The Development of
Quality Standards for
Practice Placements
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Foreword

Caring for Scotland: The Strategy for Nursing and Midwifery in Scotland which was launched in 2001 set a number of important projects in motion, not least of which is this one looking at the important area of the clinical component of pre-registration nursing and midwifery education.

Caring for Scotland recognised that education and service providers have worked together to ensure maximum benefits for students, in the face of significant daily pressures. However, the students’ experience in practice is not only key to equipping them to function in the modern NHS, but also crucial in encouraging them that NHSScotland is a desirable employer with whom to continue their nursing or midwifery career.

The setting of standards for both students and mentors which NHS Education for Scotland will monitor, allows both parties clarity about their respective roles in the clinical placements, but also makes clear the responsibilities of NHSScotland employers to support both parties to meet those standards. There is increasing evidence that practice placements are seen as a joint issue by Higher Education Institutions and Trusts. Given the nature of the 50:50 split of the pre-registration programme between theory and practice this is an important step. The aim which this project and report had was to share good practice between education providers and Trusts. Through the Practice Placement Seminar in June 2002, consultation for this report and the report itself a fair amount of sharing has already been achieved. I hope that this report will continue to stimulate this process.

Finally, the project sought to review the availability and use of practice placements both in NHSScotland and the independent sector. This process was complicated because the education providers and most Trusts have different systems for recording information about practice placements. NHS Education will therefore take forward a piece of work with ISD to consider establishing a database to allow placement capacity to be looked at from a national perspective and on a multidisciplinary basis. This will ensure that placements are used as effectively as possible.

This Report is only the beginning of an on-going process to ensure that students and mentors are given the best possible opportunities to work together to achieve a workforce which is fit for practice and purpose in the rapidly changing NHS. I am very pleased to commend this report “The Development of Quality Standards for Practice Placements” to both clinical and academic staff.

Miss Anne Jarvie, CBE, RGN, RM, BA
Chief Nursing Officer
Directorate of Nursing
1. Introduction

1.1 The Practice Placement Project was developed in response to Caring for Scotland, the Strategy for Nursing and Midwifery in Scotland, published in February 2001. This mandated a review of the availability and use of practice placements and the development of quality standards.

1.2 A multiprofessional Project Steering Group (See Appendix 1) was commissioned in November 2001 to develop the aims and design the project plan.

2. Project Aims and Timetable

2.1 The aims of the project were:

i. To facilitate the identification of adequate numbers of appropriate placements to meet the varied needs of both pre-registration and post-registration nursing and midwifery education provision.

ii. The identification of the various systems that are used in the management and allocation of students to practice placements and the sharing of good practice in this area.

iii. The development of quality standards for practice placements to enhance effectiveness of the overall preparation of nurses and midwives.

3. Methodology

3.1 A consensus approach was taken to ensure that all stakeholders could input and influence the project at three key points:

i. During the initial data collection, when quantitative and qualitative data were collected from Higher Education Institutions (HEIs) and their partner service provider organisations.

ii. During a consultation period on the findings from the data; this took the form of a seminar and a subsequent postal consultation across NHS Scotland, the Higher Education sector and the independent/voluntary sector.

iii. During a consultation period on the draft standards and recommendations which were generated from the findings and responses to the consultations.

3.2 This triangulation approach to data collection enabled emerging themes and issues to be fed back to stakeholders and refined at each stage of the project. The findings and recommendations in this report are a result of this process.

4. Summary of Key Findings

4.1 A number of key concepts were reflected in the data analysis and the responses to the consultations:

• The need for a co-ordinated approach beyond the level of individual Trusts/Higher Education Institutions (HEIs) which would take account of the multidisciplinary nature of the clinical learning environment and maximise opportunities for interprofessional learning.

• The commitment to genuine partnership between education and service providers, particularly in relation to the support of mentors and students.

• An acknowledgement of the link between quality placement learning and recruitment and retention of staff.
There was broad support from most stakeholders for the development of a national data set in relation to capacity, as well as for national standards for placement learning. However, in order to ensure that local needs continued to have a strong focus, local standards were also thought necessary. These would reflect local systems which might vary significantly in process depending on their size, location (i.e. urban/rural) and the number of Institutions/Trusts involved.

There is currently no co-ordinated overview of the numbers and range of professional groups who access the practice learning environment. Nor is there a validated framework within which factors which impact upon capacity can be considered. These two issues must be addressed in order to provide a more scientific strategic approach to the identification of and allocation to practice placements. Preliminary discussions with ISD have provided an initial project plan to take this forward.

In many service provider organisations there is no effective infrastructure to carry out a cohesive placement management function. There were examples of innovative collaborative practice, but much of this is locally driven and would benefit from wider dissemination and evaluation. It would, however, seem unlikely that a single approach to dealing with the management and allocation of student placements will emerge.

Recruitment and retention issues which impact on staffing levels in the Trusts, and service redesign were also significant factors which affected capacity. There was strong support that practice based learning should be co-ordinated at a regional level, ideally linked to the Workforce Development Centres (WDCs) currently under discussion at the Executive. This would be further strengthened with the development of Unified Boards.

Financial pressures on students are of concern to students, academics and placement staff. Most students are in employment to augment their bursary and must balance the requirements of accessing a 24/7 service with meeting their own financial, family and personal commitments.

Key issues for service providers were the conflicting priorities, particularly on the mentors, of workload, staffing and skill mix; within Community settings there are additional issues around accommodation. Many responses expressed the need for new posts to be developed within the Trusts to support the practice learning environment. There was overwhelming support for a national approach to mentorship training, and more flexible and innovative mentorship models, such as team mentoring.

Education providers emphasised the need for closer collaboration and local flexibility in relation to both quality issues and placement capacity. Both groups stressed the need to develop joint action plans to implement and monitor these standards and to take a phased approach to the development of systems to support the multi-professional learning environment where those were not currently in place. In addition there was widespread support for funded projects to explore innovative ways of supporting the practice learning environments.
5. The National Standards

5.1 The national standards (Appendix 3) were generated to address the issues raised in the analysis of the data and the consultation responses, by a working group comprising educationalists and practitioners and inclusive of the RCN and the Scottish Social Services Council. These were circulated to all Directors of Nursing, HEI Heads of Department, independent and voluntary sector service providers and users groups and all participants of the first seminar and previous consultees, and their feedback incorporated into the final standards set.

5.2 In addition, it is planned that NES will provide guidance in the form of a template for local standards. It is expected that work done locally will also inform the development of processes to audit both local and national standards.

6. Conclusions

6.1 Many examples of good practice were evident throughout the project, and are included in this report. It is anticipated that most HEI’s and Service provider partners will be able to demonstrate achievement of some of the standards. It is hoped that the provision of the set of standards, however, will enable all involved in the provision and support of practice learning to evaluate the quality of that provision and develop local joint action plans so that all of the standards may be achieved. The recommendations illustrate key issues considered essential for effective partnership working, and in the main are directed at:

- Structures to support joint working between service provider organisations and HEIs practitioners.
- Infrastructure within service provider organisations to support a learning environment for a wide range of professional groups.
- Further funded work to explore capacity, support innovation and to evaluate existing/developing models of practice placement support.

6.2 These issues must be addressed at local and national level to enable the achievement of the standards as well as a strategic overview of the capacity for pre-registration education and the implementation of the lifelong learning agenda.
1. Introduction

1.1 The Practice Placement Project was developed in response to *Caring for Scotland, The Strategy for Nursing and Midwifery in Scotland*, published in February 2001. This mandated a review of the availability and use of practice placements and the development of quality standards.

1.2 In November 2001, a multi-professional Project Steering Group was commissioned to develop the aims and design the project plan. It was agreed that the aims of the project would be as follows:

i. To facilitate the identification of adequate numbers of appropriate placements to meet the varied needs of both pre-registration and post-registration nurse education provision.

ii. The identification of the various systems that are used in the management and allocation of students to practice placements and the sharing of good practice in this area.

iii. The development of quality standards for practice placements to enhance effectiveness of the overall preparation of nurses and midwives.

1.3 Phase 1 of the project was directed at the first two aims and was completed by May 2002. A wide range of data was collected and a draft report produced detailing a summary of findings to date together with tentative recommendations based on the emergent issues. A consultation day was held in May 2002 followed by an extensive consultation period involving a range of stakeholders.

1.4 The Steering Group meeting in February 2002 agreed the data collection methodology. This is described in detail in the initial Consultation Document (NES 2002). The diverse allocation systems and the complex factors which impact on placement identification and allocation meant that accessing the necessary quantitative information proved difficult and any scientific calculation of capacity was not possible.

1.5 Phase 2 of the project commenced in September 2002 and involved the convening of a working group representing stakeholders from clinical practice and education as well as representatives from the RCN and the Scottish Social Services Council. The purpose of this group was to draft standards and recommendations for quality practice placements based upon feedback from the consultation period. The standards were then distributed to all service and education providers for consultation and comment.

1.6 This report contains the standards along with a range of recommendations which were developed from the analysis of the data and the responses from the two consultation processes.
2. Background to the Project

2.1 Nursing and midwifery are education-led, practice-based professions. Issues around the complexity of ensuring adequate and appropriate clinical placements for both pre and post registration students has featured in the literature over many years, and has been debated by educationalists and practitioners alike. A selective literature review was undertaken during Phase 1 of this project and can be found in the initial Consultation Document (NES 2002).

2.2 Current priorities in relation to recruitment and retention (SEHD 2001a) impact directly on the numbers of pre-registration students, whilst Working Together (SOHD 1998) and Learning Together (SEHD 1999) generate additional pressure for practice education and supervision as the range of continuing professional development opportunities expands.

2.3 This places a considerable additional responsibility on both educators and practitioners, to support nurses and other clinicians at all levels, not just within the NHS but also within the independent and voluntary sectors, where students frequently undertake substantive learning experiences. It is essential to ensure that education and training capacity is fully understood and utilised in order that workforce targets can be met in terms of quantity and quality.

2.4 There is, therefore, a need to clarify and ensure that all processes which enable and support learning in practice are effective, sufficient and of the highest quality. Annual monitoring of programmes of preparation for nurses and midwives (NBS Themes and Issues 1999, 2000, 2001) has highlighted increasing concern around the availability of appropriate and sufficient practice placements, as well as the support of pre and post registration students and mentors.

2.5 Significant service reconfiguration has taken place over the last 5 years as a result of a number of policy changes, such as Designed to Care (SOHD 1997) the Acute Services Review, (SOHD 1998) and The Framework for Mental Health Services (SOHD 1997). There has also been a significant review of maternity services re-provision, culminating in the Framework for Maternity Services in Scotland (2001). The Scottish Executive Health Plan (SEHD 2000) aims to improve standards in the delivery of health care across Scotland by further re-organisation. Much of this change has reduced the in-patient population, with in-patients being much more acutely ill, thus altering the focus of care and significantly impacting on the learning environment. Patients previously cared for in hospital now receive care in community settings, again changing methods of care delivery and impacting on how and where students can achieve their learning outcomes.

2.6 The preparation of nurses, midwives and health visitors has also been the subject of review. The publication of Fitness for Practice: the UKCC Commission for Nursing and Midwifery Education (UKCC 1999) chaired by Sir Leonard Peach, heralded significant changes to pre-registration provision, with the emphasis on the achievement of competencies for entry to the register and more effective partnership working between education and service providers.

It also recognised that expansion of the knowledge base would mean that student nurses and midwives, and indeed all health professionals would need access to lifelong learning opportunities.

2.7 In light of these and other factors, Caring for Scotland, the Strategy for Nursing and Midwifery in Scotland, (2001) commissioned this project to explore the issues facing both education and service providers in the provision of adequate and appropriate clinical placements for nurses and midwives undertaking initial preparation and continuing professional development. It is, however, recognised that this issue impacts on all professional preparation within the health and social care arena.
3. Brief Overview of Selected Literature

3.1 A more in depth literature review can be found in the initial report, and it is not the intention to repeat all of the arguments again here. However an overview is provided below in order to highlight some of the key issues around practice education which contribute to the context within which the report is set.

3.2 The importance of Practice Education

3.2.1 The challenge of linking theory and practice in the health care professions has long been recognised. Cope et al (2000) describe this challenge as a “basic and familiar divide … a distinction between ‘knowing how’ and ‘knowing that’”. The factors that contribute to this process are varied. Edmond (2001) quotes Cox (1997) who states that practice requires the integration of thinking, feeling and doing, focusing on performance and judgement in handling many variables. However both Cox and Edmond suggest that a major problem in medicine and other practice disciplines is that ‘prevailing educational norms’ put an emphasis on academic achievement as preparation for practice. This norm fails to take account of the complexities of practice learning where competence is not guaranteed by pre placement exposure to academic knowledge. Cope et al (2000) state that an essential part of gaining clinical expertise is the situational context bound learning that takes place in practice. (Dreyfus & Dreyfus 1986, Berliner 1988). This type of learning facilitates the integration of thinking, feeling and doing but it is also suggested that a critical part of this learning process is becoming socialised into practice and feeling part of a team. Students are said to value a practice placement that supports this process (Cope et al 2000).

3.2.2 Andrews and Wallis (1999) suggest that prior to the implementation of Project 2000 little attention was paid to the learning needs of students in practice settings since the emphasis was on ‘getting the work done’ and in providing a ‘service contribution’ (Melia 1987). Beckett (1984) suggested that the apprenticeship model had positive aspects and was a useful way of linking theory to practice. However, just because students spent time with a qualified nurse did not mean that adequate quality supervision and learning was guaranteed.

3.2.3 The Project 2000 course programme, launched in 1992, aimed to be ‘academically sound, vocationally relevant and to produce a nurse who would be flexible, responsive to change and active in support of continued, self directed learning’ (Runciman 1998). The programme supported the notion of an increased theoretical input to pre-registration preparation but this was sometimes at the expense of practice education time, which in turn decreased. Subsequent evaluations of the initial programme (Macleod Clarke, et al, 1996 and Luker, 1996) identified that students who completed the programme, lacked confidence in the areas of clinical skills and management. Runciman et al (1998) also examined the perceptions of managers as to the adequacy of the skills of a newly qualified staff nurse. The findings of her study supported the earlier evaluation work.

3.2.4 Following these studies there was clearly a need to re-emphasise the value of practice as part of a balanced approach to the preparation of nurses and midwives. Jarvis (1998) when looking at the way forward for practice education suggests that due to professionalisation the value of practice education has been downplayed. He quotes Aristotle (1925) who distinguishes practical knowledge from both science and art. It is suggested that scientific and objective knowledge are both part of practice or preparation for practice but that practical knowledge has to be gained from experience in the practice setting and is legitimised by pragmatism. Jarvis goes further and suggests that as practice is constantly changing practitioners learn by reflection in practice and almost become practitioner researchers who develop their own theory of practice which works for them. This personal theory is always being modified by the ever-changing clinical situation. Jarvis downplays the traditional theory practice gap and replaces it with the ‘inter-relating process’ of practice and theory, each constantly being modified by the other. It is stressed that the future of practice education entails ‘placing practice rather than theory at the heart of teaching’. However for this to happen a clear understanding of the importance of effective practice education is required by all stakeholders in the process.
3. Brief Overview of Selected Literature

3.3 Mentorship

3.3.1 In a wide ranging literature review on mentorship in nursing Andrews and Wallis (1999) focus on the nature and practice of mentorship in practice settings. Evident in the literature is confusion relating both to the concept of mentorship and the role of the mentor. It is also suggested that there is inconsistency in the preparation and support available for mentors. Similar issues arose in this project. Key stakeholders highlighted the lack of consistency in mentor preparation and ongoing support. There clearly is a need for all stakeholders in the mentoring process to overtly value it as a professional development. The UKCC made a number of recommendations relating to the preparation of teachers and mentors in Fitness for Practice (UKCC 1999).

Explicit reference was made to the need for practice-based educators and lecturers to have dedicated time to be confident and competent in their teaching and mentoring roles (ENB 2001). Also stressed was the need for mentor preparation to be formalised and consistent. Standards for the preparation of teachers of nurses and midwives have subsequently been developed (UKCC 2000). These address the preparation of mentors, practice educators and lecturers.

3.4 The Quality Assurance Agency

3.4.1 The Quality Assurance Agency for Higher Education (QAA) provides guidance to HEIs in their Code of Practice for Placement Learning (QAA 2001). This takes the form of precepts for placement learning. (See Appendix 2)

3.4.2 For example, placements must be planned as part of an academic programme, with the support and co-operation of placement/service providers. This recognises that although each HEI has primary responsibility for securing adequate learning opportunities for its students and for the standards of assessment related to academic and professional awards, this can only be achieved if the planning and implementation is shared with service providers. Although a range of strategic contractual arrangements may underpin and direct this activity, a genuine collaborative relationship between service providers and HEIs, with equal commitment and investment from each, is essential.
4. Key Issues Arising from the Project

4.1 Throughout this project there has been evidence of a great deal of commitment from stakeholders to emphasise the necessity for collaborative and partnership working, and a shared understanding that this is essential if there is to be an improvement in the quality of practice placements. (See Appendix 4) It is vital that the standards and recommendations developed are taken forward in collaboration and that strategic partnership frameworks are further developed to support this work. To achieve sustained and long term quality results in clinical learning it is recommended that cognisance is taken at executive level in service provider organisations of the need for quality practice placements and how this will impact on staff generally in the organisation, and upon recruitment and retention. This would also be facilitated if standards for quality practice placements were to be made explicit within the clinical and staff governance arrangements in each service provider organisation.

4.2 Feedback from stakeholders identified many issues of importance in relation to the provision of quality practice placements. However, of particular note were issues with both the provision of support to students in practice and the development of a quality learning environment. In addition, there was evidence of inconsistency in relation to the preparation of mentors and to the support they receive from both education and service provider colleagues. These two areas are intrinsically linked since if mentors are not consistently and adequately prepared and supported then they in turn will not be able to support students appropriately. It is clearly essential to ensure that students are perceived as an added value and that mentorship is also a valued role. There is a need, therefore to establish and emphasise key standards and indicators that provide clear guidance to all stakeholders as to their respective and collective responsibilities in this area.

4.3 As a result of these factors the standards describe the outcomes which students and mentors should expect during a period of clinical placement learning on any course or programme supported by NHS Scotland through an approved educational programme. In support of the standards, the recommendations are designed to help education and service providers to address quality issues within the overall clinical learning environment. They target the development of effective structures and processes within and between HEIs and service provider organisations to meet the need of students and mentors, and achieve the standards. It is also intended that focusing on the overall clinical learning environment will support the interprofessional education agenda.

4.4 Pressures on Students

4.4.1 Financial pressures on students are of concern to students, academics and placement staff. Most students are in employment to augment their bursary and must balance the requirements of accessing a 24/7 service with meeting their own financial, family and personal commitments. Service providers in the main take account of this, and adopt a flexible approach to students, causing additional pressure on the system.

4.4.2 In addition whilst HEIs all have systems to deal with issues raised by students, (see examples of good practice) and have processes which feed these back to the Trusts, there is less clarity about the processes within Trusts, specifically how issues can be considered within the clinical and staff governance arrangements.

4.4.3 The identification and preparation of appropriate practice placements is a continuous process for HEIs and service providers (NBS 2000). The range and diversity of practice placements being utilised has increased, exposing students to a wide range of settings, models and philosophies of care and working practices. Students may also be allocated placements quite distant from their home base, and travelling, both in terms of time and cost, can negatively impact on the student. These factors individually and cumulatively have implications for the academic, practice and pastoral support of students, as well as the quality of their learning.
4.5 Capacity Issues

4.5.1 The substantive scoping exercise in phase 1 of the project provided useful insights into the strengths and limitations of current student allocation systems, and in particular a significant difficulty in collecting and comparing the data collected in each HEI. It proved enormously difficult to collect accurate reliable data on the numbers of students accessing placements at any point in time. As a result of the range of different systems there is no common or comparable data set relating to the numbers of students and number of placements available to accommodate them. In addition HEIs and individual Trusts may not have congruent IT or other systems to enable a complete picture of clinical placement uptake/capacity. There is no reliable data on the numbers of post registration nursing/midwifery students accessing placements nor indeed the numbers of other clinical professions utilising placement areas, nor is there a validated framework within which factors which impact upon capacity can be considered. These issues must be addressed in order to provide a more scientific strategic approach to the identification of and allocation to practice placements.

4.5.2 Whilst some HEIs attempt to keep a record of numbers of available mentors there is great difficulty in maintaining an up-to-date register as there are inadequate systems between education and service providers to deal with the mobility of service staff. Some service providers maintain a record of placements including mentor numbers at a local unit level, but this is not consistent within or across organisations.

4.5.3 The process is most effective where there is a senior manager or joint appointment with a specific remit for the support of students, and direct involvement in and responsibility for their allocation.

4.5.4 However, in many service provider organisations there is no effective infrastructure to carry out a cohesive placement management function. There were examples of innovative collaborative practice, but much of this is locally driven and would benefit from wider dissemination and evaluation. It would, however, seem unlikely that a single approach to dealing with the management and allocation of student placements will emerge.

4.5.5 A wide range of complex factors is involved in the determination of capacity, with little consistency across the country in how these factors are then used. There are, however some key factors such as client group, bed numbers/caseload, numbers of qualified staff, skill mix, vacancies workload and patient dependency which could be used as a baseline with other more qualitative and variable factors such as sickness/absence and local pressures factored in at a local level. Much of this data is already collected at a national level by ISD, and initial discussions with them have generated an outline project plan to take this forward in the New Year. Similarly early discussions with colleagues from the Allied Health Professions indicate that a national database of AHP placements could be also be generated to provide clarity and guidance on capacity for them.

4.5.6 Any factor that leads to a reduction in the number of qualified staff on duty and/or changes in skill mix can lead to additional pressures on those qualified staff available to support and supervise students. Recruitment and retention is a significant factor, as is service redesign. A diverse range of other health and social care professionals also access placements for their undergraduate and post graduate students and this can lead to competition for and dilution of practice support (NBS 1998).
4. Key Issues Arising from the Project

4.6 Resource Issues

4.6.1 Concern was expressed throughout both consultations about implementation of standards without additional resources. From a community perspective, particularly, it was generally felt that the issues of competing priorities, workload, staff shortages and skill mix could not be overemphasised. Evidence from the data analysis suggests that most HEI/Trust partnerships will already be achieving some of the standards, and that prioritisation and a phased introduction of the standards and recommendations locally may be necessary. There are structures and key roles in existence in some Trusts which will more easily facilitate the achievement of some standards, whilst for other providers significant work/action planning will be necessary to explore and develop what will be required in relation to effective models/roles.

4.6.2 The integration of the standards within the Clinical and Staff Governance frameworks might be a useful measure of the quality of the educational environment, not only in terms of the initial training and CPD of nurses and other professionals, but also for the effectiveness of service provision.
5. Drafting the Standards

5.1 The national standards were generated to address the issues raised in the analysis of the data and the consultation responses, by a working group comprising educationalists and practitioners and inclusive of the RCN and the Scottish Social Services Council. These were circulated to all Directors of Nursing, HEI Heads of Department, independent and voluntary service providers and users groups, and all participants of the first seminar and previous consultees; feedback was discussed by the working and steering groups, and incorporated as appropriate into the final standards set. During the process of developing these standards, and in response to significant support from stakeholders, it was agreed that NES would also provide guidance in the form of a template for local standards. This will enable local flexibility, will articulate with the Lifelong Learning agenda, in particular the Staff Governance Standard, and support the multiprofessional nature of the clinical learning environment. It is envisaged that they will also inform the development of processes to audit both local and national standards.

5.2 A number of key concepts were reflected in the responses from stakeholders as part of the initial consultation process and they, along with the data analysed in Phase 1 of the project, underpinned the work undertaken by the working group in drafting the standards:

• The need for a co-ordinated approach beyond the level of individual Trusts/Higher Education Institutions (HEIs) which would take account of the multidisciplinary nature of the clinical learning environment and maximise opportunities for interprofessional learning.

• The commitment to genuine partnership between education and service providers.

• An acknowledgement of the link between quality placement learning and recruitment and retention of staff.

5.3 The standards describe the outcomes which students and mentors should expect during a period of clinical placement learning on any course or programme supported by NHS Scotland through an approved educational programme.

5.4 They are derived from the QAA Code of Practice Precepts for Placement Learning (QAA 2001) which applies to all Higher Education Institutions (Appendix 2). In addition it is important to acknowledge the importance of the following publications:

• Helping students get the best from their practice placements (RCN 2002)

• A Charter for Students (Sheffield Hallam University 2002)

• Placements in Focus (ENB 2001)

5.5 Given the crucial importance of partnership and collaboration in relation to the provision of quality placement learning, it was not appropriate to delineate separately the responsibilities of service and education providers. The structures and processes to deliver the most effective outcomes may differ in different environments and contexts. Appendix 5 outlines the key areas to be addressed in any model. The focus must be on the outcomes, and these relate not only to what students and mentors can expect in relation to support but also their responsibilities to each other.
5. Drafting the Standards

5.6 The Role of Mentors

5.6.1 Mentors/practice assessors have a key role in the support, supervision and assessment of students during clinical placement learning, and as such require an infrastructure within their organisation to enable them to access the necessary resources and support to fulfil this role. This is in addition to the support they require from the education provider. They must also both value the role themselves and feel valued by their organisations.

5.6.2 The concept of a team approach to mentoring was also promoted in the consultation responses, in order to provide more flexibility and enable a more inclusive approach within clinical teams. The clinical learning environment is a multiprofessional arena, and the whole clinical team must be aware of and involved in the support of learners. A team approach will maintain the fundamental principle of an identified mentor with responsibility for establishing learning outcomes with the student, providing on-going feedback, and carrying out the assessment process. However, a range of methods would enable the mentor to identify one or more colleagues who will provide support in that activity, thus improving the student’s experience and reducing the burden on the individual mentor. An initial guidance paper on team mentoring was issued with the consultation (Appendix 6) and NES will encourage further work to explore and evaluate a range of different models.

5.7 The Role of Students

It is important to acknowledge students as key stakeholders in the provision of quality placements. In addition to the information and support they require to achieve their learning outcomes are their responsibilities to match the commitment to their development of the service and education providers, and to provide constructive feedback to both where issues arise. Successive monitoring reports, particularly of pre-registration programmes, highlights the difficulties students often have in providing on-going evaluation of their experiences to their mentors, and of providing evaluations at the end of placements. This report recommends that staff and clinical governance processes should explicitly take account of student feedback, and for this to be effective that feedback must be given. Students, HEIs and service providers must work in partnership to facilitate these processes.
6. The Recommendations

6.1 The recommendations are designed to help education and service providers to address quality issues within the overall clinical learning environment in a co-ordinated way. They target the development of effective structures and processes within and between Higher Education Institutions and service provider organisations to meet the needs of the students and mentors. It is intended that focusing on the overall clinical learning environment will also support interprofessional education in line with the Staff Governance Standard.

6.2 The following recommendations therefore are focused on the development of effective infrastructures to meet the standards for quality placement learning.

6.3 A co-ordinated approach to the management of Practice Placements, to address the needs of the service in respect of pre and post registration programmes for all of the clinical professions. This approach could be considered in relation to workforce development processes/systems and/or the unified Boards. NES should make a strong contribution in support of this in brokering and/or funding work to explore how this could be implemented.

6.4 The development of congruent IT systems and a common data set linked to the above.

6.5 The development of local quality standards for a Clinical Learning Environment, based on a national template. These should be part of the local Learning Plans and linked to the Staff Governance Standard, and be audited through local Partnership arrangements.

6.6 The establishment of a process within local clinical and staff governance frameworks to ensure that issues identified by students, mentors, managers or educationalists in relation to quality practice placements are addressed.

Recommendations 6.5 and 6.6 would address the need to ensure that health and safety issues, as well as complaints could be dealt with effectively.

6.7 Further work by NES on a Clinical Learning Environment audit/other QA process for the national standards.

6.8 A project to explore a cohesive approach to the effective preparation of mentors based on NMC advisory standards, which enables consistency, evaluation and transferability.

6.9 Funding from NES for 3 types of future work

- A project (with ISD) to explore modelling for capacity
- Studies to explore innovations in relation to new/adapted roles or structures within service provider organisations to support the clinical learning environment.
- Evaluation studies of what works in relation to the student experience using the standards as outcomes: this may include team mentoring models, clinical teaching fellows other ward/unit/team based support models etc.
7. Examples of Good Practice

7.1 One of the three aims of this project was ‘to identify the various systems that are used in the management and allocation of students to practice placements and the sharing of good practice in this area’. This section describes a range of examples of good practice observed and reported during phase 1 of this project. The examples are presented in relation to the issues that underpin the standards and recommendations, and many of these informed the outcomes of the project itself. The examples cited were those highlighted to the project team; there may be other examples within the sector.

7.2 In relation to the first recommendation, The co-ordination and management of Practice Placements requires an integrated approach for both pre and post registration programmes and across the professions, there is evidence of a cohesive approach to placement but with varying degrees of effectiveness. Those that would seem to be furthest ahead are Dundee, Robert Gordon and Glasgow Caledonian Universities. The systems that they have in place and are evolving appear to be both rigorous and flexible. However, the systems observed are primarily for Nursing and Midwifery, and further collaboration with other professions should be considered.

7.3 The provision of appropriately approved placements for students is taken seriously by all stakeholders with a variety of joint arrangements found in all places visited during phase 1 of the project, to prepare, audit and allocate practice placements. Of particular note in the HEIs visited was the Clinical Practice Placement Support Unit (CPPSU) at the University of Dundee where dedicated academic and administrative staff work to ‘provide effective communication and support to preceptors, mentors and students in clinical practice’. The remit includes the organisation and administration of the provision of practice placements. The CPPSU work closely with The Education Partnership Committee which is a joint service and academic working group tasked with facilitating communication and group working in relation to practice placements as well as a range of other education and practice issues. In addition information from student evaluations is fed back to the Education Partnership Committee and as appropriate to mentors and placement areas. In 2000 the Partnership Committee developed an action plan to address identified issues of concern and to direct the work of the group during the next two years. The CPPSU provides a range of support to mentors, including a website and a regular newsletter. Mentors are also invited regularly to come along to cheese and wine evenings hosted by the school. Information profiles of clinical placements are currently being made available on their Intranet for academic staff, students and their mentors.

7.4 The Robert Gordon University co-ordinates allocation and administration of student placements through the Student Practice Development Centre which is led by a Senior Lecturer and Lecturer (Practice Development). They are assisted by a range of administrative staff and work closely with Link Teachers and clinical colleagues through a structured system of collaborative groups from strategic to operational level. Supervisor Support Forums facilitated by the Link Teacher/Clinical Manager for a particular area, have also been established to support mentors in their role. The forum uses a ‘reflective/supportive clinical supervision framework’ approach.

7.5 In Glasgow Caledonian University, the Practice Placement Unit co-ordinates placement activity for both itself and Glasgow University. The unit is led by an Academic Director who works closely with an Administrative Director and a range of other administrative staff to allocate and administer effective practice placements. In 2000 The Placement Advisory Group, Academic Advisory Group and Primary Care Steering Group developed and agreed processes to ensure that joint responsibilities were identified, agreed and adhered to with respect to student capacity in all placement areas.
7. Examples of Good Practice

7.6 The allocation of students to specific placement areas and to appropriate mentors once they commence clinical practice may be done in a number of ways: it may be done by Ward Managers or it may be done by specific members of staff with that responsibility. In Paisley a Clinical Practice Development Manager allocates students in the acute care sector. In primary care a designated member of staff allocates students in each LHCC; this is also the model in Dundee. In the Universities of Stirling and Abertay this role is carried out by a Clinical Teaching Fellow. In one service provider organisation partnered by Glasgow Caledonian University a senior member of clinical staff has responsibility for dealing with all issues relating to clinical placements. Napier University, which co-ordinates placements for Queen Margaret University College (QMUC) and the University of Edinburgh, also has this arrangement with Primary Care colleagues.

7.7 Educational Audit is carried out by all HEIs. In Stirling University this is carried out by the Clinical Teaching Fellow jointly with clinical staff. In Paisley, Napier, QMUC & Edinburgh and Bell College it is carried out jointly between clinical and academic staff. The data collected in the audit process is generally held in paper form but in some instances it may be stored electronically on a database. The feedback process to address issues arising from audit data varies: general and specific feedback is given to individual placement areas, in some instances by the link lecturer. All HEIs report their Audit findings to the appropriate committee or group in their framework, which can then address any issues of concern.

7.8 The practice of compiling placement profiles for all placement areas is at various stages of development across Scotland: Dundee, Glasgow Caledonian and Paisley Universities have well established data bases of placement profiles and learning opportunities. At the moment these are not available to students but as IT systems improve this may develop. The Robert Gordon University is also developing this system. Bell College provides a “menu” of learning opportunities for students. This exercise is also being extended to collate information about prepared and live mentor numbers in many places.

7.9 The provision of appropriate guidance and support for students before, during and after placements is important to ensure a rounded appropriate experience. Several HEIs use clinical skills laboratories to prepare students for clinical placements: Dundee University, Glasgow Caledonian, QMUC and The Robert Gordon Universities have well equipped skills facilities that are routinely used. Napier University has a skills laboratory specifically designed for midwifery practice with access for provider partners.

7.10 The student-mentor relationship is crucial and several HEIs encourage support for this relationship before the student starts the placement. Some, for example Paisley University and service colleagues ensure that the student receives the name of their mentor prior to starting the placement. Others, for example Glasgow Caledonian University and acute care colleagues have a named service manager the student can contact before the placement who then allocates them to a mentor.

7.11 Bell College has worked with service colleagues to develop a standardised induction pack for students in all clinical areas. Other HEIs have provide information packs for clinical areas containing information relating both to undergraduate and diploma programmes as appropriate to the students and the programme they are following.

7.12 During a placement students and their mentors require ongoing support and this may be provided by a link lecturer, clinical educator or Teaching Fellow. Bell College Link Lecturers visit students and mentors 3 times in each placement and each mentor is formally linked to a link lecturer. At QMUC Link Lecturers provide weekly tutorials for students on placement. Napier, QMUC & Edinburgh also have joint appointment posts at a senior level within each of their partner Trusts. These post holders are considered essential in both providing support to students and mentors, and in ensuring a flow of communication between the HEI and clinical areas.
7. Examples of Good Practice

7.13 There is an increasing recognition that both students and their mentors require additional support and assistance to that already provided from HEIs in the form of Link Lecturer activity. Stirling University and service colleagues have been piloting the role of Clinical Teaching Fellow. The purpose of this role is to support students and mentors in the clinical setting. Being on the spot means that troubleshooting is possible to deal with issues relating to clinical placement learning and allocation of placements more readily. This role is also in place in Abertay, Paisley and Dundee Universities. There is positive feedback from clinical areas and from students, that this type of post does make a difference.

7.14 Encouraging students to take an active part in the selection, organisation and evaluation of placements is both useful and important in order to foster personal and professional responsibility. Several HEIs, for example Dundee, Napier and Robert Gordon Universities offer an ‘Elective’ experience for students where they can select their placement and determine their learning objectives for that experience.

7.15 Student evaluation of placement experience is essential to the ongoing development of that area as a valuable learning environment for students and staff. In all HEIs there is a system for student evaluation, however, the data collected is not consistently disseminated. At QMUC the Link Lecturer is responsible for encouraging students to complete evaluations after a clinical placement, these are then collated and a report forwarded to the Practice Placement Committee.

7.16 Just as support for students is essential so is the preparation and support of mentors. While the situation across Scotland in this respect is not consistent, individual HEIs and service colleagues have worked hard to ensure that the need for mentor preparation is met locally. Glasgow Caledonian and Dundee Universities and Bell College each identified a shortfall in the number of prepared mentors and provided an increased number of courses to meet that need. The attendance of staff at those courses has only been possible through joint working with clinical colleagues.

7.17 Stirling University has developed Open and Distance Learning (ODL) materials together with regular updates and road shows to keep mentors up to date. Dundee University has also developed ODL materials, newsletters and web based information.

7.18 Mentor handbooks and/or information packs for clinical areas to support the role are provided by Dundee, Glasgow Caledonian, Abertay, Paisley and Napier, QMUC & Edinburgh Universities.

7.19 An area of concern highlighted by students in phase 1 of the project was the cost and difficulty with travel to placements particularly in rural areas. Stirling University has addressed this issue by using a funded car hire system, which has been positively evaluated by students. Whilst a few universities have been proactive in funding student travel costs many still reimburse retrospectively. Travel expenses can be paid in advance or weekly to limit the expense to students.
8. Conclusions

8.1 Many examples of good practice were evident throughout the project, and have been included in this report. It is anticipated that most HEIs and service provider partners will be able to demonstrate achievement of some of the standards. It is hoped that the provision of the set of standards, however, will enable all involved in the provision and support of practice learning to evaluate the quality of that provision and develop local joint action plans so that all of the standards may be achieved. The recommendations illustrate key issues considered essential for effective partnership working, and in the main are directed at:

- Structures to support joint working between service provider organisations and HEIs practitioners.
- Infrastructure within service provider organisations to support a learning environment for a wide range of professional groups.
- Further funded work to explore capacity, support innovation and to evaluate existing/developing models of practice placement support.

8.2 It is vital that the standards and recommendations developed are taken forward in collaboration, and that strategic partnership frameworks are further developed to support this work. To achieve sustained and long term quality results in clinical learning it is recommended that cognisance is taken at executive level in service provider organisations of the need for quality practice placements and how this will impact on staff generally in the organisation, and upon recruitment and retention. These issues must be addressed at local and national level to enable the achievement of the standards as well as a strategic overview of the capacity for pre-registration education and the implementation of the lifelong learning agenda.
9. Acknowledgements

Thanks must go to the staff in the following HEIs who provided help and information to support this stage of the project:

Bell College
Glasgow Caledonian University
Napier University
Queen Margaret University College
The Robert Gordon University
The University of Abertay Dundee
The University of Edinburgh
The University of Dundee
The University of Glasgow
The University of Paisley
The University of Stirling

Thanks must also go to clinical colleagues from all Trusts/Health Board areas who gave of their time to meet with us and share their views.
10. References and Selected Bibliography


10. References and Selected Bibliography

Scottish Office Department of Health (1997): *Designed to Care: Renewing the National Health Service In Scotland.* SO Edinburgh.


Appendices – Appendix 1

**Project Steering Group**
Carol Watson, Professional Officer, NHS Education for Scotland (NES) (Chair)
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Sheena Wright, Assistant Director of Nursing (Primary Care South), Glasgow NHS Trust
Jacqui Lunday, AHP Strategy Project Manager, Scottish Executive Health Department
Wendy McCombes, Regional General Practice Vocational Training Advisor for Dentistry
Iain McIntosh, Head of School of Acute and Continuing Care Nursing, Napier University

**Project Officers (Seconded to NES)**
Jane Ormerod, Grampian Acute Hospitals Trust
Ian Gilbert, University of Paisley
Appendix 2

Quality Assurance Agency (QAA) Precepts (Extract)

Precept 1: General Principles
Where placement learning is an intended part of a programme of study, institutions should ensure that:

• their responsibilities for placement learning are clearly defined;
• the intended learning outcomes contribute to the overall aims of the programme; and
• any assessment of placement learning is part of a coherent assessment strategy.

This precept deals principally with the integration of placement learning within the whole programme of learning, rather than the process of auditing, monitoring and review of practice placements.

Precept 2: Institutional Policies and Procedures
Institutions should have in place policies and procedures to ensure that their responsibilities for placement learning are met and that learning opportunities during placement are appropriate.

This precept states that ‘criteria to be used when approving placements should address placement providers’ ability to:

• provide learning opportunities that enable the intended learning outcomes to be achieved;
• support students on placement; and
• fulfil their responsibilities under health and safety legislation in the workplace, having regard to the level and experience of placement students.’

Precept 3: Placement Providers
Institutions should be able to assure themselves that placement providers know what their responsibilities are during the period of placement learning.

This precept states that ‘placement providers should be aware of their responsibilities for:

• the provision of learning opportunities;
• their role, where appropriate, in the assessment of students; and
• the health and safety of students.’
### Appendix 2

**Quality Assurance Agency (QAA) Precepts (Extract)**

**Precept 4: Student Responsibilities and Rights**
Prior to placements, institutions should ensure that students are made aware of their responsibilities and rights.

This precept deals with learner responsibilities and rights.

**Precept 5: Student Support and Information**
Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during, and after their placements.

This precept deals with appropriate induction to placements, occupational health considerations, cultural and work expectations.

**Precept 6: Staff Development**
Institutions should ensure that their staff who are involved in placement learning are competent to fulfil their role.

This precept deals with academic issues rather than practice placement audit.

**Precept 7: Dealing with Complaints**
Institutions should ensure that there are procedures in place for dealing with complaints and that all parties are aware of, and can make use of them.

This precept deals with programme procedures rather than practice placement audit.

**Precept 8: Monitoring and Evaluation of Placement Learning Opportunities**
Institutions should monitor and review the effectiveness of their policies and procedures in securing effective placement learning opportunities.

This precept deals with mechanisms for practice placement liaison.
**STUDENTS**

Prior to placements, institutions should ensure that students are made aware of their responsibilities and rights (QAA Precept 4).

<table>
<thead>
<tr>
<th>Standards</th>
<th>Indicators</th>
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<tbody>
<tr>
<td><strong>Prior to Placement</strong></td>
<td><strong>Evidence of a joint approach to the preparation, audit and allocation of practice placements</strong></td>
</tr>
<tr>
<td><strong>Students</strong> can expect to:</td>
<td><strong>A comprehensive orientation to each of their placements jointly agreed between their mentors/assessors and programme teachers.</strong></td>
</tr>
<tr>
<td>• Have an appropriate approved placement</td>
<td><strong>To be welcomed to the placement and provided with information and an induction programme</strong></td>
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<tr>
<td>• Be appropriately prepared for practice</td>
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<tr>
<td>• Have a named mentor</td>
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<tr>
<td>• Have access to local quality standards for the Clinical Learning Environment</td>
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</table>

Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during and after their placements (QAA Precept 5).

<table>
<thead>
<tr>
<th>Standards</th>
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<tbody>
<tr>
<td><strong>During Practice Placement</strong></td>
<td><strong>A named mentor/assessor with appropriate qualifications/education/training and experience to assess student</strong></td>
</tr>
<tr>
<td><strong>Students</strong> can expect to have:</td>
<td><strong>A named link with their HEI</strong></td>
</tr>
<tr>
<td>• A learning contract negotiated with their mentor within 48 hours</td>
<td><strong>An initial interview with named mentor during the first few days of placement to agree learning outcomes and ways of achieving them, and develop learning contract</strong></td>
</tr>
<tr>
<td>• Freedom and support to learn and achieve their outcomes</td>
<td><strong>Experience gained as part of a multiprofessional team</strong></td>
</tr>
<tr>
<td>• Access to a range of teaching and learning resources</td>
<td><strong>A practice area which has a stated philosophy of care that is reflected in care delivery</strong></td>
</tr>
<tr>
<td>• A team approach to their support</td>
<td><strong>Regular review of their learning needs, achievements and opportunities with opportunity being made to enable successful achievement of outcomes</strong></td>
</tr>
<tr>
<td>• Regular and consistent feedback which contributes to the achievement of their learning outcomes</td>
<td><strong>Effective financial systems which ensure timely reimbursement of travel/other costs</strong></td>
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<tr>
<td>• Fair and objective assessment</td>
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<tr>
<td>• Ongoing support from the Higher Education Institution (HEI)</td>
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**Students** have a responsibility to:

• Provide on going feedback to mentors/assessors re learning needs and progress towards their learning outcomes
STUDENTS

Institutions should ensure that there are procedures in place for dealing with complaints and that all parties are aware of and can make use of them (QAA Precept 7).

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<th>Standards</th>
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<tr>
<td><strong>After Practice Placement</strong></td>
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<tr>
<td><strong>Students</strong> have a responsibility to:</td>
<td>• Clear accessible systems/protocols on guidance and feedback</td>
</tr>
<tr>
<td>• Provide an evaluation of their placement experience</td>
<td>• Clear accessible systems for dealing with student issues</td>
</tr>
<tr>
<td></td>
<td>• Effective joint HEI/Service Provider evaluation</td>
</tr>
<tr>
<td></td>
<td>• Clear systems which link student evaluation into the provider quality enhancement agenda</td>
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MENTORS/ASSESSORS

Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during and after their placements (QAA Precept 5).

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<th>Standards</th>
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<tr>
<td><strong>Prior to Placement</strong></td>
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<tr>
<td><strong>Mentors/Assessors</strong> can expect:</td>
<td>• Adequate and timely information prior to the students arrival</td>
</tr>
<tr>
<td>• A support network inclusive of clinical colleagues, education colleagues, managers and peers</td>
<td>• Adequate preparation time prior to student arrival</td>
</tr>
<tr>
<td>• The support of their clinical teams, support/supervision of their manager</td>
<td>• Time on day 1 for student induction</td>
</tr>
<tr>
<td>• To be prepared prior to the student’s placement</td>
<td>• Knowledge of the students learning needs</td>
</tr>
<tr>
<td>• The student to be fully prepared for the placement and committed to the achievement of their learning outcomes</td>
<td>• Achievement of The Staff Governance Standard in relation to Training*</td>
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<th>Standards</th>
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<tr>
<td><strong>During Practice Placement</strong></td>
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</tr>
<tr>
<td><strong>Mentors/Assessors</strong> can expect to:</td>
<td>• A team mentoring approach</td>
</tr>
<tr>
<td>• Provide support, teaching, supervision and assessment activities</td>
<td>• A range of clinical colleagues who input to the learning experience of the student</td>
</tr>
<tr>
<td>• Have allocated time to assess the students developing competence/achievement of learning outcomes</td>
<td>• The freedom/authority to plan and deliver learning opportunities to meet learning outcomes</td>
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<tr>
<td>• Provide ongoing guidance and feedback to the student</td>
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Mentors/Assessors

Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during and after their placements (QAA Precept 5).

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<tbody>
<tr>
<td>After Practice Placement</td>
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<tr>
<td>Mentors/Assessors have a responsibility to:</td>
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<tr>
<td>• Contribute to ongoing evaluation of the learning environment and the student experience</td>
<td>• Clear accessible systems/protocols on guidance and feedback</td>
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<td></td>
<td>• Clear accessible systems for dealing with student issues</td>
</tr>
<tr>
<td></td>
<td>• Effective joint HEI/Service Provider evaluation</td>
</tr>
<tr>
<td></td>
<td>• Clear systems which link mentor/supervisor evaluation into the quality enhancement agenda</td>
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Service Providers

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<th>Indicators</th>
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<tbody>
<tr>
<td>Service Providers have a responsibility to:</td>
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</tr>
<tr>
<td>• Establish a process within a governance framework to ensure that issues identified in relation to quality practice placements are addressed</td>
<td>• Evidence of evaluations feeding into the staff and clinical governance loops</td>
</tr>
<tr>
<td>• To consider how local quality standards can meet the needs of all professional groups in relation to:</td>
<td>• Local action plans to develop/implement/evaluate local quality standards</td>
</tr>
<tr>
<td>a) the provision of adequate facilities</td>
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</tr>
<tr>
<td>b) a clinical learning environment.</td>
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*Staff Governance Standard:

Staff are entitled to be appropriately trained.

• Organisations will implement Learning Together, the education training and lifelong learning strategy.
• There will be equity of access to training irrespective of working arrangements or profession.
• Resources including time and funding will be allocated to meet training and development needs identified locally.
Summary of Responses to Consultations

The qualitative information gathered from Phase 1 is discussed in detail in the earlier report which was presented at the Seminar in May 2002, and widely disseminated during a consultation over the summer months. This report will not repeat that discussion, but will detail the issues highlighted in the responses which the report generated. Related contributions from the second period of consultation on the standards themselves are also included in this section.

120 colleagues representing service and education providers, student nurses and midwives as well as representatives from the Allied Health Professions and Social Work, participated in the May seminar. The discussion document was circulated to all Directors of Nursing and the Heads of Academic departments providing education for nurses and midwives, professional organisations and other stakeholders. Detailed and constructive responses to this initial consultation were received from 14 NHS Trusts, 6 HEIs, the Royal Colleges of Nursing and Midwifery and the Scottish Executive HR Department. Furthermore, 15 NHS Trusts and 8 HEIs as well as the RCN and the Social Work Inspectorate responded to the second consultation on the standards themselves.

There was overwhelming support for both the standards and the recommendations with most agreeing that their implementation would go a long way in addressing the current difficulties experienced in relation to supporting staff and students in the clinical learning environments. The standards themselves were felt to be concise and informative, though more detail on the QAA Precepts was requested.

Concern was expressed that the standards and recommendations should clearly reflect the changing nature of service settings and so be more inclusive of non-NHS, independent and voluntary sectors. This would support the underpinning philosophy of multiprofessional multi-agency working and learning.

Support focussed on the need for a national approach to mentorship preparation and support and the need for funded projects to explore innovative ways of supporting the clinical learning environments. Trusts particularly welcomed a more flexible approach to mentoring.

Concern was also raised regarding the link lecturer and how student issues can be fed in to the clinical and staff governance agendas. Concern was also expressed about implementation without additional resources. Prioritisation and a phased introduction of the standards and recommendations may be necessary. The integration of the standards within the Clinical Governance framework is seen to be a useful measure of the quality of the educational environment, not only in terms of the initial training and CPD of nurses and other professionals, but also for the effectiveness of service provision.

From a community perspective, it was generally felt that the issues of competing priorities, workload, staff shortages and skill mix could not be overemphasised. It was also noted that accommodation could be a limiting factor in determining capacity.

The need for additional preparation of mentors/supervisors across professional teams if the team mentoring approach is to be developed, was recognised but needs to be made more explicit.

Concern remains within midwifery that due to the huge disparity in numbers different structural mechanisms are needed. A fundamental problem within midwifery education is the specific capacity issue of every student midwife requiring access to the labour ward and neonatal units. It is therefore vital that capacity is comprehensively assessed from a variety of perspectives and tailored to local circumstances.

The need to address perceived barriers to implement action was also cited, particularly in relation to those clinical areas which do not value students or perceive benefits of student placement to the organisation. This would need a cultural shift so that mentoring is a way of working and not viewed as an extra on the workload.

The standards would require regular review and updating from all stakeholders including students and service users.
A number of suggestions were made for strengthening some elements of the recommendations:

- The need to move forward promptly, despite the large agenda, in order to build on the current support for this initiative emphasis and make more explicit the support required from senior management teams in taking this forward, especially in respect of the clinical/staff governance agendas.

- The need to emphasise the link between high quality clinical placements and the recruitment and retention of staff.

- An acknowledgement of the work which will be required to implement recommendations at 6.5 and 6.6. (staff and clinical governance).

- Concern remains about the role of the link individual employed by the HEI’s. Many see this role as too thinly spread; this could be addressed by expansion /clarity of roles of practice educator and clinical teaching fellow.

- The need for joint action plans to take standards and recommendations forward.

- The development of learning sets for mentors.

- There was a suggestion that an additional project should be funded to explore current mentor preparation and evaluate the mentor contribution to the student experience.

- Local standards should directly generate local audits.

- Staff should be enabled to become mentors within 6 months post registration.

- Students should have access to bullying and harassment officers employed by Trusts.

- There should be more emphasis on the partnership between mentor and student.
A Model for Supporting Learning in Practice
Appendix 6

Mentoring – a more flexible approach

There is no doubt that the quality of the mentoring relationship is crucial to the mentoring process and thus to the quality of learning that a student experiences in a practice placement. (Andrews and Wallis 1999). Critical factors in the development of an effective mentoring relationship are said to be the interpersonal skills of the mentor and their ability to demonstrate and model a positive teaching and professional role. The assumption to be made from much of the literature on mentoring is that the most effective mentoring relationship has to be an exclusive one to one relationship. However, whilst it may be preferable and most effective to establish a one to one mentoring relationship it is clear that many mentors experience role conflict and a lack of time to devote to developing this relationship. This in turn will diminish the quality of the learning experience for both students and mentors.

In the constantly changing health care environment clinical staff are also under pressure from a number of sources but most influential in respect of providing quality practice placements are issues of staff shortages and skill mix. These factors combined with the need to increase the numbers of students in training will impact upon the quality of learning, support and supervision that a mentor can provide to a student.

There is clearly a need to consider a range of mentoring and support models that best meet the needs of both students and mentors and support a quality learning environment and experience. Examples of models might include the following:

- A one to one mentoring arrangement with one mentor having responsibility for a student’s assessment, however, this arrangement would be within a supportive team for both student and mentor, with a responsible staff member co-ordinating the allocation of students to mentors taking into account holidays and shift patterns
- A student supported by a lead mentor and an associate mentor who both take responsibility for contributing to the student’s assessment, this covers days off, sickness and holidays
- A team approach to mentoring, this may take the form of several students being allocated to individual teams within a ward or department. A lead mentor within the ward and within each team would work together to ensure each student is assessed and supported appropriately within the teams and in the ward as a whole, taking into account shift patterns, sickness and annual leave
- A multidisciplinary mentoring approach where students could follow a ‘pathway’ mirroring the patient pathway. A range of health professionals could be involved in providing structured experiences for students that link to the achievement of their placement outcomes. The assessment of each student is the responsibility of an identified mentor or mentor pair.

Other areas and sources of support for students could be other students – ‘buddies’, for both mentors and students – mentor support groups, link lecturers and clinical educators. All could work together to develop, facilitate, deliver and maintain core activities relating to a quality learning environment. Such core activities might include induction/orientation to a ward/department, a co-ordinated tutorial framework for that speciality as well as peer learning groups. All involved would participate in the educational audit of that placement area.

Reference
