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Midlands Practice Education Hub Project Report 2021

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Introduction

The Midlands, Yorkshire, North East and East of England Practice Learning Group (MYNEEPLG) is a well-established regional collaborative group of 34 Approved Education Institutions (AEIs) formed to support the development of the regional Nursing practice assessment document and the NMC Future Nurse standards. The group has had positive success in bringing together AEIs regionally and this work has been recognised by HEE and the NMC, especially around placement capacity and the implementation of the Future Nurse Standards. The MYNEEPLG have previously collaborated with HEE projects with a number of success stories, positive outputs and impact, we have also actively supported the aim of the Future Nurse and Midwife Oversight Board and the sub groups. The MYNEEPLG group have recently focused on a number of work streams which intersect with our membership's aims, including the growth and development of placement capacity and sharing good practice across the regions.

Recently, Health Education England have sponsored a new project: the Midlands Practice Education Hub. This project will have the opportunity to capitalise on this intersection of the MYNNEEPLG aims and align with the 2 year plan. At present the Future Nurse and Midwifery standards are being embedded and there is a real opportunity for the Midlands Practice Education Hub to capitalise across the region to increase collaboration and outputs from AEI partners, to not only increase capacity and quality of placements, but increase the skills of our future workforce in the Midlands.

In particular the areas the Midlands Practice Education Hub could assist with the targeted development and growth highlighted below and the aims and objectives on page 2:

- o Further development and embedding the SSSA (particularly for PIVO sector)
- o Expansion of non-traditional placements across STP footprints
- o Overcome the challenges of implementing the Future Nurse standards Annexe A and B and embedding of extended skills and review of a regional skills working group.
- o Innovative approaches to placement expansion – coaching models for nursing and midwifery through masterclass and train the train approaches
- o Innovative approaches to sustain existing placements for example remote working placements.
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Welcome to the Midlands Practice Education Hub Project Team

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Midlands Practice Education Hub Project aims and objectives

Work-stream	Aims	Objectives	Output and impact
1	To disseminate resources for the AEIs and practice partners across the Midlands	To continue to develop and embed the NMC Standards for Student Supervision and Assessment with specific focus on the PIVO sector	To create accessible Practice Assessor preparation and share resources to expand high quality learning experiences within community settings and the PIVO sector
2	To grow the expansion of non-traditional placements across the Integrated Care Systems	To facilitate solution focused bite size webinars to disseminate examples of good practice across the Midlands	To write a position paper to help define non-traditional placements and share ideas of innovative approaches of the diversification of placement learning experiences to increase placement expansion
3	To develop innovative approaches to placement expansion by promoting coaching models for nursing and midwifery through masterclass and train the train approaches	To host a 'Festival of Coaching' masterclasses train the trainer events for nursing and midwifery - promoting the role of the MYE COACH to transform the learning culture by stepping up leadership	To produce a scoping paper and develop a step by step guide to coaching and highlight the importance of promoting a positive learning culture through stepping up leadership and the role of the MYE COACH
4	To overcome the challenges of implementing the Future Nurse standards Annexe A and B	To facilitate solution focused breakfast meetings across the Midlands for senior practice partner education leads to identify the 'wicked issues' and overcome the challenges of student performing the nursing procedures, identified in the Future Nurse standards, as part of their pre-registration programme	To write a briefing paper and develop key principles to help facilitate professional dialogue with practice learning partners, to enable students to perform the nursing procedures in Annexe A and B NMC Education Standards
5	To develop innovative approaches to practice learning	To share innovative approaches to practice learning and develop key principles to increase virtual placement capacity across health and social care	To write a review paper with some key principles to help facilitate professional dialogue with practice learning partners to increase virtual placement capacity across health and social care

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Key dates for the diary

Work-stream	Output and impact	Mode of delivery	Supporting evidence	Time line	Lead host
1	To disseminate resources for the AEIs and practice partners across the Midlands	Accessible Practice Assessor preparation material and sharing resources	Resources for the AEIs and practice partners across the Midlands	28th May 2021	Dr Jan Royal -Fearn
2	To grow the expansion of non-traditional placements across the Integrated Care Systems	Bit-sized webinar	Position Paper on Diversification of Placement Learning Experiences	6th May 2021 10-12	Dominic McCutcheon
3	To develop innovative approaches to placement expansion by promoting coaching models for nursing and midwifery through masterclass and train the train approaches	'Festival of Coaching' masterclasses train the trainer events	Briefing Paper: Coaching models to support the delivery of innovative approaches to placement expansion	26th April 2-4 13th May 10-12 10th June 10-12	Tracey Baker
4	To overcome the challenges of implementing the Future Nurse standards Annexe A and B	Solution focused breakfast meetings	Briefing paper Solution focused breakfast meetings to overcome the challenges of implementing and embedding the Future Nurse standards Annexe A and B.	29th April 9-10 7th May 9-10 17th June 9-10	Dr Abbie Fordham Barnes
5	To develop innovative approaches to practice learning	Bit-sized webinar	Review paper Sharing Innovation in Virtual Placements	27th May 2021 10-12	Sophia Hunt

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Work stream 2: Diversification of practice learning experiences to increase placement expansion

Midlands Practice Education Hub Work stream Lead – Dominic McCutcheon

<u>Position Paper on Diversification of Placement Learning Experiences</u>

Practice placements are an intrinsic part of all nursing programmes leading to registration in the UK. It is a Europe wide requirement for nursing courses to include at least 2300 hours of practice based content (NMC 2010, Directive 2005/36/EC). Traditionally, nursing students have been placed for the majority of their time in in patient settings with some component of community exposure during their programmes. This is generally a legacy of nursing schools having been associated and based in these hospitals and commission having been based on acute workforce projections. A reduction in the number of NHS hospital beds in the last 15 years and movement of services out of hospitals. Consequently, the capacity of hospital placements has been diminishing with emphasis placed on the need to prepare students for newly qualified positions in posts that are more diverse in nature.

One of the key ambitions of the NHS Long Term Plan has also been to develop sustainable growth in the NHS workforce. If NHS employers are to meet this key aspiration and support the increased recruitment drive in nursing, midwifery and the allied health professions, then learner and thus placement capacity will need to increased, while maintaining the required quality and level of educational support.

Historically, the ability to support learners for whom practice-based learning is a requirement of their programme has been limited by two main elements, the number of placements available to support learners and the staff who can supervise and assess learners in line with regulatory requirements.

While the NHS has a key role to play in placement capacity, diversification outside of the traditional NHS placement provisions, has and would arguably led to a positive contribution in increasing availability of placements and experiences for learners. Diversification into non-traditional placements may involve

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settings where smaller amounts of nurses work or in operate in more niche roles and include health care across the whole patient journey including examples including NHS treatment centres and 111 services, hospices, nursing homes, out of hour's service providers, prison services, GP surgeries and private hospitals. The main qualifying definition is that they are all outside of the traditional NHS and community placement settings.

The need to develop non-NHS placements is recognised by the Nursing and Midwifery Council (2010). It is seen as essential in enabling exposure to diverse practice learning environments in order to develop the knowledge, skills and competence of student nurses.

Gillespie & Mclaren (2010), discuss the benefits of non-traditional placement areas as enabling learners to have increased contact with vulnerable populations, including older adults, people experiencing mental illness and those with intellectual or physical disabilities. Positive practice placement experience is associated with the successful development of clinical skills, strongly influences future career choice and is suggested to have a significant impact on the attitudes the student has towards the client group and specialism.

The NHS five-year forward view (5YFV) makes reference to 'new models of care' to enhance the quality, efficiency and sustainability of NHS services, including the 'enhanced health in care homes' which focuses specifically on the health needs of adults living in residential care settings. The 5YFV also iterates that quality health care provision requires a suitably skilled workforce of sufficient numbers to deliver the care required.

The 5YFV re-iterates the call for 'care closer to home', however there has not been any significant shift from acute to community sector based working, with just a 0.6% increase in the numbers of nurses working in the community over the past ten years (Health Education England, 2017). Not dissimilar to NHS, the social care sector has difficulty recruiting and retaining both nursing and care staff.

NHS employers (2020) suggest solutions to explore diversity in placement options. Including being open to expansion into the private, voluntary, and independent sectors and different ways of delivering placements and discussion in the STP/ICS about how you might use a system-wide approach to scale up capacity. There may need to be a shift in emphasis within nurse education, away from the traditional medical model, towards a more holistic understanding of care.

Ideas to consider:

- Use a 'hub and spoke' model where students work on a base ward and rotate from there, spending time in different settings and coming back to the base in between. This model not only broadens the experience of the learner, but it also enables good practice to be taken into other the teams and knowledge shared from a different perspective. For example, learners can bring back ways of working from inpatient or community settings to their base, which helps to provide a better 'journey' for the patient.
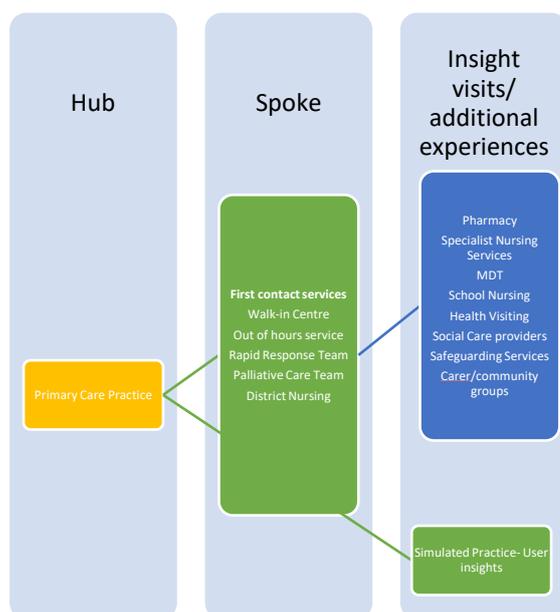

Fig 1.0- Example of Hub and Spoke Placement set up for a Primary Care Placement.

- Greater and coordinated use of private and voluntary sector in Health and Social across STP.

- Expansion and targeted development of Social care sector placements, utilising nursing and care homes, inclusive of home care provision including local authority services provisions.

- Develop links with community settings that have not routinely used for student learning experiences, such as primary care settings like GP practices. This can provide a 'spoke' placement or a specialist placement for senior students.

- Increased use of the third sectors like charity sector and support organisations particularly in the fields of mental health nursing and learning disabilities.

The Private Healthcare Sector is generally well utilised for placement exposure and experience with Private Hospitals, treatment centres and surgical centres a feature of most HEI placement portfolios. Within the

Mental health sector also private inpatient provision has been widely adopted into placement provision and opportunities have been expanded in NHS commissioned services such as drug and alcohol and eating disorders services.

The Hospice Sector placements are well established with the sector engaging in placements from day and educational visits to short unassessed placements to longer assessed placements. Many HEI work with the sector to offer opt in placements due to limited number of placements available in both adult and children's hospices.

https://rcni.com/nursing-standard/students/clinical-placements/lessons-learned-a-hospice-131176

Social Care

Skills for Care estimate that within the independent care sector, the vacancy rate for registered nurses is 10% (Skills for Care, 2015), compared to a vacancy rate of 6.5% for nurses in NHS provider acute and community settings (Health Education England 2017). In addition, the workforce turnover rate nationally within independent care providers is at 30%, equating to an estimated 10,700 leavers annually (Skills for Care, 2017) which highlights the challenge of retaining staff in this sector.

Nursing/Care Homes

Nursing and Care homes fall under the statutory remit of social care and care homes are independent private providers. As nursing homes sit outside of the NHS, they are not viewed in the same way or considered as a legitimate career option for the majority of registered nurses.

Developing more placement opportunities within the independent and social care settings, including nursing care homes, respite settings, supported living has the potential to inspire current students to consider working in these sectors and therefore contribute to the required workforce of the future that is outlined in the 5YFV.

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Table 4: Key enablers for developing student nurse placements in nursing homes

- A process in place to connect care homes to the local university

- A process to develop mentors in the care home including consideration of availability of mentorship course, funding options, access to a supervisor and practice student, ongoing peer support and access to update opportunities

- Full engagement of nursing home manager who can envisage the benefits of hosting student mentors

- Option of a non-credit bearing mentorship course, delivered locally

- Access to a community-based lecturer-practitioner

Primary Care

The Department of Health (DoH) is currently emphasising the importance of primary care and its role at the forefront of the National Health Service. In July 2015 the Primary Care Workforce Commission's report, The future of primary care: Creating teams for tomorrow recommended the need to develop the workforce in primary care. The General Practice Forward View published in 2016 set out the plan to support and develop the wider workforce within primary care by investing in multi-disciplinary training hubs in every part of England. Practice nurses make up over one-third (37%) of the clinicians in general practice and the demand for General Practice services in the UK, and elsewhere, is rising quickly (Ball, 2015). In part, the increasing demand is from an aging population that requires management of multiple long-term conditions. The General Practice Nurse and Advanced Practice roles in Primary care are increasingly taking on the role.

Within the 10 point plan there is an explicit clause that focuses on the increase in pre-registration student nurse placements within General Practice (NHS England, 2017). Lewis et al, (2018) identified that if general practice is to be able to recruit sufficient General Practice Nurses (GPNs) to meet this increasing demand in the future, new graduate nurses must be encouraged to consider general practice as a viable career option it is.

Studies have shown that there is often limited understanding of the role of the GPN. Lewis et al (2018) found in a project to support increases in GPN placements that 78% of students had responded that a GPN placement had positively influenced their career intentions.

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Other opportunities for diversification include:

Justice and Policing Sector (Prisons, Custody Suites and probation services)

Occupational Health provision

NHS associated services (NHS Blood and Transplant, Blood donation centres)

Public Health Services (PHE, local authority provision)

Charity Sector

Social Enterprises

Diversification of placements may enable a wider range of placements to be accommodated to meet student outcomes and utilising available capacity, including:

Facilitating the outreach placement- suitable for adding and enriching learning experiences through exposure.

Facilitating the full placement

Facilitating Project placements Students complete or lead a project aimed at addressing an identified need in the placement setting. Supervision can be provided on-site by a staff member (not necessarily from the same profession) with off-site supervision provided by a practice educator or registered professional.

Moving care "closer to home" is seen as a way of addressing some of these issues, with services focusing on community based care provision such as avoidance of hospital admission, effective and quick discharge, smarter use of existing community-based services such as General Practice and effective use of technology such as telehealth (NHS England, 2015). This a great opportunity to expose students to these frontline developments and diversify placements and opportunities for employability. However fragmentation in workforce planning and regional variations in health and social care provision do present very real challenges. Holistic system engagement in the process is therefore imperative, which includes buy-in from local sustainability and transformation plans (STPs).

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Frequently Asked Questions.

Q: What are the benefits to our practice from hosting a student?

• Students with experience in an area are more likely to consider a career path in the area, for example primary care.

• Hosting students is known to improve retention of existing staff

• Hosting students impacts positively on the whole team with an increase in critical thinking for all staff.

• Addition of learners to the team brings in diversity and differing skills sets

• Enables smaller practices to have a role in workforce development and education

• Opportunity to share students with associated services

• Gives opportunities for a range of staff the experience of teaching students, raising their profile as educators

• Students can act as a resource. For example, nursing students can support GPN's by undertaking designated tasks e.g. dressings, blood pressures, urinalysis, weights.

• Income from the placement tariff payable to the service

Q: What are the benefits to Staff (Practice Supervisors & Practice Assessors)?

 • The chance to teach best practice and share your skill set, ensuring that existing knowledge is imparted to the future workforce.

• Supervising and mentoring experience is empowering and a valuable addition to CV and skills set

• Shared learning opportunities

• Up-skilled workforces and improved patient care and outcomes

• Development of management and leadership skills

Q: What are the advantages for a student of more diverse placement opportunities?

• Gives the student an insight to the wide range of services provided to patients within the community setting

 • Builds a knowledge base for students to gain a unique awareness to the diverse skill set within the environment for example in primary care for example specialist and advanced clinical practitioners, independent prescribers, health champions, reception sign-posting, telephone triage, minor illness clinics etc.

• Shared learning opportunities for multi-professional learning in the environment

 • Depending on the student's experience and what stage they are at in their educational pathway, a placement in primary care provides a chance for the student to gain confidence in 1:1 consultations and

telephone interactions with patients (an opportunity which is very difficult to experience during other placements).

• Informs their future career choices to consider a role in primary care General Practice is particularly suited to supporting the development of healthcare students due to the wide range of learning opportunities and types of patient contact that take place in this clinical setting.

Q: How much will we get paid for hosting a student?

At the time of writing, the non-medical placement tariff for student nurses, physiotherapists, paramedics and occupational therapists, is currently £83.38 per week pro rata

Q: How many students would we be expected to host in a year?

This will be discussed on an individual basis with practices depending on capacity and resources available.

Q: Can we host more than one student?

If your supervisors/assessors and your practice have capacity to host more than one student at a time you are more than welcome to do this.

How long are the student placements?

The length of student placements is likely to vary according to the HEI's placement pattern and the course the student is studying. The curriculum and learning objectives for placements are provided by the university, and quality assured by the regulating bodies. Student nurse placements can range from 3 weeks to a maximum of 12 weeks, however, most nursing placements span 6-8 weeks.

What support is provided for preparing practices to take on student nurses?

If you agree to consider taking nursing students, a university colleague involved in the nursing programme will arrange a time to come and meet the nurse and practice staff. They will determine whether your practice nurses need specific support, ensure that the practice meets relevant standards of care provision (e.g. Care Quality Commission standards), role-model good clinical care (e.g. through the use of evidence based guidelines), NMC requirements and work with you to identify the range and breadth of learning opportunities. Once we have allocated nurse students to your practice you will also have ongoing access to a named university colleague who acts as a resource, support and adviser to the supervisor and practice.

They will visit your practice to support you and build a relationship with your team

Key contact:

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Work stream 3: Stepping up leadership and the role of the MYE COACH

Midlands Practice Education Hub work stream Lead – Tracey Baker

Briefing Paper: Coaching models to support the delivery of innovative approaches to placement expansion

Subject: Adopting a coaching approach to supporting placement expansion

Background

Addressing urgent workforce shortages in nursing is a key target of the people plan (2019), particularly given that nurses, are critical to the delivery of the 21st century care set out in the NHS Long Term Plan (2019). One solution to workforce shortages identified in the people plan is to significantly increase the number of newly qualified nurses joining the NHS. As Learning in practice is a vital and substantial component of pre-registration nursing programmes, comprising some fifty percent of dedicated learning time in practice (NMC, 2018). The expansion of the practice learning placement across the NHS and independent organisations is therefore a key factor to addressing the nursing workforce shortages.

The expansion, organisation and provision of effective learning in practice relies on strong partnerships between health and care providers, Higher Education Institutions (HEIs), Health Education England and the professional regulatory bodies. This reliance of partnership working is attributed to the roles each play in ensuring there is adequate number of quality practice learning placement to support students recruited to pre-registration nursing programmes. From the perspective of students, each practice placement is designed to support learning and achievement at a particular point in the programme. For placement providers, supporting students is a responsibility but a welcome opportunity to grow the health care workforce for the future. For HEIs that provide health professional programmes are not only familiar to the challenges of the real world of health care but are deeply invested in the co-development of successful models to support student learning in practice.

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Reviewing models of practice learning, which focus on learning to nurse the Royal College of Nursing (RCN) identified coaching as a model of intervention that facilitates another person's learning, development, and performance. Indeed, Whitmore (2009) highlights such models as the four stage GROW (Goal setting, Reality, Options and Will) have been used successfully within coaching to support and facilitate learning and development. However, Faithfull-Byrne et al (2017) and Narayanasamy and Penney (2014) suggests coaching underpins the philosophy of learning and is an approach which has grown in popularity within clinical practice, and involves students being guided and supported to identify solutions to patient focused care, to working collaboratively alongside other students under the guidance of a coach. Interestingly highlighted within the Wills (2012) review, was that coaching approaches when applied to students learning have a potential to boost leadership learning that is student led, less focused on following directions from a practice assessor/supervisor and more focused on students taking responsibility for identifying their learning goals and objectives. Nursing Leadership is strongly advocated within the People Plan (2019) in shaping a positive, inclusive and people centred culture across the NHS to support a more effective and efficient workforce.

Staff and students involved in coaching approaches in clinical practice both commented that coaching enhanced the preparation to registration. Particularly given some of the debate about the expressed doubts over newly qualified nurses being fit for purpose or fit for practice (Jewell, 2013; Ousey, 2009; Whitehead et al., 2013), potentially this could be a real strength of the model. According to Monaghan, (2015) many newly qualified nurses commented they feel unprepared for the reality and responsibility of registered practice, lack confidence in their own abilities and feel their clinical skills are underdeveloped. Therefore, it is essential models to support student learning in practice develop behaviours that enhance clinical learning and accountability (Perry et al., 2018). Hill et al (2020), findings suggest coaching approaches may hold a promise for these developments in behaviours changes, thus better enabling the transition from student to staff nurse. Whilst Williamson (2020) highlights a potential benefit with the adoption of coaching approaches is the reported increased of placement capacity.

Preparation is acknowledged, by Hill et al (2020) to be key in the success of coaching approaches, and the findings found this to be true for both student and stakeholders; these findings were also echoed in previous studies. Nelson et al. (2004) recognised the importance and necessity of preparing coaches so

they might work effectively as a coach whilst Henderson et al (2010) found that student and staff preparation increased engagement. Importantly coaching approaches also aligns with the standards for student support set out by the Nursing and Midwifery Council (2018), as the approach emphases peer collaboration and coaching, rather than individual mentoring (Hirdle et al, 2020). Recommendation of preparation referred in this paragraph would be:

- Ensure there is adequate preparation of staff and students

- Provide training in coaching skills to all staff before implementation

- Schedule an extended orientation period for students as soon as they start their placement

- Require students to use daily learning logs throughout their placement

- Ensure there is regular feedback between students and the wider team

Analysis

The people Plan (2019) identifies a significant urgency in addressing the workforce shortages in nursing to deliver the NHS long-term plan for the 21st century. The role of nursing leadership is strongly advocated within the People Plan (2019) in shaping a positive, inclusive and people centred culture across the NHS to support a more effective and efficient workforce.

Within the UK, coaching is an expanding developmental approach that is believed to facilitate individuals to maximise their own potential (Faithfull-Byrne et al., 2017). The benefits coaching holds for promoting the professional development of nursing skills, knowledge and abilities are supported by (Faithfull-Byrne et al., 2017; Narayanasamy and Penney, 2014). Both student and stakeholders perceived increases in student responsibility, confidence levels and skill development while coaching approaches was also perceived to aid the transition to registered practitioner, enhance peer support and team membership, increase leadership skills and enhance the ability to act as a role model; all important traits for enhancing subsequent student experiences (Materne et al., 2017; Henderson et al., 2011)

Therefore, it would appear adopting coaching to support practice learning models could boost student nurse's leadership learning, has the potential for the expansion of practice learning capacity and clearly

aligns with the Nursing and Midwifery Council Further Nurse Standards for practice supervision and assessment (2018). Whilst there is a recognition of the importance and necessity of preparing coaches so they may work effectively (Hill et al, 2020 and Nelson et al, 2004)

Recommendation

To adopt and disseminate coaching models master classes across HEI and practice learning partners to:

- *Support practice learning experience and expansion, enabling Universities to recruit more students to pre-registration nursing programmes.*

- *Significantly increase the number of newly qualified nurses joining the NHS to address the nursing workforce shortages outlined in the People Plan (2019).*

- *Boost the leadership learning of student nurses to meet the people plan (2019) in shaping the positive, inclusive and people centred culture across the NHS*

- *Provide the adequate number of competent, accountable and compassionate nurses, critical to the delivery of the 21st century care which is set out in the NHS Long Term Plan (2019).*

- *Peer coaching models to be embedded in the future workforce to support a culture of learning and supervision*

Cautionary Notes

Placement expansion and implementing of new models to support learning in practice all require time, resource, and energy from both HEI and practice partners. Given the impact of Covid19 on the resilience of individual clinical staff and the unprecedented changing context of service delivery, timing of the sessions are essential, to early and this could have a negative impact on the attendance and implementation, however getting the timing right could bring a very positive and welcomed change in focus for clinical staff.

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Example of the content of My Coaching sessions

The differences between Coaching and Mentoring https://www.nursingtimes.net/roles/nurse-educators/a-collaborative-learning-model-for-student-nurses-in-child-mental-health-16-12-2019/

Talk about coaching in the context supporting students learning in practice

- Strengthening leadership learning
- Learning to nurse', with practice learning being central in the development of a competent and compassionate nursing workforce.

- Core principles of coaching approaches, grow, peer supervision, feedback

Group Discussions

Implemented of different models of collaborative and coaching models e.g. CLiPP, Team mentorship, (Examples of implementation of these across fields, and feedback from staff and students

Potential for some organisations to introduced/reintroduced/strengthen of coaching model in practice

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Work stream 4: To overcome the challenges of implementing the Future Nurse standards Annexe A and B

Midlands Practice Education Hub work stream Lead – Dr Abbie Fordham Barnes

Briefing paper

Solution focused breakfast meetings to overcome the challenges of implementing and embedding the Future Nurse standards Annexe A and B.

Practice learning is a fundamental and essential component of the pre-registration nursing programmes. The literature highlights the importance of students having a high-quality experience when undertaking practice placements (Aitkenhead, 2015; Coyne and Needham, 2012; Jokelainen, 2011 Driffield et al, 2011). This is an increasingly difficult task due to continuously changing nature of social, economic and policy drivers, impact of the pandemic and the culture of the clinical environment.

Universities providing pre-registration nursing programmes work closely with their practice learning partners to meet the requirements of Health Education England and the professional regulator. This requires a deep appreciation of health systems and professional ethics, as well as the ability to build and cultivate effective relationships with stakeholders. Since the publication of the NHS Long Term Plan (2019) and the Future nurse: Standards of proficiency for registered nurses (NMC 2018) there has been a number of national strategic meetings to share, listen and learn from each other, and to consider the challenges and opportunities that lie ahead. The Midlands, Yorkshire, North East and East of England Practice Learning group have discussed how to support the NMC's vision to ensure the nursing procedures outlined in Annexe A and B, which are currently identified as 'top of licence' practice, are viewed as normal practice, to which all nurses would aspire, while emphasising the importance of compassion, personalised care and a patient centred approach. The Future Nurse standards (2018) align to the objectives of the long- term plan, but their impact and contribution is dependent on successful implementation.

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The NMC have also made changes to the standards for supervision and assessment in practice. These changes were designed to give Approved Education Institutions, together with practice learning partners the freedom to deliver Practice Assessor and Practice Supervisor preparation in innovative ways and the opportunity to expand placement capacity. In response, across the Midlands we have transformed our approach to the transition arrangements and preparation of existing staff who assess and supervise the next generation of registered nurses.

The challenges facing Approved Education Institutions, with practice learning partners is achieving a wider understanding of the Future Nurse standards. The successful implementation remains dependent upon supporting and upskilling the existing clinical and academic nursing workforce, supporting new practice learning partners and preparing practice supervisors and assessors in a wide variety of health and social care settings.

These radical changes require ongoing debate to strategically steer and embed the Future Nurse standards to ensure that the developing and future nursing workforce are agile, flexible to the changing demands of healthcare; and prepared to work in different health and social care areas. The Midlands Practice Education Hub project is sponsored by Health Education England – Midlands Office and sets out to develop a collective vision across the Midlands to think differently and creatively about the practice learning environment for students. The Midlands Practice Education Hub team will be hosting a series of solution focused breakfast meetings with practice learning partner senior education leads in NHS Trust across the Midlands. The breakfast meetings will focus on the NMC Future Nurse Standards - Annexe A and B, in particular the starred proficiencies in part 2 and 3 (Appendix 1), to share best practice and consider the following key principles:

- The importance of innovation and digital fluency is embedded.
- Identify policy change and learners accessibility to digital IT systems.
- Effective use of simulated practice to increase the opportunity for parity of esteem between physical and mental health care (Annexe A and B), with the increased focus on public health and developing greater depth of knowledge and proficiency where field specific emphasis is required.
- Co-designing experiential practice learning opportunities with students.
- Scoping exercise to identify specific pathway placements to gain exposure to the starred proficiencies in the MYEPAD.

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- Opportunities to upskill the existing clinical and academic nursing workforce and embed educational and practice preparation in leadership, management and inter-professional working.

Appendix 1 – Practice Assessment Document (MYEPAD) Part 2 and 3, plus Ongoing Achievement (OAR) document

To support the student in progressing effectively through the programme and to optimise the opportunities available across a range of placements a flexible approach to assessment is required. To achieve this there are certain proficiencies that can be met in either Part 2 or Part 3 and these are listed below, and within the OAR.

By the end of the final placement in Part 2, the practice assessor confirms which of the starred* proficiencies have been met in Part 2 to enable the student to plan which proficiencies need to be assessed in Part 3. Some of the proficiencies may be met within simulated learning, this may vary dependent on the University's programme.

*Proficiencies achieved in parts 2 or 3
Part 2, No.3 Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred evidence-based practice using appropriate risk assessment tools as needed.
Part 2, No.4 Demonstrates an understanding of the needs of people and families for care at the end of life and contributes to the decision-making relating to treatment and care preferences.
Part 2, No.10 Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate).
Part 2, No.14 Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate.
Part 2, No.15 Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).
Part 2, No.19 Undertakes a comprehensive respiratory assessment including chest auscultation e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes.
Part 2, No.20 Uses best practice approaches to undertake nasal and oral suctioning techniques.

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Part 2, No.24 Undertakes an effective cardiac assessment and demonstrates the ability to undertake and ECG and interpret findings.
Part 2, No.25 Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles.
Part 2, No.26 Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy.
Part 2, No.27 Manage and monitor blood component transfusions in line with local policy and evidence-based practice.
Part 2, No.28 Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required.
Part 3, No.4 Recognises signs of deterioration (mental distress/emotional vulnerability/ physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others, for example, positive behavioural therapy or distraction and diversion strategies.
Part 3, No.13 Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines as required in line with local policy.

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Work stream 5: Sharing Innovation in Virtual Placements

Midlands Practice Education Hub Work stream Lead – Sophia Hunt Associate Professor, University of Lincoln

Aim:

To provide a point of reference for practice partners and AEIs during the pandemic about increasing placement capacity across health and social care.

Objective:

Innovative approaches to practice learning for example virtual/ remote working placements.

Output:

Agreed principles for the implementation of virtual placements (VPs), supported by exemplar models and implementation guidance notes.

Action Plan:

Item	Action	Stakeholders/ Coproduction	Target
5A	Outline the purpose of a VP		17/3/21
5B	Define the term VP		17/3/21
5C	State the scope of a VP		31/3/21
5D	Consult with AEIs who have undertaken VPs	AEI Placement Leads	17/3/21
5E	Engage with PLPs who have undertaken VPs	PLP Coordinators	17/3/21
5F	Explore and record student expectations of a VP	Nursing students	17/3/21
5G	State regulatory requirements relevant to a VP		17/3/21
5H	Propose a list of Key Principles for VPs	AEIs, PLPs, students	31/3/21
5I	Review the MYEPADs and define what can be assessed in a VP	AEIs, PLPs, students	31/3/21
5J	Provide a checklist for the preparation of a VP		31/3/21
5K	State a list of considerations for the Quality Assurance of VPs		31/3/21
5L	State a list of safety considerations for VPs	PLP Coordinators	31/3/21
5M	Propose a cohort model for VPs	AEIs, PLPs, students	31/3/21
5N	Report a case study of a VP through the Midlands AEI network		31/7/21

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5A   Purpose of a Virtual Placement

There are multiple benefits to introducing Virtual Placements (VPs) to a pre-registration nursing programme:

1. A VP is an innovative approach to addressing capacity issues for nursing placements.
2. VPs reduce the footfall entering practice learning partner sites and/or people's homes during COVID-19.
3. The increasing use of digital technologies in health and social care means it is important students are taught about delivering high quality, safe and effective telehealth interventions.
4. A VP may enable a student who is shielding or unable to undertake a traditional placement (such as caring responsibilities) to continue their nursing programme during COVID-19.

5B   Definition of the term Virtual Placement

A VP is a practical learning experience, where students are enabled through the use of digital platforms to develop their professional knowledge, skills and behaviours and constructively work towards achievement of their professional practice assessment requirements. This will be achieved through a variety of modes of engagement with service users and/or carers; planned, supported and monitored by suitably prepared Practice Supervisor(s).

5C   Scope of a Virtual Placement

A VP can take a variety of forms, including observational placement activities, undertaking telehealth appointments, facilitation of online group sessions and student collaboration on practice-based projects.

VPs may involve an element of simulation, in line with the NMC's Emergency Standards (2021) which enables the integration of virtual simulation platforms, including medicines management programs/software.

A VP may be hosted by a Practice Learning Partner (PLP) or led by the Approved Education Institution (AEI), depending on the circumstances. All VPs must meet the regulatory requirements of the Nursing and Midwifery Council (NMC) and quality assurance requirements of Health Education England (HEE).

5D   Consultation with AEIs who have undertaken Virtual Placements for Nursing

The Midlands Practice Education work stream lead has met with two AEIs who have already undertaken AEI-led VPs with their nursing students. Key feedback focused on the following:

- Providing students with adequate time for reflection and consolidation of learning - VPs can be very intense for students and suitable activities that also provide breaks from screen time should be included.
- Consider the model of practice supervision, to ensure that students are appropriately supervised at all times whilst undertaking a VP.
- Allow students to collaborate and provide peer-support to each other, as VPs risk being an isolating experience. This could be done on an inter-professional basis.

5E   Consultation with a PLP who have undertaken Virtual Placements for Nursing

The Midlands Practice Education work stream lead has met with one PLP who have already undertaken VPs with nursing students. Key feedback focused on the following:

- Careful selection of the placement area is required.
- Risks reducing capacity, as at least two practice supervisors are needed to support one student, due to intensity.
- It is possible to move to long-arm supervision, but difficult to plan for when the student will be 'ready' for this, and therefore challenging to plan case load.
- It is not possible to fill 7.5 hours a day in consultations, this needs to be intertwined with other virtual tasks.
- Requires a significant amount of organisation to ensure that the student has all the access links required.
- Student needs to be realistic about what can be 'signed off' in the practice assessment document.
- Accessing suitable IT, preloaded with PLP software is essential.
- Students need initial preparation and training to use provider specific software.
- The number of VPs an individual student can take in their training should be capped (in weeks) to prevent damaging their overall skills development.

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5F   Consultation with students regarding Virtual Placements for Nursing

The Midlands Practice Education work stream lead has met with nursing students at one AEI to explore their expectations and wishes for a VP. Key feedback focused on the following:

- Need to be able to achieve proficiencies but acknowledges that this is not going to be possible in all circumstances, due to the psycho-motor skills requirements of some proficiency statements in the MYEPADs.

- Need robust and person-limited system of practice supervision. Focus on quality of relationship with a small number of PSs, rather than movement between multiple PS roles during the placement.

- Concern regarding ability to undertake the Episode of Care Assessment, although this was not seen as a barrier to achievement by the mental health field of practice student.

- Concern regarding physical signatures being needed in the MYEPADs (paper-based) and how this would be viewed by the AEI. Would want a robust system of attendance monitoring.

- Would need time away from the screen during the day, so would like to blend online opportunities with research and traditional phone calls etc.

- Collaborative - students don't want to feel isolated and lonely.

- Wellbeing breaks should be factored in to shift patterns, so that students can go for a walk etc.

- Consideration of personal home circumstances would be needed:
    o   What if children are home?
    o   What if their internet is unreliable?
    o   How do they make notes and store at home?

- Students are solutions-focused and provided suggestions regarding using headphones to prevent a service user being overheard by another member of the household, never making notes that could identify an individual, ensuring that laptop cannot be seen from a window or by anyone entering the room etc.

5G   Regulatory Requirements for Virtual Placements

Whilst all VPs must fully adhere to the NMC Standards, the following are listed as pertinent

Realising professionalism: Standards for education and training Part 1: Standards framework for nursing and midwifery education (NMC, 2018)		
Requirement	**NMC Requirement Statement**	**Application Considerations**
1.3	Ensure people have the opportunity to give and if required, withdraw, their informed consent to students being involved in their care	Consent from users of online and virtual healthcare services should be sought in advance or included in appointment booking emails to prevent someone feeling under pressure to have a student present during their appointment.
2.9	Provide students with the information and support they require in all learning environments to enable them to understand and comply with relevant local and national governance processes and policies	Students should always have a placement induction that sets clear expectations for the VP, including written guidance for maintaining confidentiality that acknowledges the complexity of students' living circumstances (such as shared housing, no confidential waste disposal etc.).
2.13	Regularly review all learning environments and provide assurance that they are safe and effective	The AEI should follow its own processes for establishment of a new placement, such as educational audit, as necessary.
3.3	Have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs	VPs provide an excellent opportunity for students to experience care of people with diverse needs, for example, remote or island living, individuals in self-isolation or with limited access to transport. This can be seen as an enhancement to care skills.
3.4	Are enabled to learn and are assessed using a range of methods, including technology enhanced and simulation-based learning appropriate for their programme as necessary for safe and effective practice	During the pandemic, virtual consultations have been essential for the delivery of safe and effective care for many PLPs and the people who use their services. It is therefore appropriate that students are enabled to learn and be assessed through VPs.
3.5	Are supervised and supported in practice learning in accordance with the NMC Standards for student supervision and assessment	Depending on the function and scope of the VP, it may be possible/necessary for the AEI to provide practice supervision for their students. If so, it must comply with the SSSA, and particular emphasis should be placed on

		individuals not undertaking dual roles within student support and assessment.
3.7	Are allocated and can make use of supported learning time when in practice	Supported learning time makes provision for students to assimilate and consolidate their learning in a facilitated way, as part of their practice learning hours. This opportunity will be invaluable to students on a VP, due to the intensity of screen-time that can be associated with VPs.
3.11	Have their diverse needs respected and taken into account across all learning environments, with support and adjustments provided in accordance with equalities and human rights legislation and good practice	A VP can be an excellent way of meeting a student's individual learning needs, particularly during COVID-19, where shielding etc. has impacted on the ability of many students to access traditional placements.
3.15	Are well prepared for learning in theory and practice having received relevant inductions	The placement induction/orientation is hugely important for a successful VP, where clear expectations must be set so that the student has a clear, open and transparent understanding of the placement structure, record keeping and confidentiality, as well as how to raise and escalate any questions, concerns or compliments they have.
5.2	Curricula remain relevant in respect of the contemporary health and social care agenda	VPs are an excellent opportunity for AEIs to demonstrate how their provision has remained contemporary to healthcare needs during the pandemic. This is likely to have ongoing relevance as more services shift online and find a new way of providing care to service users.
5.12	Practice assessment is facilitated and evidenced by observations and other appropriate methods	Practice supervisors will be able in the VP to 'sign-off' student achievement of proficiency statements within the MYEPADs. If an AEI is not using electronic PADs then a robust mechanism for doing this at distance should be established e.g. The PS should email the student, the PA and the AA making a statement of achievement that can be electronically stored by the AA in the student's

		file. This would provide an auditable verification trail of student achievement.

5H   Key Principles for Virtual Placements

A Virtual Placement for Nursing should be:

- Flexible to meet individual learning needs, factoring in time for student wellbeing.
- A quality assured and planned period of learning, with realistic aims and objectives that are mapped appropriately to the students' practice assessment documentation.
- Offered in accordance with the Standards for Student Supervision and Assessment (NMC, 2018) and with processes in place for the raising and escalating of concerns and AEI-led practice support.
- A collaborative learning experience, where peer to peer time is factored in, alongside PS/PA support.
- Diverse - blending direct patient contact with other forms of protected learning time, which is supported and directed by suitably prepared Practice Supervisors.
- Well structured, providing a guide or learning plan at the start of the placement.
- Delivered in accordance with explicit policies for public safety that take into consideration student-living circumstances, covering issues such as confidentiality and data security.
- Evaluated in partnership with stakeholders, with an opportunity for lessons learned.

5I   Review of the MYEPADs for Consistency of Expectations in Virtual Placements

This task has been presented as a copy of the MYEPADs Part 1 to 3, which has been RAG rated (Red, Amber, Green) in terms of what is in scope for achievement in a VP (green proficiencies) and what could not be achieved in a VP (red proficiencies), due to a high physical clinical skill element. Proficiency statements that have been coded 'amber' are going to be highly specific to the placement on offer, and therefore may be achievable in a virtual way.

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5I   Checklist for the preparation of a Virtual Placement

The following steps should be considered during the preparation of a VP.

Area	Requirements	Guidance Notes
Partnership Agreement	Formal partnership agreement with the placement provider.	If this is in place, is an amendment or memorandum of understanding required?
HEE Agreement	Approach to HEE for formal agreement.	This is essential if the provider wishes to claim tariff funding for the VP.
Educational Audit	Educational audit (or other method of checking placement quality), should take place or be reviewed in advance of the VP.	Must be in accordance with the AEI's approval with the NMC.
Policies and SoPs	Policies and Standard Operating Procedures document that makes explicit the expectations of students, such as data security and confidentiality.	This should be led by the VP provider; however guidance and checking should be undertaken by the AEI e.g. Caldicott Principles.
IT Access	A clear list of IT requirements or the VP to provide a laptop that has been pre-loaded with the required software and security.	Where students are using their own laptops, provision should be made for checking or providing antivirus software to prevent security breaches.
SSSA Training Updates	All PS and PA roles must be suitably prepared in advance of the VP.	Consideration should be given to the provision of an update that addresses the specific nature of supporting a VP. This should be a recorded video update if appropriate, to serve as an ongoing point of reference for PS/PAs.
Student Orientation / Induction	All students must receive a comprehensive induction to the placement.	Consideration should be given to different confidence levels between students who are using the technology. Where possible, a screen share approach, that demonstrates to students how to use the technology should be provided and video recorded. This will serve as an ongoing resource to the student(s) throughout the VP.

Student Support	A structured approach to supporting students on a VP will be needed, that mirrors the support accessible to students on traditional forms of placement.	Consider offering flexible support, such as: virtual student support forums, 1-2-1 support (via telephone, teams, skype etc.), an online guide, single point of access email address and/or an emergency phone line.
Learning Plan	A structured learning plan will create realistic expectations of achievement	Using the RAG rated VP mapping tool, planned to the MYEPADs 1-3, it is possible to work with the student(s) and the PS/PA, to agree which standards of proficiency and assessments can be attempted during the VP. A timetable of activities will help the student to plan their time and prepare for learning.

5K   Quality Assurance of a Virtual Placement

The following governance requirements should be considered, whilst the student(s) are undertaking a VP:

- Consent
  - o Patients should be made aware in writing of student involvement prior to an online appointment taking place and be given the option to withdraw their consent at any stage.
- Record keeping
  - o Information should only be stored in accordance with provider policy.
  - o Information transfer should be via secure means, as determined by the VP provider.
  - o Paper-based notes must be destroyed.
  - o No information should be held on personal computers/laptops.
  - o Students must delete their own notes and emails daily and empty the electronic 'recycle bin' daily.

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5L   Safety Considerations for a Virtual Placement

The following risks to safety must be discussed with the VP provider, the PS, PA and the Student(s):

- Public safety:
    - Confidentiality
    - Safeguarding strategies
    - Student scope of practise
    - Use of headphones
    - Data security - note taking and storage.

- Student safety:
    - Ensuring that cameras do not inadvertently show personal markers e.g. City landmarks, family photos, personal email address, mobile number, social media profile etc.
    - Wellbeing - requirement for breaks, debriefing etc.
    - Ergonomics and screen-time considerations
    - Access to student support.

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