

**Placements for healthcare programmes have shown a dynamic shift since the pandemic with innovations in their model of delivery across the 4 pillars of practice. Across Kent and Medway, we aim to ensure innovation is shared, impactful, and valuable to those across practice settings where practice-based learning occurs.**

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**Job Role:** AHP Practice Development and Education Lead (previously Placement Expansion Lead for Nursing / AHP)

**Organisation:** Kent & Medway NHS and Social Care Partnership Trust (KMPT)

**Placement setting:** Medium secure forensic mental health female inpatient ward

**Contact Details:** So that other educators can contact you for support with how to run this type of placement. If you consent to please supply your preferred contact details.

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**Placement Type:** Please indicate which of the four pillars were embedded in this placement.

Research	<input type="checkbox"/>	Leadership and Management	<input type="checkbox"/>
Clinical	<input checked="" type="checkbox"/>	Education	<input type="checkbox"/>

**Placement Model:**

1 Student to 1 Educator [1:1]	<input type="checkbox"/>	Leadership (non-patient facing)	<input type="checkbox"/>
Multi-Student Model [2:1, 3:1 etc.]	<input type="checkbox"/>	Research (Non-patient facing)	<input type="checkbox"/>
Hub and Spoke	<input type="checkbox"/>	Project (Non-patient facing)	<input type="checkbox"/>
Peer Assisted Learning	<input type="checkbox"/>	Spilt Placement (Non-patient facing and clinical)	<input type="checkbox"/>
CLiP Model	<input checked="" type="checkbox"/>	Spilt Placement [2 clinical settings]	<input type="checkbox"/>
Peer Enhanced e-placement [virtual]	<input type="checkbox"/>	Simulation	<input type="checkbox"/>
Technology Enhanced Care [TEC] Services	<input type="checkbox"/>	Other <small>Click or tap here to enter text.</small>	<input type="checkbox"/>

**Profession(s)** Please specify student(s) professions/ or field of nursing engaged in this placement. Please identify all involved in this case example.

Nursing Mental health nursing

Midwifery **Click or tap here to enter text.**

Allied Health Professions [Click or tap here to enter text.](#)

### How did the practice-based learning take place?

#### **YOUR STORY Provide a short overview of your placement experience as an educator:**

Discuss the experience as a whole and the resources involved, so others can learn from or replicate your approach to the placement.

What did you need to set in place to set it up? What model of supervision? How did you run the placement? How were the students and educators prepared? How was the placement model evaluated?

The pilot ran from March to July 2022 with mental health nursing students on placement with KMPT's female forensic mental health inpatient ward.

#### **Aims of the pilot:**

- To explore whether the CLiP model could be used successfully in KMPT, a mental health trust.
- To explore how the CLiP model would benefit students.
- To increase clinical placement capacity.
- To establish how additional coaching techniques benefit staff in working with students.

#### **Setting up the pilot**

Recruited a band 6 Practice Assessor Nurse to be a CLiP facilitator for a four month secondment. This post was funded through HEE Placement expansion monies.

CLiP utilises the knowledge and skills of peers to coach and support others (3<sup>rd</sup> year, 2<sup>nd</sup> year and 1<sup>st</sup> year students together). The pilot had four mental health nursing students (a mix of first, second and third years), from two universities completing a placement on the ward simultaneously over twelve weeks.

The ward prepared for the placement through a range of meetings, handovers and presentations facilitated by the Placement Expansion Lead and CLiP Facilitator. This included information on the GROW model and coaching methods. These meetings were attended by the ward manager, health care assistants and nurses. The CLiP facilitator prepared a folder detailing information about the model. A notice board display was created for the team meeting room which detailed additional information on the model and coaching models. Students were informed about the CLiP pilot prior to their placement starting and information and pre-reading was emailed to them. A pre-placement visit was offered to all the students. Each student completed a pre-placement questionnaire to assist the CLiP Facilitator to learn about the students' previous placements, their strengths, areas for development and whether they had any special requirements to assist with the placement.

#### **Supervision / coaching**

The CLiP facilitator was the Practice Assessor (PA) for all the students. The PA was provided with pre-reading and research tasks to complete before the students started, enabling them to be prepared to deliver a fully supported, educational learning environment. The manager was experienced in coaching and also offered guidance and support.

Coaching tools were used and peer support and peer learning were also built into the placement.

Support and training was given throughout the project by the KMPT Practice Placement Team

### **Placement structure**

There were four students on the one ward, over a twelve week period, the third year starting first and then subsequent students starting incrementally afterwards until all four students were on the ward together.

Shifts were structured so each student worked with at least one other peer, carrying out tasks under supervision of a qualified Nurse. Students used a shift coordination tool that was adapted from a tool used by Dorset Trust. This linked the tasks that needed to be completed during that shift with student competencies. A lead student was appointed on each shift to coordinate the planned tasks. This gave that student the opportunity to develop leadership and coaching skills.

The students were encouraged to support each other and develop their teaching and facilitation skills. For example, third year students who were deemed by their PA as experienced and competent in a particular skill, could support a first year student in learning a new skill. In addition, the third year student on this placement had a role in the induction of new students.

One day every week was utilised as a peer learning day for all the students. The aim was for these to be mainly student led. Students were asked to identify their learning needs and were given a list of possible learning opportunities they could utilise during their placement. Some of the students facilitated teaching sessions for their peers. They also invited ward staff to offer teaching. Nursing students on placement at the hospital at the same time but on other wards were invited to join. This resulted in an additional five students joining and contributing to the sessions.

Training was also provided by other members of the ward team, including ECG basics, moving and handling and Phlebotomist shadowing.

### **Evaluation**

The Practice Placement Team created bespoke placement evaluation forms using a 10 point Likert Scale for the purposes of evaluating this pilot project. The evaluations were completed by five students and three ward staff at the end of the pilot project. A video was made of the students discussing the placement (see link in resources).

The evaluation demonstrated 100% of students would recommend this type of placement to other students. However, it is recognised the students did not feel fully prepared before coming out on placement.

Although the students were initially apprehensive about taking part in the CLiP Model, once they had a good understanding of the placement model, they reported that they were pleased to have had the opportunity to take part in the pilot and had had a successful placement experience.

### **What worked well in this placement model?**

From your perspective as an educator. What was the student feedback? What impact did it have on service delivery ?

### What worked well

Using this model enabled students to develop leadership and coaching skills. They were encouraged to support each other and develop their own teaching and facilitation skills. For example, third year students who were deemed by their Practice Assessor as experienced and competent in a particular skill could support a first year student in learning a new skill. In addition to this the third year student had a role in the induction of new students starting.

From the evaluation questionnaire 100% of students stated they would recommend this type of placement to other students and that it increased their confidence to transition into their first Band 5 role.

The students felt they had benefited from the CLiP Model and had achieved their learning outcomes through networking and sharing learning experiences, gaining confidence and knowledge of critical thinking. They reported they learnt to take on responsibilities and to be open to constructive criticism and feedback from their peers.

Some staff indicated that a supernumerary CLiP facilitator would be necessary for the success of the model. However, the ward where this model was piloted have maintained an increased student capacity without a dedicated supernumerary Practice Assessor in post, indicating a culture shift in staff perceptions of student placement capacity. In addition to this, the ward team are continuing to facilitate the weekly study sessions where they teach each other skills.

The CLiP facilitator reported they could have had more than four students on the model, indicating they could potentially accommodate three students on a day shift.

The placement tariff was calculated in order to demonstrate the financial benefits of the project. Using the CLiP model, the KMPT placement team were able to provide an additional twelve weeks of placement for students, equating to 450 placement hours created during the pilot. Following on from the pilot the increased placement capacity in this team continued. This generated 49 additional weeks of placement totalling 1,837.5 hours of placement hours.

As a result of the pilot:

- KMPT are recruiting to a full time permanent CLiP Facilitator post to work Trust wide to implement CLiP into all the inpatient mental health services. It is expected that this role will generate a minimum of 1000 additional placement hours per week, meaning the role will be funded from the student placement tariff from NHSEngland.
- This new role will include the development of a CLiP Peer Network for staff and students.
- Shift mapping indicates that a CLiP model with 6 or more students per ward per week enables effective use of the model.
- KMPT will continue to evaluate this project and share ongoing learning across the system.

**Challenges within the placement or as an educator:** What did you need to pay attention too?  
Were there any trigger points? When did they occur in the placement? What was the student critical feedback?  
How would you change your approach if you were to deliver the placement model again?

One student was extremely anxious about the model and an individual meeting was provided by the Practice Placement Facilitator (PPF). The student explained they were upset about having a different type of placement to their peers. Information and reassurance were offered and by week six of the placement, when asked again about their placement experience, gave

very positive feedback, explaining it had “*boosted my confidence, increased my knowledge in terms of critical thinking, taking responsibilities, clearer ideas, information about the future, able to be open to constructive criticism as a professional*”.

This demonstrates there is an element of trust needed by students and staff to embrace the model and that additional support on placement may be required in the first few weeks.

Feedback from the CLiP Facilitator highlighted the model was no longer effective once two students finished their placement, leaving just two students on the ward who were not always on the same shift. There is a need for 2 students per shift as a minimum hence 4-6 students per week is ideal for a CLiP ward.

## Recommendations

### TOP TIPS for delivering this placement:

- Plan for sufficient training of students and ward staff about CLiP and coaching models before the placement starts. KMPT’s Placement Team will be incorporating the CLiP model into the Nursing Induction week and liaising with the local universities to ensure Academic Assessors understand the model.
- A culture shift in staff perceptions of student placement capacity may be supported by the ward having a supernumerary CLiP facilitator.
- In order to run the model effectively a minimum of 2-3 students per shift is required.
- The students need to be from a range of year groups to support shared teaching and learning.

### RESOURCES recommended for this placement:

- Hirdle J et al (2020) A collaborative learning model for student nurses in child mental health. *Nursing Times* [online]; 116: 1, 50-52
- Whitmore, John (2009a) [1992]. *Coaching for performance: GROWing human potential and purpose: the principles and practice of coaching and leadership. People skills for professionals (4th ed.)*. Boston: Nicholas Brealey. ISBN 9781857885354. OCLC 314840903. The 5th edition was published in 2017: ISBN 9781473658127. OCLC 1004819121.
- PowerPoint Presentation (hee.nhs.uk)
- Collaborative Learning in Practice presentation - YouTube
- Innovations from around the UK | Practice-based learning | Royal College of Nursing (rcn.org.uk)
- Video of the students discussing a range of benefits from the model  
[Click here to watch the CLiP presentation](#)

Kent and Medway Placement Expansion Team

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