Innovative approaches to placements for practice

This article examines the introduction of a clinical placement circuit for first year students on the common foundation programme of a Diploma in Child Health Nursing, which was subsequently adapted to fit into the Degree course in Child Health. Suitable clinical placements in an acute hospital setting continue to be a challenge for Trusts and Universities. A novel project to secure clinical placements in neonatal services across both hospital sites was developed. The structure, process and evaluation of this project will be discussed.

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Key points

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1. Close collegiate working relationships between higher institutions and NHS Trusts are important to ensure robust clinical learning environments for students.
2. With appropriate support neonatal services are an important addition to the placement circuit in year one of CFP for child branch nurses.
3. Skills-based preparation for learning in a skills laboratory decreases student anxiety and increases student confidence in the clinical area.
4. Exposure to the neonatal environment early on in their training results in more child branch students applying for staff nurse jobs in the neonatal unit.

The opportunity to develop practice and education in tandem with higher education institutes and neonatal health services has been one of the core elements of the regional neonatal nurse educator role within the Yorkshire Neonatal Network. One such example of collegiate working has been the introduction of child branch student nurses to the Neonatal Services of Leeds in year one of their pre-registration nursing programme. By developing a structured programme, the first year Child Branch Diploma students have been able to achieve educational and practice learning outcomes. This has been achieved by enabling experience of the complexities of neonatal care delivery within a range of settings at an early stage of their nursing programme.

Anecdotally, students were reporting the three week placement on NICU, scheduled at the end of their training, as part of their critical care placement, did not give them enough time to learn about or enjoy the experience. As a result they were reluctant to apply for new staff nurse posts in that area. Six years ago, following a discussion with the programme manager, a tripartite meeting with the then Matron for Neonatal Services, senior clinical staff, clinical educators and the link lecturer was arranged to consider ways of improving the student experience and to discuss the placement circuit for child branch in light of government directives[1-4].

Importantly, the quality and quantity of students' practice placements is a concern for both universities and clinical environments where learning takes place. A key driver informing the need to be creative about the placement circuit for student nurses on the Child Health Diploma in Leeds was the 'Placements in Focus' document[5], which discussed the need for longer placements to enhance the overall student experience and enable learners to feel part of the nursing team. The other driver was very much focused on the trends in neonatal care at a local level. Very few newly qualified nurses from child branch were applying for staff nurse posts in neonatal care. Nationally, staffing and recruitment on neonatal units has been problematic for a number of years. As early as the late 1990s severe shortages and an ageing workforce were identified, predicting a shortfall of neonatal nurses in the 21st century[6-8].

Planning the placement

After discussion with the programme manager, it was decided to introduce the students to the neonatal placement circuit towards the end of the first year in the Common Foundation Programme (CFP). At the time this was seen as a real challenge and a risk, not least because neonatal care had been traditionally regarded as a high dependency/intensive care placement. However, the scheme was also recognised as an innovative approach to student learning in clinical practice, whilst importantly increasing the number of clinical placements available in the circuit for year one. Negotiation occurred at several levels, not least with the Matron of Neonatal Services and the Head of Midwifery within the Leeds Trust to ensure support for this development. As link lecturer it was my responsibility to ensure

the placement would be a safe learning environment and would exclude high dependency and intensive care areas. There was an initial concern about introducing first year learners, with a limited repertoire of fundamental nursing skills, to both transitional care and the postnatal wards. After detailed discussions it was agreed exposure would include experience in the special care nursery, neonatal surgery, neonatal community, transitional care and postnatal care. This was made available on both hospital sites across the city.

None of these areas had experience of supporting nursing students in their first year. Fortunately, early on into the project, Gwynn Bissell, the regional educator, was involved in the planning and implementation stage, and was able to dedicate time to the project. Preparation was crucial to success and we had the luxury of nine months prior to the first cohort placement to prepare the clinical circuit. The result of this planning culminated in an 11 week placement for 20-25 students twice a year, arranged in such a way as to reduce overall student load within the transitional care units and postnatal wards. The template shown in **TABLE 1**, replicated across both Trust sites, demonstrates how 24 students (allocated a rota from one of four groups) were placed within the clinical areas across the two sites. The allocation was interspersed with clinical forum days for learning and reflection.

Wk 0	Wk 1	Wk2	Wk3	Wk4	Wk5	Wk6	Wk7	Wk8	Wk9	Wk10	Wk11
Three day intro-duction	A NNU (n3)	NNU	NNU	NNU	NNU	NNU	PN (n3)	PN	CC	TC	TC
	B NNU (n3)	NNU	NNU	NNU	NNU	NNU	CC (n3)	TC	TC	PN	PN
	C TC (n3)	TC	TC	PN	PN	CC	NNU (n3)	NNU	NNU	NNU	NNU
	D PN (n3)	PN	CC	TC	TC	TC	NNU (n3)	NNU	NNU	NNU	NNU

TABLE 1 Template of placements. An example of Leeds General Infirmary rota, repeated at St James hospital. Key: NNU – neonatal unit PN – postnatal ward TC – transitional care CC – community care. Three students allocated to each of groups A, B, C and D.

Linking theory with practice

The educational and practice learning outcomes for the students included:

- Working with mothers and their infants (EU component Mother and Baby)
- Achieving skills-based competencies for CFP
- Exposure to caring for neonates and their families on a continuum of care needs: from the well newborn infant to the more complex preterm infant.
- Preparation for their return in year three to the critical care environment (NICU)
- Understanding the range of nursing, midwifery and multidisciplinary roles in neonatal care

Examining the clinical skills preparation in CFP within the school it quickly became evident that the students would require some preparation for the range of clinical skills required to nurse the neonate, both term and preterm, before beginning their placement. Learning and practising these new skills in the safety of a skills laboratory was seen as an important part of the placement experience[9]. It was decided to provide three introductory days supported by the regional educator and clinical staff, alongside the liaison lecturer. These were delivered in both the skills laboratories at the University and the clinical seminar rooms and included an introduction to the various ward routines by the unit sisters. The following skills were identified as key:

FIGURE 1 Neonatal lecturer Liz Crathern demonstrates the safe sleeping position to student nurse Charlotte Bleasdale. Image – John North, published courtesy of Candis, www.candis.co.uk

- Baby bathing
- 'Top and tailing'
- Incubator care
- Safe moving and handling from a platform to an incubator or cot
- Positioning: both safety and developmental
- Passing a nasogastric tube
- Taking a blood glucose sample from heel prick
- 'Head to toe' check (Examination of the newborn)
- Parent education taught through role play

Following evaluation of placement by the first cohort two additional skills were added:

- What to do when a baby goes 'blue'
- Managing neonates and families with neonatal abstinence syndrome

Students had an opportunity to link certain skills to practice by visiting both neonatal units during the introductory phase to see a demonstration of examination of the newborn and positioning the well and preterm neonate. This was an excellent example of partnership working between the education and service based users[5]. Both maternity units requested meetings and student documents before students arrived to ensure an easy transition to supporting pre registration nursing students. As liaison lecturer I continued to visit each ward before each cohort of learners arrived to prepare staff further and discuss changes.

An idea developed from an educational trip to Boston USA was the clinical forum day. Students would meet in the clinical area to discuss issues in practice and receive input from clinical staff. A series of clinical forum days (workshops) coordinated by the regional educator,

- Use a stethoscope to listen and count a baby's heartbeat and respiration (a minimum of six babies, compare with the average expected for a newborn term infant)
- Check head circumference and weight and plot on growth chart. Compare to accepted average for newborns (a minimum of six babies)
- Record the infant's APGAR from the baby notes. What is an APGAR?
- Talk to the mother about her experiences of pregnancy and birth and document as a reflection (try to reflect on at least two types of delivery)
- Accurately take and record a mother's blood pressure and temperature. Document the reasons for continuing to record vital signs in the postnatal period and obtaining trends.
- Accompany a midwife on a postnatal examination and reflect on what was being assessed and why?
- Assist or bath a baby (minimum of three babies, what are you observing and why?)
- Assist a mother with feeding
- Bottle feed a newborn baby
- 'Top and tail' an infant and document what you are observing and why?
- Assess thermal management of the neonate in the postnatal environment
- Discuss positioning and government guidelines for parents with the midwife
- Correctly position infant in 'feet to foot' position
- What is normal newborn behaviour in the neonatal period?
- Perform a heel prick for blood glucose analysis. What are you assessing and why?
- Accompany a paediatrician on a ward round. What have you learnt about assessment?

TABLE 2 Postnatal care skills inventory.

occurred throughout the eleven weeks and covered such topics as:

- Nutrition and feeding
- Neonatal surgery
- Community neonatal nursing and neonatal abstinence syndrome
- General neonatal care e.g observations, skin care, taking specimens.

These workshops proved to be popular with some neonatal staff as it enabled them to develop their teaching skills by talking about topics that interested them. Experience shows that child branch nurses have very limited knowledge and expertise in the area of feeding and nutrition. As a result the midwifery team in the School of Health Care have been very enthusiastic to support and lead the one day clinical forum on breast feeding which has evaluated very well. Understanding how to support mothers who wish to breastfeed is a key theme acknowledged by the Royal College of Midwives[10].

A skills inventory was developed following the second cohort evaluation as it was felt midwives on both the transitional care and postnatal wards were not used to mentoring pre-registration nurses and found it difficult to identify learning outcomes from the wider more generic clusters of competencies as part of CFP (**TABLE 2**).

A similar skills list was devised for transitional care. Students were also given a topic to research and present in a clinical forum at the end of the placement. They were initially anxious about this but successfully achieved the task partly because the topics were relevant to their immediate clinical experiences. For example one student chose 'APGAR' as a topic and shadowed a senior house officer to the delivery suite to practise the scoring system. Another student negotiated time in the community with the outreach drug liaison nurse specialist, hence developing her skills at linking practice and theory. After the initial anxiety, the seminars were received very well by the students, some of whom demonstrated advanced computer skills to deliver their topic to the group. This final day also included time for the students, alongside the clinicians, to evaluate practice and mentorship support in a non-judgemental way. This was the first opportunity students had to engage with clinicians in a meaningful way about how the placement circuit could be further enhanced for future students. This enabled trouble shooting and ongoing evaluations and development of the clinical circuit. These evaluations were fed back to the clinical areas after each cohort was completed.

Evaluation of the placement circuit and skills laboratory

Additional purchases for the skills laboratory included two incubators, a preterm doll and an overhead platform. Students have really enjoyed the opportunity to role play, and learn how to manage the equipment and the preterm infant (doll) in a safe environment[9]. Clinical staff, with an interest in education, run the skills day with university teaching staff and this also helps keep me, as liaison lecturer, up-to-date with current ward-based policy and guidelines. A 'hands on' approach to teaching and learning encourages the students and enables them to experience the close collegiate relationships between the school and the local trust.

Evaluation of the placement over the last six years has resulted in a strengthening of the circuit and support for the learners as both the clinical and university educators reflect and build upon what works well and tackle what works less well[9]. For example the neonatal unit placement was evaluated as essentially a good learning environment for students, however they felt that the NNU was a very busy area and as such the atmosphere occasionally was not always conducive to their learning needs. This is still a challenge but something the team are working hard to overcome. More recently the unit has appointed a link clinical educator, to support the regional clinical educator. She has recently been involved in the skills days and arranging mentors. The students acknowledged, however, that they were offered a wide range of experiences within the clinical areas and valued the learning opportunities offered to them on an individual basis. A key learning opportunity on the neonatal unit, was developing skills communicating at both nursing and medical round handover. To help with this we had a session, during the skills days, on nursing and medical abbreviations and terms used in neonatal care. Overall students felt the NNU to be a worthwhile and excellent learning experience for them in year one of their training. Key learning was identified in all areas of the eleven week placement, and areas for improvement which were fed back to the clinical circuit (**TABLES 3 and 4**).

Weaknesses of the placement where identified in order to enhance the student placement for the future. As a result of these evaluations some aspects were

- New knowledge about preterm and term neonates.
- Confidence in the delivery of care to premature and term infants
- Development of communication skills in end of shift report and handover.
- Opportunity to work in partnership with families and participate in family-centred care, developing communication skills with families.
- Exposure to multiple roles of healthcare practitioners and building relationships. Feeling part of the team and valued.
- Opportunity to *observe* surgical intervention, deliveries, ICU area and transport retrieval.
- Interaction with challenging families, such as mothers who substance misuse.
- Care of infants with neonatal abstinence syndrome
- Practice in nasogastric tube insertion and feeding
- Support of postnatal mothers with breast feeding and general infant care
- Development of presenting skills using IT

TABLE 3 Key learning experiences.

- Mentorship system on a busy unit proved a challenge – some students preferred a buddy support mechanism of junior and senior staff.
- General difficulty in working with single mentor system and stressful when signing paper work competency at the end of each experience.
- Some staff members initially not so welcoming and nervous of student requirements. Postnatal wards needed more information on learning needs.
- The busy unit environment sometimes made it difficult to teach so many students.

TABLE 4 Problems highlighted which need improvement.

strengthened, such as mentorship.

This project has been evaluated well by both students and clinical staff, changes have been made along the way to improve the student experience and prepare clinical areas. Including students in end of placement evaluations with clinicians and university staff has taught students an important skill. They have learnt how to evaluate in an honest, frank and non-judgemental way. Students who have been placed on the neonatal unit in year three for their critical care placement have said they felt more relaxed and less intimidated by the intensity of care. Importantly, they have felt more competent caring for small babies. Following the placements, some students reported wanting to return to the NNU to work there. Importantly, this has enabled the neonatal unit to recruit new staff from the cohorts of students as they have qualified as children's nurses, a benefit to the local service. I have recently begun to recruit some of the earliest students, now staff nurses in NICU, on to the neonatal degree programme.

Current and future developments

The diploma programme has now been phased out, but the six years of experience gained in running the first year neonatal placement on the diploma course has proved invaluable in adapting it to fit into the recently validated degree in Child Health. Currently students still enjoy the skills laboratory, however this has been reduced to two days which includes the breast feeding day. The exposure has been reduced from 11 weeks to 6 weeks, as part of a longer general medical or surgical general paediatric placement. However the number of clinical days per week has been increased (to four days from two days), keeping actual hours of exposure similar. As there is just one intake of 35 students per year, in order to avoid overloading the clinical circuit, students currently get experience of either a six week placement in NICU or three weeks postnatal and three weeks transitional care with outreach and clinical visits built into the allocation. This is currently being evaluated, however feedback from the degree students is positive. NMC regulations stipulate a minimum level of core competency for end of year one CFP students. The neonatal environment helps them to achieve these core skills as well as some additional skills such as providing postnatal physical care to mothers and care of the infant in an incubator.

As part of the degree, the work-based learning module does not require a seminar presentation. However at the end of the placement I facilitate students presenting a case study based on the care of an infant and family for a 48 hour period. This has evaluated very well. The third year students continue to show an interest in neonatal care, and this has been reflected in their choice of library-based project, with an increased numbers of students choosing neonatal topics to research for their dissertation. The third year students have suggested that a skills day in the skills laboratory, similar to year one, in order to prepare for neonatal intensive care is needed. This is currently being negotiated with the work-based learning module manager and clinical educators.

As with the diploma students, we have more learners requesting neonatal care as a management elective with a desire to work in NICU. Currently the NMC end-of-course signature requirements stipulating that it must involve a mentor on the same part of the register is a challenge to neonatal placements at end of year three, that we are currently trying to solve within the clinical area.

It is hoped our experiences with the Child Health Diploma students and current experiences with the degree students will encourage other educators to consider the neonatal environment as a suitable year one student placement.

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