An eclectic perspective for growth and development for pre-registration nursing placement capacity

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The NMC (2010) Standards for Pre-registration Nursing Education stipulate that all nursing programmes should constitute 50% theory (2300 hours) and 50% practice (2300 hours) and must allow students to learn within a range of settings.

General practice in particular captures the ‘service user’s journey’ which is also a specified requirement from the standards (NMC, 2010).

The University of Wolverhampton nursing curricula operate a hub and spoke approach providing nursing students from across 3 campuses with an opportunity to experience a variety of settings.

For the BSc nursing curricular the university accommodates two cohorts per academic year, thus equating to 6 flowthroughs.

Additionally there are 2 flowthroughs facilitating masters in adult and mental health nursing and a further 4 integrated masters in nursing flowthroughs.

The student population size for these cohorts including all fields of nursing is approximately 560 students per year.

Out of this population approximately 230 adult field students operate from Wolverhampton City campus.

Approximately 30-40% of these students are placed within independent areas.

The Current Landscape
• It was noted in February 2017 there were no *Hub* placements within general practice and only 2 hub placements within a hospice across Wolverhampton and very few general practices (n=4) providing 5 *Spoke* placements which were only arranged for one week placements for our adult nursing students.
• Increase Spoke placement to the maximum of 4 weeks
• To create Hub placements including sign-off placements.
• Minimum monthly visit to all independent sector placements offering support to mentors and nursing students.
• Working proactively and collaboratively with CEPN/CCG/Private industry.
• Ensuring placements are supported with technological systems to ensure quality assurance requirements are met.
• To provide annual mentor updates.
• To provide sign-off mentor training to those placements wishing to extend their mentoring responsibilities.
• Independent Practice Lead across the university footprint.

Through Consultation
• Existing technological structures and processes are in place to enable long-term commitment to innovation.
• A triangulation approach will provide transparency between the HEI, NHS and independent partners through accessing the Course management Committee Journal, Link Lecturers, practice team meetings and verification of PADs.
• Increasing workforce to meet the demands of an ever increasing population with complex needs (McInnes et al. 2015).
• Provides the nursing student with a greater choice of placements, thus increasing their knowledge and awareness as well as positively influencing current recruitment of nursing students (Duffin, 2013).
• Bringing evidence-base practice to life.
• Person centred care and contemporary public health alignment.
• Relies on HEI, NHS and independent partner’s compliance.
• Many general practices can only offer one placement at a time.
• Lack of protected time for registered practitioners.
• Silo working in many of the independent sector placement settings.
• Flowthroughs.
• Encourages greater collaborative working between the HEI, NHS and independent partners.
• Striving to create equilibrium of placement provision between the acute setting and primary care settings.
• Promotes a possible future career for newly qualified practitioners to enter general practice.
• Provides an opportunity for registered nurses to exercise their existing mentorship qualification.
• Promotes life-long learning opportunities and reflective practice.
• Challenging pre-conceptions of general practice nursing (Gale et al. 2016).
• Provides the opportunity of enhanced decision making skills and abilities for nursing students.
• Provides nursing students from all fields of nursing with an opportunity to participate in alternative primary care placements.
• Partner’s resistance to change.
• Time consuming for the HEI.
• Flexible working required to meet with the independent sector needs.
• Academics not completing practice activity accurately or in a timely manner.
• NHS Constitution for England (2015)
• NHS England (2016) General Practice Forward View
• Health Education England ‘s Quality Strategy 2016-2020 and Quality Framework 2017-18
• Quality Assurance Agency (2015)
• NMC (2010)
• Lack of historic investment in lifelong learning for registered practitioners.
• Staff shortages.

Political Drivers
• Mutual engagement
• Lack of funding for post-registration courses
• HEEWM non-medical tariff
Parity of opportunity for nursing students
Offers a diverse perspective for clinical placements
• Evision
• ePad – ME PAN
• VLE Canvas

Technological Drivers
"I have thoroughly **enjoyed my experience** in general practice and believe it has enhanced my communication, decision making and leadership skills in particular. The **autonomy** that practice nursing entails means I have developed a **deeper understanding** of the information I have delivered to patients and has made me more conscientious of the need for evidence-based practice. I feel lucky to have received consistent **one-on-one mentorship** and I think that general practice placements should be more readily available to nursing students. I can definitely see myself pursuing a career in practice nursing."

Cassie Rogers – MAN16

“I really loved my spoke placement, my mentor was excellent and the **learning opportunities** were fantastic. I would really like to return for my final year”

Michelle Foster—2nd year

“What a fantastic experience I had during my placement. The enthusiasm of the team ensured I felt able to ask questions and their approach of allowing me to be as hands on as possible, enabled me to learn so much, during just one week. I truly had no idea as to the **depth of the role** of a practice nurse. This placement in particular has now guided me towards seriously wanting to **pursue a career** in this area of nursing and I feel so excited at the possibility of having the opportunity to make this a reality”.

Rachel Sennett—3rd year
Sustainability & sense of belongingness.
Driving quality placement provision (Elcock, 2013).
To encourage more than one mentor per setting.
Curriculum development such as phlebotomy, long term condition management.
A national payment tariff (Fear, 2016).
Responding to the buyers market.
Enhanced therapeutic relationship from a tripartite dimension (Sykes and Urquhart, 2012).
Providing an opportunity to review the multi-disciplinary team in order to place the nursing student with other professionals.
• January 2018 – 2 newly qualified entering GPN roles and embarked onto the Fundamentals to Practice nursing course.

• June 2018 – Care home deputy manager post filled by a newly qualified staff nurse.

• September 2018 – 3 final year students in their sign-off period within general practice have been offered GPN posts.

• January 2109 – 8 sign-off students currently in general practice all expressing GPN as their first career destination. 4 have already been offered GPN posts.
Any questions?

Thank you for listening
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