

Appendix 3 SWOT Analysis: Proactive approach to the placement of students (Adult Field of Nursing),

University of Salford. (Placement Development Manager, PEF, Programme Leader)

KEY:

- Practice Education Facilitator- PEF
- Placement Development Manager- PDM
- Clinical Placement Unit-CPU
- SRFT- Salford Royal NHS Foundation Trust
- Practice Education Lead-PEL

Themes: Curriculum, quality, capacity

Criteria	Strength	Weaknesses	Criteria
	<p>Summary strength Quality: Areas of Consensus</p> <p>Strategic overview of entire placement circuit , long term vision of impact community figures (PDM)</p> <p>Relationships, links between PEF, PEL, PDM, CPU, Programme Leader</p> <p>PDM</p> <p>Quality</p> <p>Strategic overview of entire placement circuit for Greater Manchester.</p> <p>Relationship with PEFs and non-NHS providers already established.</p> <p>Have long term vision of impact of community figures</p> <p>PEF</p> <p>Planning allocations in advance in 6-month batches</p> <p>Good lines of communication between PEFs, PELs, Placement</p>	<p>Summary weaknesses Quality: Areas of Consensus</p> <p>Internal intelligence for each trust or placement (staff moves, reconfigurations) and this hinders proactive approach</p> <p>PDM</p> <p>Quality</p> <p>Do not have internal intelligence for each specific trust or placement.</p> <p>Little control of non-NHS placements which are extremely fragile</p> <p>PEF</p> <p>Quality</p> <p>Sometimes lack of info. from placements re staff moves, reconfigurations, so difficult to act proactively</p> <p>Curriculum</p> <p>New Curriculum expectations for community placements in 1st year</p>	

	<p>Unit</p> <p>Good links between Placement Unit at Salford & Manchester Metropolitan University</p> <p>Programme Leader</p> <p>Developing relationship PDM,PEF and clinical placement area</p> <p>Programme Leader</p> <p>Curriculum</p> <p>One curriculum</p>	<p>New Curriculum changes – Practice Based Assessments</p> <p>Curriculum/Quality</p> <p>In some placements, insufficient sign-off mentors</p> <p>Programme Leader</p> <p>Quality/curriculum</p> <p>Perception that if we achieve the NMC outcomes that competent adult nurses will follow from the process</p> <p>Need for adult nurse at end of training to be able to undertake essential nursing skills i.e. blood pressure</p> <p>Structure of the curriculum: long/short placements impacting year 3</p> <p>??Evaluation of the programme by students: do not like long placements</p> <p>Capacity/Quality</p> <p>Volume of students (economy of scale as opposed to managing locally in the patch</p> <p>Little control of non-NHS placements which are extremely fragile</p> <p>Quality</p> <p>Do not have internal intelligence for each specific trust or placement. HEI know very little about placement areas</p>	
Criteria	Opportunities	Threats	Criteria

	<p>Summary opportunities Quality: Areas of Consensus</p> <p>Relationships, partnership working to address the issues and manage fragility of placements</p> <p>Planning of allocations in advance; off-set product and planning; notion of home trust; intelligence to plan student progression</p> <p>PDM</p> <p>Quality</p> <p>Relationship with larger non-NHS providers enables us to increase capacity</p> <p>Quality/curriculum</p> <p>Established PDM team in Greater Manchester locality can use the multi-disciplinary circuit links to expand the student experience</p> <p>PEF</p> <p>Quality</p> <p>Capitalise on the strength of planning allocations in advance in 6-month batches: Identify student places well in advance so placements can prepare, then add names later (as with Y1 S1 currently)</p> <p>Quality/Curriculum</p> <p>Explore definitions/criteria/expectations for 'community' and 'acute' placements</p> <p>Utilise specialist nurses?</p> <p>Delivery of in house non- credit PFM programmes increases availability to then increase</p>	<p>Summary threats Quality: Areas of Consensus</p> <p>Healthcare policy and impact on transforming services</p> <p>Staff, mentor shortages</p> <p>Summary threats Curriculum: Areas of Consensus</p> <p>Capacity: increase masters students, community experience; fixed process of allocation opposed to best fit</p> <p>PDM</p> <p>Quality</p> <p>Transforming community services.</p> <p>New Health Visitor programme.</p> <p>Curriculum</p> <p>Confines of present curriculum.</p> <p>More than 1 of the 3 HEIs having shortfalls at the same time</p> <p>PEF</p> <p>Quality</p> <p>Reconfiguration of services (can happen very fast)</p> <p>Staff/mentor shortages (redundancies, recruitment freezes, redeployment)</p> <p>PEF role/responsibilities may change</p> <p>Quality/curriculum</p> <p>Masters' students' placement plan & increasing student</p>	
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	<p>mentor numbers</p> <p>X2 sign off scenarios embedded in PFM programmes speed up the process for mentors to become sign off mentors</p> <p>Programme Leader</p> <p>Quality</p> <p>Partnership working to address the issues and enable the development of adult nurses that are employable (enhanced employability)</p> <p>PEF's proactive placement areas to ensure students are offering quality placement m (**off- set product and process: PEF and CPU). Informed by quality drivers</p> <p>Quality/curriculum</p> <p>Home trust for the whole programme: opportunities for personal tutor/University Link Lecturer to support the PEF, mentor, clinical learning environment and student: develop links between theory and practice; opportunities for the visible, accessible nurse lecturer who is aware of current practice</p> <p>Quality</p> <p>Using the intelligence (PDM) to inform future decisions, student progression through clinical practice</p> <p>Quality/capacity</p> <p>Learn to manage the fragility of the NHS and its impact on clinical placements: developed through relationships, communication to proactively manage the decisions made in the trust</p>	<p>numbers</p> <p>Curriculum</p> <p>Historical expectations of students/staff of 1st years' 'ideal' placement being limited to certain experiences (e.g. bed-making)</p> <p>Elective' placements in community adding to pressure</p> <p>Programme Leader</p> <p>Quality/ curriculum</p> <p>Students need to be employable: threats on future contracts</p> <p>Quality</p> <p>Fixed process of allocating students as opposed to best fit. Process driven versus product driven. this will re-enforce the above perceptions</p> <p>Capacity/Quality/curriculum</p> <p>Capacity within the community could negate the schools ability to ensure all students have a valuable learning opportunity (learning disabilities, maternity, child development. this is a predominant role for the Health Visitor and school nurse)</p>	
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	<p>Quality/capacity/curriculum</p> <p>How do HEI's prepare students for these experiences within the community: learning disabilities, maternity, child development. this is a predominant role for the HV and school nurse)</p>		
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