more practice placement opportunities.

Appropriate structures and mechanisms are required for effective education-service liaison and for taking account of students' needs and interests. Joint appointments may be established to facilitate liaison and integration of theory and practice.

The value systems and priorities of organisations involved in providing placements need to be shared and understood. Practice experience should be planned together to ensure common ownership.

Shared outcomes: The outcomes of the programme of education and learning opportunities available during particular practice experiences must be considered together by education and service staff to ensure the coherence of the overall programme. Colleagues should share information about the particular strengths of individual placements and of how these can contribute to the outcomes of the overall programme.

Commitment to practice placements: The development and provision of practice placements must be valued and owned at the highest level within education and service provider organisations including Trusts/Primary Care Trusts. Appropriate and adequate resources need to be made available to support student learning in practice. This is an important aspect of the partnership between education provision and commissioning.

Executive board members in these organisations must be committed to, and responsible for, the provision of quality practice placements giving explicit recognition to the value they place on student learning and support. In addition to the existing administrative structure for placement provision in HEIs, **accountable individuals** should be identified, preferably based in practice and with multiprofessional responsibilities, to liaise between placement providers and HEIs to support the provision of sufficient and suitable practice

placements. Open learning materials to support the preparation of mentors/assessors of practice in nursing, midwifery and health visiting will be available in May 2001. The principles underpinning the preparation are relevant to other health and social care professions.

The NHS Executive *Human Resources Performance Framework* (NHS Executive, 2000c) contains a practice placements target which is part of the performance assessment framework for the NHS. The target states:

> **'Clinical Placements**
>
> By April 2001
>
> NHS organisations should work closely with higher education, the independent sector and voluntary healthcare sectors to plan for expansion in clinical placements and relevant infrastructure to begin to build sufficient placements to deliver new training commissions set out in The NHS Plan'.

Guidance

Responsibility for implementing the guidance is identified in brackets after each statement.

3.1.1 There should be a jointly developed strategy for the selection and monitoring of practice experience and placements that enables students to achieve the learning outcomes of the total programme. [HEIs with placement providers]

3.1.2 Service providers and HEIs should continue to develop effective, genuine partnerships to support the delivery of learning in practice and to define relevant responsibilities. [Placement providers and HEIs]

3.1.3 Placement providers should have a profile which identifies:

- the maximum number and type of students at any time in a placement [Placement providers]
- the skills required by the student before commencing the practice experience [Placement providers]
- the learning opportunities available in learning area profiles [Placement providers]
- the learning outcomes expected from the placement. [Programme planners]

3.1.4 Practitioners working in practice areas should have appropriate experience and specific preparation for their teaching, support and supervision roles in relation to the educational programmes being undertaken by students and time to fulfil these roles. [Placement providers]

3.1.5 Plans for practice placements should demonstrate equity of opportunity to enable each student to have a rich variety of learning experiences. [Programme leaders]

3.1.6 Programme leaders should take account of any special needs students may have. [Programme leaders]

3.1.7 Students should be enabled to meet all the relevant statutory requirements for their programme in the totality of their practice experience. [Programme leaders]

3.1.8 Students and mentors/assessors should know what is expected of them through specified practice outcomes which form part of a formal learning contract, give direction to practice placements, and are jointly negotiated between service providers and HEIs. [Programme leaders, mentors/assessors and students]

3.1.9 Practice placements should be:

- designed to achieve agreed outcomes which benefit student learning and provide experience of the full 24-hour per day and seven-day per week nature of health care where necessary [Placement providers]

- introduced at an early stage in the programme to provide contact with patients and clients and enable students to see the relevance of the related theory [Programme planners]
- of sufficient length to enable the achievement of the stated learning outcomes. [Programme planners]

3.1.10 All health care students should have a period of practice experience to support their transition from student to registered practitioner to consolidate their education and their competence to practise. [Placement providers and programme planners]

3.1.11 Practice experience outside the United Kingdom must meet the requirements set down by the appropriate statutory/professional body. [HEIs]

3.1.12 Placement areas should be audited in line with the requirements of the statutory/professional body, in terms of the standards of care and service provision and the learning environment, to facilitate their continuing suitability for students' practice experience. [HEIs with placement providers]

3.1.13 The quality of practice placements should be monitored jointly by service providers and HEIs in line with the requirements of the appropriate statutory/professional body and feedback provided to all participants. [Placement providers with HEIs]

3.1.14 The outcomes of audit and monitoring should lead to the dissemination of good practice and joint action planning to address any areas of concern or needing enhancement. [Placement providers with HEIs]

3.2 Practice learning environment

Underlying principles

Please refer also to the relevant standards of your profession

Placement environment: Practice learning environments must be carefully prepared and continuously developed to ensure that students experience good quality care and treatment of patients and clients. Staff within the environment must provide good role models, they should value learning and should enable students to reflect on their practice. Staff should also enable students to gain experience of leadership within the variety of settings in hospital services, voluntary and independent sectors, local authorities and prison services.

Clinical governance: As part of their ongoing learning, students should experience the positive culture of clinical governance, where an evidence-based approach to practice is fundamental. They should experience colleagues challenging each others' practice in a supportive environment. Students should have opportunities to witness effective leadership.

Multiprofessional focus: Students should experience work as part of a multiprofessional team and should understand the value of multiprofessional team working for improved patient care. Where possible, practice placements should be organised on a multiprofessional basis. Students should have the opportunity to see how all staff contribute to the provision of care and to observe the reality of multiprofessional working.

Guidance

Responsibility for implementing the guidance is identified in brackets after each statement.

3.2.1 The practice area should have a stated philosophy of care which is reflected in practice and in the curriculum aims. [Placement providers]

3.2.2 Practice provision should reflect respect for the rights of health service users and their carers. [Placement providers]

3.2.3 The provision of care should reflect respect for the privacy, dignity and religious and cultural beliefs and practices of patients and clients. [Placement providers]

3.2.4 Care provision should be founded on relevant research-based and evidence-based findings where available. [Placement providers]

3.2.5 Care provision in the range of practice placements should reflect different models of care and contemporary practice encompassing national and local policies and initiatives. [Placement providers with HEIs]

3.2.6 Practice placement audits should ensure that students are not placed in vulnerable situations. [HEIs with placement providers]

3.2.7 Interpersonal and practice skills should be fostered through a range of methods including the use of experiential and problem-based learning. [Placement providers with HEIs]

3.2.8 Practice experience should enable students to experience the role of the registered practitioner in a variety of contexts. [Placement providers with HEIs]

3.2.9 Practitioners should be able to demonstrate that they are engaged in continuing professional development. [Practitioners]

3.2.10 Students should gain, where possible, experience as part of a multiprofessional team. [Placement providers and HEIs with students]

3.2.11 The sequencing and balance between university and practice-based study should be planned to promote integration of knowledge, attitudes and skills. [Programme planners and placement providers]

3.2.12 A learning resources area with relevant materials should be available for learning activities in the practice environment. [Placement providers with HEIs]

3.2.13 Student feedback should be actively sought and should contribute to the ongoing evaluation of the learning environment, which should inform all stakeholders. [Placement providers with HEIs and students]

3.3 Student support

Underlying principles

Please refer also to the relevant standards of your profession

Student support: Students need to be active in their own learning. However, it is important that they are supported in identifying their learning needs and making the best use of the learning opportunities provided. Placements must provide adequate support and supervision for students. The responsibilities of the lecturers in the practice area and of practitioners must be clearly defined, and arrangements must be made to support lecturers in practice to ensure they have appropriate preparation and time to fulfil the role. Formalised arrangements for access to practice for lecturers and to education for practice staff should be adopted by service providers and HEIs.

Information technology and management: During their placements students need to be able to access learning resources through the use of IT and to have experience of effective management of information and associated technology as part of patient and client care and management. Students should have insight into the use of IT and have some basic IT skills prior to their practice experience.

Guidance

Responsibility for implementing the guidance is identified in brackets after each statement.

3.3.1 Students should be provided with comprehensive programme information including information on their particular practice placements. [Programme leaders with placement providers]

3.3.2 Students should have adequate preparation in terms of knowledge, skills and attitudes for their practice placement experience. This may include practice in skills laboratories. [Programme leaders]

3.3.3 Students should receive comprehensive orientation to each of their placements which is jointly agreed between the mentors/assessors and lecturers. [Mentors/assessors, lecturers and students]

3.3.4 Students' prior knowledge and experience and related learning needs should be identified at initial interview with the mentor/assessor within the first week of the placement. The learning outcomes determined by the curriculum should be clarified and agreement reached on any further outcomes to meet the particular needs of the student and how the learning outcomes can be achieved. There should also be regular reviews of the student's learning needs, achievements and opportunities. [Mentors/assessors and students with lecturers]

3.3.5 For each of their practice placements students should have written learning outcomes which have been agreed by the mentors/assessors and lecturers. [Mentors/assessors with students]

3.3.6 The practice experience and learning opportunities available should support the achievement of the learning outcomes of the placement and provide progression for the student. [Placement providers with programme planners]

3.3.7 There should be clinical staff with appropriate qualifications and experience to support the student's achievement of the learning outcomes of the educational programme and reflection in practice. [Placement providers]

3.3.8 There should be consistent supervision in a supportive learning environment during all practice placements. [Placement providers and mentors/assessors]

3.3.9 There should be a named mentor/assessor to supervise and guide students in all practice placements. This person should have qualifications and experience commensurate with the context of care and the requirements of the appropriate professional/statutory bodies. [HEIs and placement providers]

3.3.10 Support in successive practice placements should be appropriate to the student's level of experience and should reflect the progression. [Mentors/assessors]

3.3.11 Service providers and HEIs should support dedicated time in educational activities for practice staff to ensure that they are competent and confident in teaching and mentoring/assessing roles. [Placement providers with HEIs]

3.3.12 HEIs and service providers should support dedicated time in practice for lecturers to ensure that they are confident and competent in the practice environment. [HEIs with placement providers]

3.3.13 Lecturers should contribute to the support of students' learning in practice areas. [Lecturers]

3.3.14 Lecturers and practitioners should help students to link theory and practice and use an evidence base for practice. They should analyse their own practice in order to explain it to students. [Lecturers and practitioners]

3.4 Assessment of practice

Underlying principles

Please refer also to the relevant standards of your profession

Importance of assessment of practice: Education and service colleagues must work together to develop innovative approaches to assessment which are valid and reliable. Practice-based learning must be included in the assessment for an academic/professional award. Practice should be valued equally with theory to ensure parity within the total assessment strategy.

Common assessment documents: Where students of one professional group from a number of institutions undertake practice in the same practice environment, every effort should be made to provide a common assessment document. Common assessment documents should also be used for multiprofessional education, particularly in relation to common core learning outcomes.

Responsibility for implementing the guidance is identified in brackets after each statement.

Guidance

3.4.1 Periods of practice experience used for summative assessment should be a minimum of four weeks in length. [Programme planners]

3.4.2 There should be a named mentor/assessor to assess students in practice placements. This person should have qualifications and experience commensurate with the context of care and the requirements of the appropriate professional/statutory bodies. [HEIs and placement providers]

3.4.3 The student's developing competence should be assessed through agreed practice assessment strategies which identify the skills that students have acquired and any deficits that need to be addressed. [Mentors/assessors with students]

3.4.4 The student should demonstrate competence through the achievement of learning outcomes in both theory and practice. [Students and mentors/assessors with lecturers]

3.4.5 The use of a portfolio of practice experience should be included in the assessment of students' fitness for practice, providing evidence of rational decision-making and clinical judgement. [HEIs and mentors/assessors with students]

3.4.6 The mentor/assessor should directly observe the student's achievement of intended learning outcomes for a period of sufficient length to allow valid judgements to be made. [Mentors/assessors]

3.4.7 Students' practice should be assessed, where appropriate, within the context of the multiprofessional team. [Mentors/assessors]

3.4.8 The assessment strategy should reflect progression, integration and coherence. [Programme planners]

4 Expanding capacity: innovative approaches to practice

The challenge for all health care professions is to expand the capacity for students to have relevant practice experience. All key stakeholders have a role in developing opportunities for multiprofessional working, increasing the use of non-traditional placements, supporting and monitoring the quality of placement areas and ensuring that adequate resources are available to support the expansion of practice experience. In short, learning experiences must be planned, structured, managed and co-ordinated.

Many HEIs have dedicated placement units which deal with the organisation, management, communication and development of placements. The majority are uniprofessional but an increasing number cover all the health care students' training at the institution. Some placement units for single professions cover a number of HEIs and allocate within a geographical area. Where this process is transparent, it limits 'poaching' of placements: an issue as the demand for placements increases.

Some organisations have recruited experienced staff to support practice-based education: generally grouped as practice placement co-ordinators. Early evaluation by Hodgson (2000) shows that this arrangement has considerable benefit not only in maintaining and improving the quality of placements but also in identifying additional placements in new areas and increasing staff morale. Providers should therefore give serious attention to developing this approach in their own organisations.

In this section a number of innovative ways of expanding the placement capacity and supporting the quality of practice placements have been brought together. Many of these are already being used, others are visionary and will, we hope, offer a stimulus to developing placement experiences.

4.1 Identifying, selecting and increasing placement opportunities

- The variety, extent and location of placement opportunities for different patient and client groups can be extended through forming effective communication and collaboration between key staff in HEIs with those who manage health and social care services, independent health care services and voluntary organisations.
- Senior practitioners and staff in HEIs can collaborate to develop standards for placements.
- Effective partnerships can be established for joint audit of potential areas for practice experience with regular review, audit and feedback to practice areas on their capacity and potential in supporting learning.
- A named individual in each placement area can take responsibility for communication, liaison and feedback between key staff in the HEI and those facilitating learning in the practice area.
- Skills laboratories provide opportunities for skills acquisition and rehearsal for students. They should be seen as complementary to practice placements, not as a replacement.

VIGNETTE

PRACTICAL TEACHING IN ACTION

"Let's just go through the procedure again, from start to finish, before we go to the patient..."

Linda, the clinical demonstrator is about to supervise Jonnet, a new nursing student, giving an injection to a patient for the first time. Jonnet has learned the theoretical background to the procedure and has practised many times on a model in the Clinical Skills Laboratory in the School of Nursing, with Linda teaching and coaching her. Now it is the real thing, but this is far less daunting as Jonnet has gained confidence in her own skills in a safer environment than the ward where she could hurt or damage a patient. She feels supported by Linda, who has taught her in School and followed her out to the placement where Linda works with the students caring for patients. In this role Linda is able to make sure that students link education and practice.

There are also opportunities for students to meet with the Trust Head of Student Support on a regular and *ad hoc* basis to share their experiences, evaluate their placements, voice any concerns and provide positive feedback.

With support at both ward and hospital level, the students are enabled to understand the inter-relationship of theory and practice and aim for optimum patient care.

- Practice experience units can ensure informed and effective use of all available practice experience across the health, social and voluntary care services in the locality of the education purchasing consortium and provider universities.
- Practice placement co-ordinators can be jointly appointed by HEIs and trusts. Some larger providers have in place a number of 'locality' co-ordinators who are accountable to the practice placement co-ordinators.
- Placement co-ordinators can explore new and innovative placement opportunities for the range of programmes. Practice-based staff being involved in using the audit criteria to identify the opportunities can develop their enthusiasm, confidence and commitment to facilitating student learning in practice.
- Multiprofessional audit can facilitate multiprofessional learning and team work.
- Audits need to address the 'culture' in the practice placement area to ensure that it facilitates teaching and learning.
- Some HEIs organise placements geographically. Link lecturers to each geographical section liaise with locality placement co-ordinators to ensure the best use of learning opportunities across the range of education programmes and minimise or avoid predictable problems. These arrangements serve to emphasise and strengthen partnership working.
- The Independent Healthcare Association is undertaking work to establish practice placement availability. A postal education audit questionnaire was used to obtain information about the numbers of potential placements and an indication of the learning environments and their state of readiness to receive students. This information will be valuable to HEIs as base-line data for lecturers to use in developing placements.
- Access to rural and outlying areas can be opened up through the use of pool cars, travel permits or passes, or negotiating with service the possibility of temporary accommodation.
- The practice setting provides an ideal environment for multiprofessional learning through the medium of problem-based and enquiry-based learning. Naturally

occurring teams work together, and the ability to learn together using real case study scenarios encourages teamwork, a critical enquiring mind and the appreciation of the broader context of health care.

- E-learning, which is becoming increasingly popular, can be used to enable students to develop, or refresh, their clinical skills by using short films of basic procedures, such as passing a nasogastric tube, in preparation for their practice experience. Films can be updated to ensure their relevance to current best practice.
- Trusts/units can establish uni- or multiprofessional learning sets. In future, directorates might consider employing practice educators who, in liaison with practice co-ordinators and lecturers, could ensure that all opportunities for learning within their directorate are being identified and monitored.
- The primacy of practice can be enhanced by students being orientated to their 'home base' for example, a trust. This would enable them to identify with the values, priorities and ways of working, and meet a wide range of staff at all levels who contribute to the caring community. Learning must be structured and monitored to enable students to capitalise on opportunities that do not rely on a placement and a mentor/assessor. The practice environment can develop into a learning organisation that actively encourages all staff and students to think about what they do and observe.
- The development of a placement circuit can reduce students' travel and promote ownership of the students by trusts and a supportive relationship.

VIGNETTE

Developing a relationship with your 'home trust'

On his induction day at the trust Dave, a nursing student, met the trust's Matron who welcomed all the new health care students to the hospital. She explained how the trust worked and introduced their respective lecturer-practitioners. Dave's lecturer-practitioner, Pauline, was his link between the trust and the university. Because she lectured on Dave's educational programme, Pauline was able to strengthen the integration of the academic part of the programme with his practice experience.

Throughout his training, Dave was able to check the communication boards in the main hospital and visit the post-graduate education centre to keep up-to-date with trust news.

On competion of the educational programme, Dave and other newly-qualified health care professionals were invited to a celebration event hosted by the Matron who congratulated them on their achievements. Because he had felt so well supported by his 'home trust', Dave decided to apply for a post there and was successful. He then received a £500 contribution from the trust towards further studies, together with an interest-free loan for the remainder of the fees.

Three Years On, Read All About It!

Extract from Westhampton City Evening News, I January 2004:

Westhampton City Hospital has reported a 50% reduction in vacancies for health care professional posts. Chief Nurse Mrs Jolly said, "We are thrilled to have recruited so many newly qualified physiotherapists, occupational therapists and nurses. We have been working with the University of Westhampton to demonstrate our commitment to the students and this is the result!".

Mrs Jolly believes that the success has been achieved by supporting students throughout their training, demonstrating an interest in each individual student's development and offering additional help with further training after qualification. "We have succeeded in making Westhampton City Hospital the students' 'home trust', a trust that is interested in the individual and one they know has a good track record for supporting its staff," she added.

To enable them to achieve this success the trust introduced the following initiatives to promote professional identity:

- prospective students are interviewed by university and hospital staff in the hospital environment
- The Chief Nurse and the Director for Education and Training welcome students in their first week and meet with them annually to talk about trust plans
- practice educators for every directorate in the trust liaise with the university lecturers and mentors/assessors
- trust-wide learning opportunities are identified
- all levels of staff are involved in meeting students to talk about how they contribute to patient care, using real scenarios as a basis for discussion and debate
- each student is allocated a trust-based mentor/assessor
- student evaluations of their practice experiences are conducted jointly with university and hospital staff
- discussions are held with final year students to prepare them for job application processes.

Paddy Smith, a recently qualified physiotherapist said that he had felt valued by the trust from the beginning. This has played an important part in developing a commitment to the 'home trust' and his chosen career path.

VIGNETTE

Understanding a patient's health care experience

Roshan, a second-year student undertakinging the children's nursing branch, was allocated to the acute paediatric unit for a sixteen-week placement. After one week's orientation to the unit, which included intensive care and specialist areas, she followed the care pathway for Sandra, a victim of a road traffic accident, and her family over a four-week period. Roshan observed and participated in Sandra's care from admission to the paediatric intensive care unit and transfer to the high dependency unit and later to the general ward, followed by discharge home to the care of the children's community nurse.

Roshan found it valuable to be able to develop a good relationship with Sandra and her family. She gained confidence in a wide range of nursing skills including talking with Sandra and her family about her care. She also appreciated the one-to-one supervision from the care pathway co-ordinator on the unit.

Traditionally, students have not been allocated to critical care areas because of the stressful environment and having to cope with highly techical care. To facilitate allocation, the unit introduced weekly 'student surgeries' conducted by experienced health care practitioners where students could reflect on their experiences and ask questions in order to make sense of critical and high dependency care.

In addition, Roshan had planned experience in related areas such as the accident and emergency department and dietetics as well as with other professionals including physiotherapists and social workers.

Roshan found the placement including the four-week experience of in-depth involvement with Sandra and her family, very rewarding. This was enhanced by the support she had throughout her placement from a variety of staff within the paediatric directorate. She decided that on qualification she would apply for a post in intensive care.

- A multiprofessional clinical training ward staffed by students undertaking educational programmes for a range of health care professions provides useful opportunities for learning towards the end of the programmes. A nursing lecturer on the ward with clinical responsibility supports the students who are fully responsible for all aspects of the care. Students practise skills required on qualification, particularly multiprofessional working, communication and leadership.
- Health authorities offer a range of learning opportunities, many of which are related to the Health Improvement Programmes. Primary care packages of learning could be developed whereby students would be based with a practice mentor/assessor but would undertake a variety of experience with different people.
- Trusts/units can develop a live database of mentors/assessors, placements and learning opportunities including a profile of the trust and placements. The benefit of such a database would be information about who is/is not supervising students at any given time and what opportunties are/are not being used. The database could provide information on the learning opportunities available, their location and timing and how to access them.
- Teacher-led health check clinics could be established in outpatient departments, walk-in centres and accident and emergency departments to enable students to practise skills related to health checks.

4.2 Supporting, developing and maintaining quality in practice placements

- Link lecturers can work with practice-based staff to explore and agree the best means of facilitating individual students and groups of students as a shared responsibility.
- Practice placement co-ordinators can use information relating to staff profiles, placement opportunities and student numbers to avoid overload and enable appropriate levels of student supervision and support.
- Placement co-ordinators, link lecturers and practice-based staff can agree jointly any recommendations relating to needs for improvements in resources or service level agreements which can go from placement co-ordinators to purchasers, service managers and education managers.
- Dialogue can be maintained between practice placement co-ordinators and health authorities and the independent sector to exchange information and reports relating to visits of inspection at nursing and care homes. New opportunities, needs for further support and development or factors which might impact on students' learning experience can be identified.
- The job descriptions for staff in practice placement areas need to reflect their mentor/assessor responsibilities.
- Student evaluation, audit and link lecturers' involvement in practice placements can provide feedback to develop the skills of all members of the workforce in order to support learning in practice, thus ensuring that the rich diversity of talent among the health care team can contribute to developing the workforce of tomorrow.
- A hypertext link/website can be available for all practice-based staff and students on placement. This can be accompanied by regularly updated, contemporary information for mentors/assessors and contact numbers and availability of link lecturers, key education staff and practice placement co-ordinators.
- A regular newsletter or bulletin on broader issues relating to outcomes of audit, practice placement developments and student evaluation can be used to ensure that all those involved in planning, providing and auditing placements are up-to-date with developments. In addition, bulletins can inform those in placement areas about updates to the curriculum and policy changes which affect placements.
- Well-prepared mentors/assessors are vitally important to the success of increasing the capacity of practice placement areas. Open learning materials commissioned by the English National Board for Nursing, Midwifery and Health Visiting will assist in the preparation of mentors/assessors in all health care professions (The Open University, 2001).
- A 'buddy' system can provide support with senior students helping junior students as part of planned structured learning. Many of the new pre-registration nursing programmes are based on an experiential taxonomy which at the highest level requires students to teach and support others.
- Students' surgeries enable students to meet in the practice setting with a practitioner or manager to discuss their practice experiences, the inter-relationship of theory and practice and different approaches or solutions to practice dilemmas. By being creative, a range of staff can share responsibility for learning in practice, thus taking the pressure off the named mentor/assessor to be solely responsible for facilitating learning in practice. Surgeries can be organised in a variety of ways.
- Action learning groups for students in practice placement localities, facilitated by lecturers, can enable students to be proactive, with support available as required.

VIGNETTE

Working with a 'buddy'

Theresa, a third-year nursing student gaining experience on a busy acute care ward, was asked by the mentor to assist and supervise Denise, a common foundation student, measuring and recording blood pressure.

As Denise was new to the ward, Theresa checked her understanding of the terms 'blood pressure', 'systolic pressure' and 'diastolic pressure'. She also asked whether Denise had recorded a blood pressure previously and found that she had practised taking blood pressure on fellow students and recording the results during the foundation module.

Before supervising Denise recording a patient's blood pressure, Theresa asked Denise to record her blood pressure and to describe each element of the procedure during the process. Denise carried out the procedure correctly, although she had some difficulty initially in finding the brachial pulse. After practising the procedure with Theresa, they went to Mr White's bedside. With Theresa observing and checking, Denise measured and recorded Mr White's blood pressure correctly.

During her experience on the ward, Denise received a great deal of help and supervision from Theresa. This was in addition to the teaching, supervision and assessment provided by her mentor to whom Theresa reported on Denise's progress. Theresa also gained valuable experience from teaching and supervising a junior student.

IDEAS FOR ACTION

- The Trust/unit/community can become the focus for patient-centred learning and prevent the development of 'the theory-practice gap', as practice informs the theory that is taught. For example, the ideal place to learn about infection, cross-infection and infection control would be the practice setting. Small multiprofessional groups could meet to discuss with all levels of staff (catering staff, cleaners, and technicians) and patients their role and responsibility for providing a safe environment in relation to the topic of infection. The theory comes to life and becomes more interesting for students.
- Students are not always able to make the most of the available learning opportunities because of lack of confidence or staff's lack of awareness of what is expected of them. There are a number of ways in which this situation can be helped. These include:
  - an induction programme for staff and students
  - students making sure they know what to expect and what is expected of them
  - compiling a portfolio of skills, knowledge and attitudes acquired within each placement
  - structured reflection enabling students to appreciate user perceptions of care
  - using the 'home-base' to help students feel they belong
  - using e-learning and skills laboratories to help students develop skills in preparation for their placement experience.
- An information folder can be developed for the use of mentors/assessors in practice placements.
- Explicit standards and performance indicators for the audit of practice placements can be developed to ensure that the necessary opportunities are available for students to achieve their learning objectives in a safe, supportive and positive environment.
- The student experience can be enhanced through the staff in the practice area identifying all other health care departments, such as the X-ray, physiotherapy and out-patients departments and the pharmacy, which impact on the area, and enabling students to gain an appreciation of their contribution to patient care.

- Student learning outcomes
- Student learning opportunities available
- Staff to support students
- Learning sets available
- Link lecturer contact details
- Student surgery details
- Learning resources including IT facilities
- Multiprofessional team meetings

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APPENDIX ONE

Checklists

The checklists below contain key questions which address the guidance for good practice.

Those responsible for practice placements within HEIs and service environments should ensure that all these questions have been considered in the planning, provision and evaluation of practice placement experiences.

1. Providing practice placements

- ☐ Is there a jointly developed strategy agreed by HEI and service for the selection, development and monitoring of practice placements?
- ☐ Is the strategy for the selection and monitoring of practice placements shared with other health care education providers?
- ☐ Does the strategy for the selection of practice placements enable supply to meet demand?
- ☐ Is the identification of practice placements a joint exercise between HEI and service providers?
- ☐ Does the strategy require a profile of practice placements?
- ☐ Do all placement providers have a profile which determines:
  - maximum number and type of students at any time in a placement
  - the skills required by the student before beginning the practice experience
  - the learning opportunities available and the learning outcomes expected from the placement?
- ☐ Have practitioners working in practice areas received preparation for their role in teaching, supporting and supervising students?
- ☐ Do the arrangements for practice placements enable students to have equity of opportunity for their learning experiences?
- ☐ Do programme planners take account of any special needs students may have?
- ☐ Does the totality of the practice experience enable the student to meet all statutory/professional requirements of the programme?
- ☐ Do students and mentors/assessors know what is expected of them through specified practice outcomes?
- ☐ Are placement areas designed to enable students to experience the full 24-hour a day, seven-day per week nature of health care where necessary?
- ☐ Are practice placements introduced at an early stage in the programme so students can see the relevance of related theory?
- ☐ Are placements of sufficient length to enable students to achieve the stated learning outcomes?
- ☐ Do all students have a period of practice experience to support and consolidate their transition to registered practitioner?
- ☐ Does practice experience outside the United Kingdom meet the requirements of the statutory/professional body?
- ☐ Are all placement areas audited in line with the requirements of the statutory/professional body as to their continuing suitability for students' practice experience?
- ☐ Is the quality of practice placements monitored jointly by service providers and HEIs and is feedback provided to all participants?
- ☐ Is good practice disseminated following audit and monitoring and does joint action planning address areas of concern or needing enhancement?

2. Practice learning environment

- ☐ Does the practice area have a stated philosophy of care which is reflected in practice and supports curriculum aims?
- ☐ Does the practice provision reflect respect for the rights of health service users and their carers?
- ☐ Does the provision of care reflect respect for the privacy, dignity and religious and cultural beliefs and practices of patients and clients?
- ☐ Is care provision based on relevant research-based and evidence-based findings where available?
- ☐ Does care provision involve different models of care commensurate with current practice and encompassing local and national initiatives?
- ☐ Are interpersonal and practice skills fostered through a range of teaching/learning methods?
- ☐ Does the practice experience enable students to experience the role of the registered practitioner in a range of contexts?
- ☐ Do all placements have an infrastructure to support continuing professional development opportunities for practitioners?
- ☐ Do students gain experience as part of a multiprofessional team?
- ☐ Does the sequencing and balance between university and practice-based study promote the integration of knowledge, attitudes and skills?
- ☐ Is a learning resources area available in the practice environment?
- ☐ Does student feedback contribute to the ongoing evaluation of the learning environment and the student experience and are all stakeholders aware of the feedback?

3. Student support

- [ ] Are students given comprehensive programme information and information about their particular placements?
- [ ] Do students receive adequate and appropriate preparation for the practice placements?
- [ ] Does this preparation include practice in a skills laboratory?
- [ ] Do students receive a comprehensive orientation to each of their placements and is the orientation jointly agreed between mentors/assessors and programme teachers?
- [ ] Are students given an initial interview during the first week of the placement, to agree the learning outcomes and ways of achieving them, taking into account their prior knowledge and experience?
- [ ] Are students' learning needs, achievements and opportunities reviewed regularly?
- [ ] Do students receive agreed written learning outcomes for each placement?
- [ ] Do practice placements facilitate progression in terms of the learning experience available?
- [ ] Does the experience available among clinical staff support the student's achievement of the learning outcomes of the educational programme at the appropriate level?
- [ ] Do students receive consistent supervision and support during all practice placements?
- [ ] Is there a named mentor/assessor with qualifications and experience commensurate with the context of care delivery and the requirements of the appropriate professional/ statutory bodies, who supervises and guides students in all practice placements?
- [ ] Are students supported at the appropriate level in successive practice placements?
- [ ] Do practice staff have dedicated time in educational activities to ensure they are competent in teaching and mentoring/assessing roles?
- [ ] Do lecturers have dedicated time in practice to ensure they are competent in the practice environment?
- [ ] Are lecturers involved in supporting student learning in practice areas?
- [ ] Are students assisted in linking theory and practice and using a research base for practice, by lecturers and practitioners?

4. Assessment of practice

- [ ] Are the periods of practice experience used for summative assessment of sufficient length to enable the agreed learning outcomes to be achieved?
- [ ] Is there a named mentor/assessor with the appropriate qualifications and experience to assess students in practice placements?
- [ ] Are the assessment methods used rigorous, valid and reliable?
- [ ] Are there enough mentors/assessors to assess the student's developing competence and to observe the student's achievement of the intended learning outcomes over a suitable period of time?
- [ ] Does the student's demonstration of competence involve the achievement of learning outcomes in both theory and practice?
- [ ] Is a portfolio of practice experience included in the assessment of the student's fitness for practice?
- [ ] Is the student's practice assessed in the context of a multiprofessional team?
- [ ] Does the assessment strategy reflect progression, integration and coherence?

APPENDIX TWO

Relevant Organisations

Association of Professional Music Therapists
Chair: Emma Bishton
26 Hamlyn Road
Glastonbury
Somerset BA6 8HT
Tel: (answer machine) 01458 834919
E-mail: APMT office@aol.com
Website: www.apmt.org.uk

British Association of Art Therapists
Chair: Sheila Grandison
11a Richmond Road
Brighton
Sussex BN2 3RL
Tel: 0734 265407
Fax: 0273 685852

British Association of Drama Therapists
41 Broomhouse Lane
London SW6 3DP
Tel: (answer machine) 020 7731 0160
Tel: (general enquiries) 01929 555017
Fax: 020 7731 0160

British Association of Prosthetists and Orthotists
Executive Professional Officer: Ken Andrew
Chair: Susan Robertson
Sir James Clarke Buildings
Abbey Mill Business Centre
Paisley PA1 1TJ
Tel: 0141 561 7217
Fax: 0141 561 7218
E-mail: admin@bapo.com

British Dietetic Association
Secretary: John Grigg
Chair: Loretta Cox
Education/CPD lead: Rosemarie Simpson - Marks
7th Floor Elizabeth House
22 Suffolk Street
Queensway
Birmingham B1 1LS
Tel: 0121 616 4900
Fax: 0121 616 4901
E-mail: info@bda.uk.com

British Orthoptic Society
Executive Secretary: Lindsay Frost
Chair: Christine Timms
Tavistock House North
Tavistock Square
London WC1H 9HX
Tel: 020 7387 7992
Fax: 020 7383 2584
E-mail: bos@orthoptics.org.uk

Chartered Society of Physiotherapy
Chief Executive: Philip Gray
Chair: Natalie Beswetherick
Director of Education: Alan Walker
CPD lead: Julia Sullivan
14 Bedford Row
London WC1R 4ED
Tel: 020 7242 1941
Fax: 020 7306 6611
E-mail for Chief Executive: grayp@csphysio.org.uk

College of Occupational Therapists
Chief Executive: Sheelagh Richards
Chair: Kay East
Education/CPD lead: Gwillym Roberts
106-114 Borough High Street
London SE1 1LB
Tel: 020 7357 6480
Fax: 020 7450 2299
Website: http://www.cot.co.uk

College of Radiographers
207 Providence Square
Mill Street
London SE1 2EW
Tel: 020 7740 7200

Council for Professions Supplementary to Medicine (CPSM)
Registrar: Michael Hall
Park House
184 Kennington Park Road
London SE11 4BU
Tel: 020 7582 0866

English National Board for Nursing, Midwifery and Health Visiting
The Board's officers will be pleased to discuss your questions concerning the development of students' practice placements. Please contact the office nearest to you and make use of this immense resource.

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Director for Educational Policy/ Assistant Chief Executive: Rita Le Var
Assistant Director for Educational Policy (Research and Development): Sonia Crow
Assistant Director for Midwifery Supervision and Practice: Glynnis Mayes
Victory House
170 Tottenham Court Road
London W1T 7HA
Tel: 020 7388 3131
Fax: 020 7383 7276
Website: www.enb.org.uk

Institute of Biomedical Science
(The board for MLSO's)
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12 Coldbath Square
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Fax: 020 7436 4946
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Institute of Health Care Development
St Bartholomew's Court
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Quality Assurance Agency for Higher Education
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Tel: 01452 557000
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Registration Council of Scientists in Health Care
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2 Carlton House Terrace
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Tel: 020 7930 3333

Royal College of Speech and Language Therapists
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53 Welbeck Street
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APPENDIX THREE

Department of Health and NHS Executive Offices

As a result of changes in the regulatory framework for nursing, midwifery and health visiting, some of the functions of the English National Board will be transferred in due course to the Education and Training Division within the Department of Health and the NHS Executive regional offices listed below:

Department of Health
Quarry House
Quarry Hill
Leeds
Yorkshire LS2 7UE
Tel: 0113 254 5000

NHS Executive Northern and Yorkshire
John Snow House
Durham University Science Park
Durham
County Durham DH1 3YG
Tel: 0191 301 1300

NHS Executive Trent
Fulwood House
Old Fulwood Road
Sheffield
South Yorkshire S10 3TH
Tel: 0114 282 0300

NHS Executive Eastern
Capital Park
Fulbourn
Cambridgeshire CB1 5XB
Tel: 01223 597500

NHS Executive London
40 Eastbourne Terrace
London W2 3QR
Tel: 020 7725 5300

NHS Executive South East
40 Eastbourne Terrace
London W2 3QR
Tel: 020 7725 2500

NHS Executive South West
Westwood House
Lime Kiln Close
Stoke Gifford
Bristol BS34 8SR
Tel: 0117 984 1750

NHS Executive West Midlands
Bartholomew House
142 Hagley Road
Edgbaston
Birmingham B15 9PA
Tel: 0121 224 4600

NHS Executive North West
930-932 Birchwood Boulevard
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