

# CASE STUDY: INNOVATIVE PLACEMENT ALLOCATION MODEL FOR PRE-REGISTRATION STUDENT NURSES

Due to the reconfiguration of healthcare organisations and the services that they provide, practice placement opportunities for pre-registration student nurses are changing and it is becoming increasingly difficult to provide the variety of placement opportunities required to prepare students for registration with the Nursing and Midwifery Council (NMC). Yet there is a requirement by academic education institutions and NHS placement providers to ensure that students are fit for practice at the end of their three year education programme.

Since December 2012 a partnership approach has been adopted across Salford and Greater Manchester to proactively respond to these issues. The partnership consists of the following key stakeholders working together as a project team: practice learning leads, pre-registration programme leader and Clinical Placement Unit from the University of Salford; practice development managers from the North West Practice Development Network (NMPDN); and practice education facilitators from Bolton NHS Foundation Trust, Salford Royal NHS Foundation Trust and Pennine Acute Hospitals NHS Trust.

More recently, there are government and Health Education England drivers for increasing pre- registration nursing student community placements to 50% of their time spent in practice.

This cross-organisational project team has created a curriculum-based placement allocation model for pre-registration nursing students from the University of Salford's School of Nursing, Midwifery, Social Work and Social Sciences (in the adult field of practice). Application of the model when placing students puts both the healthcare organisation and the University in a strong position to address the NMC's proficiencies for effective placements. Furthermore the model is transferable to other fields of nursing and other healthcare professions. Another output of this project was the Bulpitt Framework. This is a spreadsheet that is now shared across organisations via an electronic drop box, and allows all stakeholders to share and collate student placement information. This is a robust, student-focused system which replaces a more traditional process-led approach.



## The Traditional Process-led Approach to the Allocation of Placements

The traditional process-led approach to the allocation of placements consisted of the Clinical Placement Unit allocating at least one community placement per academic year and at least one medical, surgical, and critical placement in three years. Sometimes the Clinical Placement Unit would not be aware of practice placement areas that were restricted for certain student year groups and they did not have the up-to-date practice placement intelligence due to the reconfiguration of wards. Historically, there were different perceptions of what constitutes a community placement by students, practice staff and the University.

Importantly, the traditional process-led model did not capitalise on the knowledge and skills of stakeholders involved in the allocation of student nurses which could further enhance the practice experience of student nurses. This included working together to redefine practice placement categories, based on contemporary healthcare practice, the needs of the student nurse and the skills required on registration.

### Key Outcomes

#### Full allocation of placements

The model has been applied to the September 2013 cohort of pre-registration nursing students and this has resulted in 100% allocation of a 'fundamentals of care' placement, which is a placement that provides first year student nurses with opportunities to undertake basic and essential nursing skills. Whilst the fundamentals of care category did not exist prior to the implementation of the allocation model, the Clinical Placement Unit were able to provide retrospective audit data of placement areas that would fit under this category and the percentage of students who would have received such a placement in their first year of education.

Students who received a fundamental care placement in Year 1 semester 1 and 2:

- September 2011 - 42.05%
- September 2012 - 61.39%
- September 2013 - 69.54%

Students who received a fundamental care placement in Year 1 semester 3:

- September 2011 - 33.52%
- September 2012 - 49.01%
- September 2013 - n/a

Students who did not receive a fundamental care placement at all in Year 1:

- September 2011 - 22.16%
- September 2012 - 17.33%
- September 2013 - n/a

## Improved Communication

Application of the model and sharing of information via a central framework has allowed underlying problems to be managed as they arise. Each stakeholder now fully understands the role that they play and how to communicate more effectively in order to manage issues as they emerge:

*"Through partnership working we (key stakeholders) are aware of each and everybody's role and the part that we play in the allocation of student nurses. Communication is enhanced because of the sharing of information and this has benefited the student."* - Practice Learning Lead, University of Salford

*"...For the pre-registration nursing curriculum to be truly effective in delivering nurses fit for the future, there needs to be on-going emphasis on collaborative working between the HEI's and placement stakeholders. Over the years the Practice Education Facilitator team at Bolton have firmly established good partnership working, however this project has further enhanced the relationship not only between us and the University of Salford but also with fellow stakeholder Trusts who all have common ground..."* - Practice Education Facilitator, Bolton NHS Foundation Trust

An example of an emergent problem that has been solved is clearly defining what constitutes a community placement. Practice staff, students, mentors and the Clinical Placement Unit now understands that the definition of a 'pure community placement' is:

*"...a placement whereby students will be exposed to a service that delivers care in the person's home..."* - Project Team, February 2013

#### Improved Placements

Placements are organised according to NMC proficiencies and clinical/core/fundamental skill requirements, thus shifting from a process-led model to a robust and proactive student-focused approach:

*"...I was a part time student from September 2007 on the University of Salford Pre Registration Adult Nursing programme. Over the years I received a variety of allocations at the Bolton NHS Foundation Trust, however on more than one occasion I felt that my placements were inappropriate in order to achieve my practice based assessments. Fellow students often made comment about having too many outpatient or community based placements in comparison to others, whilst others stated they had hardly any surgical opportunities. We all felt that it was the luck of the draw. One example being a peer colleague was placed on a day care unit, where she couldn't achieve her Administration of Medicines, without having to arrange spokes placements. She felt this compromised her learning outcomes and fragmented the assessment process. I am now a mentor in practice and have discussed the new Allocation Model with our hospital based PEF team, and this looks a much more proactive and systematic approach, taking into consideration the assessment needs of each student, and having a much more*

*even spread of placements. I fully welcome the new model..."* - Mentor, Bolton NHS Foundation Trust, December 2013

*"...As an experienced Mentor and Practice Education Lead on a busy Respiratory Ward, I often felt that having discussed the placements my students had received that some had more favourable placements compared to others. On many occasions I would have a final placement student whom had not been on acute ward for nearly a full year as had been placed on a community setting followed by an outpatient area, this then left them somewhat out of practice in areas such as administration of medicines, and the ability to manage a case load. The new model takes into account the Practice Based assessments and identifies any gaps that the student may have had within their final year. I think the new model can only enhance the students training and ensures full consolidation of all experiences in a more meaningful way..."* - Experienced Mentor and Practice Education Lead, Bolton NHS Foundation Trust, December 2013

### Better Understanding of Placement Issues

Application of the '5 Whys' approach (see Appendix 2) and a SWOT analysis identified three key placement allocation issues, including; placement capacity, changes to the curriculum, and the quality of the education programme and clinical learning environment. This allows such issues to be addressed, thus improving the quality and effectiveness of future placements.

### Greater Collaboration

Partnership working has strengthened relationships between stakeholders and has paved the way for further collaborative work.

### Wider Application

A further benefit of the project is an evidence-based framework that can be applied to other fields of nursing including; children and young people, mental health, and learning disabilities as well as a range of other health care professions. Further application of the model to other fields of nursing has the potential to expose student nurses to an innovative approach to their practice placement allocation; ultimately impacting on the development of a nurse at the end of their training who has the right skills at the right time and can contribute to effective and safe patient care (NMC 2010).

### Improved Key Performance Indicators (KPIs)

Some of these have already been met, for example establishing the underlying problem(s)/root cause analysis for the effective placement of pre-registration students from the perspective of key placement provider stakeholders. Dissemination strategies include the sharing of evidence-based problem solving techniques to other fields of nursing. Commencing with the September 2013 cohort, a further KPI is set so that 100% of these students will receive at

least one fundamental care placement in year one. Whilst complete figures to measure if this has been achieved will not be available until the end of the year, retrospective data (presented in the summary section) already demonstrates measurable improvement in the number of students receiving at least one fundamental care placement in their first year (and ideally in both placement periods in year one). Indeed, 22.16% of students from the September 2011 cohort did not receive a fundamental care placement at all in year 1 compared to a figure of 17.33% for the September 2012 cohort. The Bulpitt Framework provides the vehicle for the Clinical Placement Unit to disseminate compliance with this KPI to all stakeholders.

A further KPI will measure how many more preceptees are ready to become a registered nurse upon qualification. Due to the duration of the project this information is not yet known. Measures will include inviting preceptees to participate in a focus group interview to capture this information.

## Background

This project was undertaken with students from the University of Salford's School of Nursing, Midwifery, Social Work and Social Sciences. Salford University, located in the North West of England, has approximately 20,000 students. Its School of Nursing, Midwifery, Social Work and Social Sciences offers courses in nursing and midwifery (including professional registration courses) as well as advanced practice, cognitive behaviour therapies, counselling, leadership and management for health care, mental health, social work and social policy.

The Nursing and Midwifery Council (NMC) expect academic education institutions and practice organisations to work in partnership to develop and deliver pre-registration nursing education. Indeed, partnership working provides the foundation for patient safety, ensuring that education programmes produce students who are fit for practice and purpose in the local and national context (NMC 2010). Partnership and collaboration between academic education institutions and healthcare organisations is a driver for ensuring that nurse education is responsive to service providers (Kenny 2004) and for achieving healthcare results that are the best in the world (DH 2010a, 2010b). Partnership and collaboration is an integral component of the government's response to the House of Commons Health Select Committee First Report of Session 2012-13: Education, Training and Workforce Planning document (Commons Health Select Committee 2012). The Committee is examining whether, and how government proposals will ensure that the existing healthcare workforce can be developed and re-skilled for the future.

This project is timely and offers a partnership framework to operationalise the NMC Pre- registration Standards (NMC 2010) that require innovative and proactive approaches to the allocation of practice placements for pre- registration nursing students. Application of the model would also enhance the student experience through addressing practice



placement capacity and quality concerns manifesting, in part, from: the far-reaching healthcare policy changes; reconfiguration of healthcare organisations (Murray and Williamson 2009, DH 2010a, 2010b, Health Care Act 2012); and changes to the University of Salford pre-registration nursing curriculum.

## Key Aims

The overall aim of this project was to promote a proactive partnership approach to the placement of pre-registration nursing students (adult field) which:

- meets the requirements of; the University of Salford's pre-registration nursing curriculum, the student; and NHS healthcare organisations as well as non-NHS providers
- can be applied in the future to mental health, children and young people and learning disability fields of nursing

## Project Objectives

- Proactively establish the underlying problem(s)/root cause analysis for the effective placement of pre-registration students from the perspectives of key placement provider stakeholders (NWPDN, higher education institution, PEFs and students)
- Plan for a range of practice placement exposures for the duration of the programme.
- Identify gaps in the exposure of practice placements and put strategies in place to effectively manage/resolve these.
- Establish the implications of the NMC standards and University of Salford pre-registration nursing curriculum on the placement of students
- Identify key performance indicators/success criteria
- Present evidence and recommendations for an approach to the placement of students that is transferable to other fields of nursing
- Disseminate the findings to all key stakeholders both internally and externally



## Key Stages of Setup

December 2012

- Communication commenced between the key stakeholders from the different organisations and project aims and objectives agreed
- A Gantt chart was produced to determine the project timeframe

January 2013

- The project team undertook and analysed data from the '5 Whys' and SWOT analysis (application of QIPP methodologies)
- The group developed the Curriculum Practice Placement Allocation Model

February -> April 2013

- Four sub groups were defined and membership agreed. Each sub group developed their own terms of reference and worked on achieving their particular objectives

May 2013

- The Bulpitt Framework (electronic drop box to collate practice placement circuit intelligence) was created and PEFs populated it with data from their healthcare organisation and emailed it to the Clinical Placement Unit at the University of Salford

June 2013

- Based on the six identified categories and placement intelligence contained in the Bulpitt Framework, the Clinical Placement Unit allocated the first practice placement for the September 2013 cohort of adult field nursing students

July 2013

- The group developed a communication strategy to engage and inform practice staff about the project and the outcome. Information was then produced and circulated on agreed categories in order to remove perceived misconceptions

September 2013

- Presentation of the project at the 'Networking in Education' conference, Cambridge University

November 2013

- Ethical approval to interview preceptee's at Salford Royal NHS Foundation Trust

December 2013

- Presentation to programme leaders and key stakeholders (Greater Manchester PEF Forum, Pan Manchester Placement Meeting, PDM Greater Manchester Locality Meeting, NWPDN) with a view to roll the application of the model out to other fields of practice and other health care professions
- Work towards meeting identified key performance indicators and continue with the dissemination strategy

2014

- Use this eWIN case study as an innovative method to disseminate good practice and use it instead of the traditional report

Identification of underlying issues

Representatives from each organisation came together to complete a SWOT analysis, with the results collated and drawn together into one document (see Appendix 3). This provided an understanding of the key issues from multiple perspectives and allowed strategies to be developed that could resolve underlying issues. Further analysis of the SWOT resulted in the formation of four sub-groups, whose remit was to critically explore the following key areas:

1. overview of the three year placement - what would the ideal three year placement structure look like for the student nurse?
2. completion of the practice based assessments - are there any particular placement areas that the student nurse cannot be allocated to?
3. proactive management of the placement circuit - can the capacity of the practice placement circuit be proactively managed?
4. year three consolidation - how can we ensure that by the third year of training the student nurse can clearly identify areas for further development and that systems are put in place to provide relevant practice-based opportunities (plug the gaps in any deficits in clinical skills development)?

The first sub-group identified six core placement categories that the Clinical Placement Unit (CPU) at the University of Salford could use when placing students, namely; medical, surgical, critical care, fundamentals of care, pure community and other (outpatients).

These categories and the information from the other three sub-groups (see Appendix 4) were then captured within a practice placement document created by Samantha Bulpitt, a PEF at Bolton NHS Foundation Trust.

The PEFs in each NHS trust now update the Bulpitt Framework and email it to the CPU in January and June every year, which means that the CPU is much better informed as to how practice placements map against the curriculum and feel better informed when allocating students to the practice placement area.

Utilising information embedded in the Bulpitt Framework means that they are aware of any practice placement restrictions and can allocate student placements in the first and second year according to the embedded categories and in year three according to the completion of the practice based assessments.

Figure 1 - Bulpitt Framework

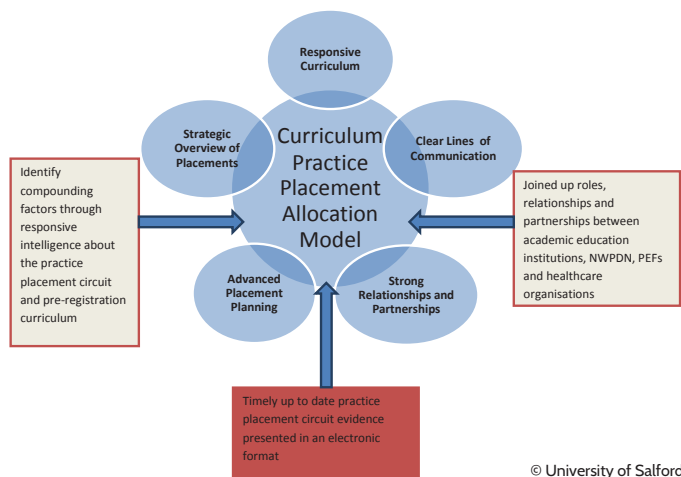
## Curriculum Practice Placement Allocation Model

The different stakeholders involved in the practice placement of student nurses also utilise the Curriculum Practice Allocation Model to embed their partnership and collaborative relationships in order to proactively manage any emergent practice placement issues.

This is a unique model that clearly demonstrates how the effective placement of students is reliant on the integration of the following core concepts:

- development and application of a responsive pre-registration nursing curriculum
- clear lines of communication between all stakeholders involved in the practice placement of students
- strong relationships and partnerships
- advanced planning of student placements
- stakeholders having a strategic overview of the practice placement circuit
- joined up roles, relationships and partnerships between academic education institutions, NWPDN, PEFs and healthcare organisations
- identification of the compounding factors through responsive intelligence about the practice placement circuit and pre-registration curriculum
- student intelligence, practice placement evaluation, staff/student committee

Figure 2 - Curriculum Practice Placement Allocation Model



## Resources

No funding is attached to the project which demonstrates how partnership working has provided the forum to work differently and creatively to solve problems associated with the placement of student nurses. The only cost that needed to be covered was that of Jacqueline Leigh's attendance at the Networking for Education in Healthcare Conference where she represented the project group. Funding for this came from the University's School of Nursing, Midwifery, Social Work and Social Sciences as well as the University of Salford International Conference Fund. Funding will however need to be secured to promote the model at future conferences.

## Key Challenges

- **Timeframe** - one of the key challenges was keeping to the agreed time frame. The work commitments of all individuals and the added responsibility of participation in one or more of the four subgroups meant it was difficult to find times to meet. However, the use of email helped alleviate this problem and ensured all members were fully engaged
- **Timing of collation** - another challenge lies with ensuring that the CPU receive a populated Bulpitt Framework at the time that best fits the allocation cycle of student nurses to the placement area. Therefore it was agreed that the PEFs will collate the information and email it to the CPU in January and June of each year
- **Dissemination** - another challenge is disseminating the findings from this project and receiving buy-in from stakeholders to roll the model and framework out to other fields of nursing and healthcare professionals. To overcome this, group members have agreed to use this case study as a key strategy to demonstrate the benefits of the project. Key stakeholders and specific meetings have also been targeted to disseminate the project and discuss the findings. The evidence-based framework that has been produced can be used to demonstrate how the Curriculum Practice Placement Allocation Model can be applied and implemented at the local level in multiple organisations (academic education institution and its partner healthcare organisations)
- **Sustainability** - a further challenge is that of demonstrating the long-term benefits of the project. To overcome this KPIs have been set so that data will be continuously collected over a three year period. This includes quantitative data which compares the process-led allocation model with the student-focused approach. Qualitative data will also be generated by asking preceptees their opinions of the new model and subsequent readiness to take on the role of qualified nurse. Data analysis will feed into the Curriculum Practice Placement Allocation Model making data collection, analysis and allocation planning an iterative process

## Key Learning

- It was interesting to see how each organisation interpreted and brought to the table their own practice placement issues. This clearly demonstrated that no single organisation can identify and proactively manage the allocation of pre-registration students to the practice placement area. A partnership approach is definitely required to move from a process-driven allocation model to a proactive student led system
- The need for clear project aims and outcomes with a realistic project timeframe increased the chances of success. Identification of a project lead maintained

the momentum of the project and held people to account. Notwithstanding, all project members needed to demonstrate strong leadership skills to build the relationships and to understand the emergent practice placement issues but from different organisations and peoples' perspectives

- The need to generate baseline information prior to commencing a project is a key lesson learned. Through retrospective audit data, the group are able to compare the impact of the new model against the traditional process-led approach
- A final key lesson is the need to demonstrate to stakeholders a systematic approach to the allocation of student nurses to the practice placement. Indeed, a key benefit of the project is the evidence-based framework consisting of the key principles for rolling out the model within different nursing fields of practice and health professions. The step by step approach clearly sets out the process that makes the model's application realistic and achievable

## Sustainability

The CPU now routinely utilise the Bulpitt Framework to allocate student nurses to the practice area, and partnership working between the organisations is recognised as the only approach to managing emergent issues. Through the relationships developed and the understanding of key roles practice issues are dealt with in a timely manner. This, and the KPIs which have been identified, ensure that the model continues to be embedded in everyday practice for the collection of data that demonstrates the effectiveness of the model from the multiple stakeholder perspectives. Examples include; a retrospective audit of the current curriculum allocation process, an audit of the current curriculum mapped against the new allocation model and an increased percentage of students receiving appropriate allocations as defined by the subgroups.

## Next Steps

- Ongoing dissemination of the model to other fields of nursing and health care professions (introducing the model's principals into the multi-professional arena)
- The project team welcome opportunities to work with organisations to implement the model and to spread good practice The model is transferable to other organisations and this means that this should be a relatively straight forward process with the project team using their experiences to guide the process
- KPIs will continue to measure the impact of the six categories and implementation of the model on the readiness of the newly qualified nurse to undertake their role on qualification. Focus groups with preceptees at Salford Royal Foundation NHS Trust are being planned to achieve this indicator (subject to ethical approval).

Results of the focus groups will further inform the content of the consolidation checklist that measures the students' practice learning gaps and/or ongoing development needs

- To meet healthcare policy and Health Education England's drivers for increasing pre- registration nursing student community placements to 50% of their time spent in practice, processes are being considered to demonstrate how pre- registration nursing students are working towards 50% of their time being spent in the community setting. Processes include creating opportunities and documenting exposure to patient pathways that transcend community and acute settings
- The project team will also apply for a Nursing Times award 2014/15

## Supporting Material

The following resources are available as an appendix to this case study:

- Appendix 1 - List of project group members and organisations
- Appendix 2 - Application '5 Whys'
- Appendix 3 - SWOT analysis and results incorporated into the project report
- Appendix 4 - Subgroup work

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See Appendix 1 for a full list of project group members and organisations

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