

# Good practice principles to support students in Placement: models of supervision

## Collaborative Peer Assisted Learning (CPAL)

### Background

These learning resources provide some helpful information about how to approach supervising students in practice. Suggested approaches are probably formalising something you are already doing for students in your areas e.g. students time with other members of the MDT, visiting departments linked to your area, working with other registrants to support students and identifying students to work together for particular patient care episodes. There are resources for four particular approaches that you may find helpful to consider in relation to what would work best in your area.

The purpose of considering different approaches is to improve the student experience in relation to the patient journey but also to improve the experience of mentorship even when your workload is particularly busy. The three models of supervision we are providing information for are:

- **Hub and Spoke**
- **Team Supervision**
- **Student Dyads**
- **Collaborative Peer Assisted Learning (CPAL)**

The key principles underpinning these approaches are:

### Preparation and Sustainability

Step 1: Know about the university curriculum: e.g. philosophy and learning and teaching strategy. The specifics of the students practice assessment.

Step 2: Identify and understand the learning opportunities which are available within and connected to your area or work (e.g. clinics, labs, departments, other roles/people, private and voluntary sector groups) and how they relate to students of each year group (so that they are challenging). Think about learning opportunities related to:

- **Speciality specific knowledge and experience**
- **Patient pathways-** where do you patients come from, go to, what investigations do they have, what members of the MDT contribute to their health and wellbeing
- **Interprofessional learning and collaborative practice-** work alongside key members of the inter-professional team to understand roles and responsibilities and identify positive methods for collaborative practice (e.g. using the 'Hub and Spoke' placement model)

- **Essential care need groups** (Babies, Children, Young People, Pregnant and Postnatal Women, People with a learning disability, people with Mental Health needs)
- **Developing practice** -Leadership, research and education

Step 3: Negotiate, plan and develop learning opportunities and resources: To reduce duplication of effort and ongoing workload, resources should be developed and shared that identify; learning opportunities and communication strategies specific to your area. It is likely that you will already be providing students many opportunities as suggested in Step 2. You should capture these opportunities in a list with contact details and brief outline of the experience for students (see below). This information can be linked to the placement profile so that students can access the information prior to the placement commencing. You might want to identify some '*Essential Must Do's*' these can be used to support the student experience and be retained for subsequent students (this can be a shared file, resource box, notice boards etc.) Students can help with the on-going evaluation and development of resources, they can help you regularly monitor the effectiveness of the placement arrangements, communication strategies and resources and enhance as required.

## **Organisation – Planning Ahead!**

Step 1: Students are part of the future for healthcare, you should always expect to have students within your practice (for example, a yearlong allocation plan is managed by the Learning Environment Leads) therefore, developing resources ahead of time will save time overall.

Step 2: Placements will be confirmed in advance of the placement starting with placement areas the name and level of the student and include dates and any specific (target time is). *Students can access information via the placement profile and additional resources may be provided by the placement area*

Step 3: Managing student numbers and overlaps.

- A nominated lead person (e.g. Manager/education link person) should have an overview in order to manage student capacity of all allocated students. They should make note of the student names and dates of the placement.
- A nominated person (e.g. Manager/education link person) should identify a relevant practice assessor (for nursing and midwifery, this is the Practice Assessor) for each student who will **co-ordinate and lead** the learning experience (and for nursing and midwifery, the Practice Assessor will liaise with Practice Supervisors).
- In addition, the student should have a named and *accountable* registrant for each attendance. The practice assessor (and for nursing and midwifery, the Practice Assessor and Practice Supervisors) may arrange for other staff to work with the student, to oversee patient safety (e.g. other health care and social work professionals, care assistants, other more senior students, or other health care personnel).
- To manage capacity and off duty/practice experiences effectively various models may be used flexibly for example; all students could experience Hub and Spoke and for part of their placement they may also experience Dyads and/or Team Supervision.
- Specify when and where students will be in practice (e.g. via a student notice board, communication books, and/or in the off duty).
- Link Lecturer contact details to be visible in the placement area with preferred method of contact indicated i.e. email/phone
- All practice assessors should be familiar with the professional body guidelines

## **Induction to the placement**

When students first make contact with the placement area, it is best practice to make them feel welcomed and expected. *If the placement area is not aware, contact the University for confirmation/clarification and investigate why the placement area was not aware.*

Students should be able to meet with their practice assessor to set objectives for the placement ideally within the first week. Opportunities to formally review progress throughout and complete the practice assessment document (PAD) should be identified by the Practice Assessor.

If a hub and spoke approach is being used (see definitions) then a plan should be negotiated regarding other learning opportunities and spoke placements, contacts and communication methods should be identified. *Some student may have child care/dependants/commitments, so reasonable notice should be given of the placement pattern and hours.* Practice assessors should be aware of the students simulation based education and what they have already undertaken in University.

## **Feedback and communication**

Students should be encouraged to self-assess before feedback is given (to highlight self-awareness)

Feedback should be frequent, specific and balanced and can be given to the student by anyone they are supervised by, verbally and in writing. If there are concerns regarding student performance then this should be documented and communicated to the practice assessor

The student PAD can be used for student feedback:

- Midway review of progress (with any action plan that has been put in place)
- Record of additional progress review meetings and resulting action plans
- Practice assessor final assessment
- Feedback from others who have contributed to assessment (for nursing and midwifery, this will be the Practice Supervisor(s).)
- Short Placement/Clinical Visit

Practice assessors should ask students for frequent, specific and balanced feedback on their own performance.

Team and Spoke placement practice assessors (for nursing and midwifery, this may be the Practice Assessor, Practice Supervisor, or overseer/nominated non supervisor) should review the students PAD and so that the students experience is continued and the placements are seen as part of not additional to the placement. Good communication between placement areas and University to be maintained throughout the placement (both student and practice assessor should proactively ask for support/advice if needed and inform the Link Lecturer of any problems or concerns (i.e. regarding support, achievement of hours, professional behaviour or competence/proficiency). The whole placement team should be aware of and supportive of the student placement experience and be motivated to ensure students engage in available learning opportunities.

## **Competency achievement and sign-off (for pre registrant nursing and midwifery)**

On each named placement allocation, students need to achieve the minimum competencies/proficiencies (depending on what they have left to achieve and placement number). Practice Assessors and Practice Supervisors should fully assess knowledge and skill by questioning, reflection and observation in relation to each competency/proficiency statement.

Competencies/proficiencies can be achieved in different ways in different settings and they

need to be continually demonstrated and developed, even if previously achieved. Therefore it is important that all practice assessors/supervisors and team members are monitoring continuing demonstration of competency/proficiency as well as achieving new ones. If anyone, supporting the student in practice, has concerns about a student behaviour/competency they should contact the identified lead person coordinating the student experience (for nursing and midwifery, this will be the Practice Assessor) and ensure the student, and others supporting the student, are aware of any concerns.

Students who are not at the expected level can still fail the overall placement if they have been given feedback in one placement area and do not improve their performance.

The lead practice assessor will make the final competency decision based on feedback from other staff who have supported the student, and team members according to the relevant professional standards.

## **Collaborative Peer Assisted Learning (CPAL): Definitions, Roles and Responsibilities**

Collaborative Peer Assisted Learning is based on a model originally developed in the Netherlands as an innovative way to support the practice learning of learners, called Collaborative Learning in Practice (CLiP). They refer to their model as Real Life Learning Ward, where the approach to learning on a day to day basis is highly student centred and based on coaching principles. A nominated coach is freed from their clinical responsibilities on a particular shift to concentrate on supporting a group of learners. On occasion, the supervisor may be the coach for a shift, thus they will have direct experience of learners' professional developments and achievement of competencies.

The main difference with CPAL is that there will be a team of staff who will support learners in a clinical area each shift, including a member of staff as a nominated coach who will be supporting a group of learners from all year groups. Thus there will be more learners allocated to a clinical area, who will be working together as per their rostered shift.

### **What is expected of Learners in CPAL?**

All learners will be expected to plan, set and evaluate their daily learning objectives using the appropriate learning log as part as their collaborative and interprofessional learning in discussion with their coach.

For more mature learners, it is expected that they will take a more active role in their practice learning by supporting/coaching learners with less experience than themselves with their learning. This will help learners with their professional development in the facilitation of learning skills and leadership skills. Learners are expected to work as part of a team of learners with the flexibility of experiencing 24 hr care delivery over a seven day week.

Learners will be supervised by a variety of staff and be coached by any team members for the duration of that shift. This may or may not be a Practice Assessor, but the Practice Supervisor will rotate through the role of coach. The coach is responsible for the quality and variety of the learning opportunities for the duration of the shift.

A coach can be the following:

- New Registrants

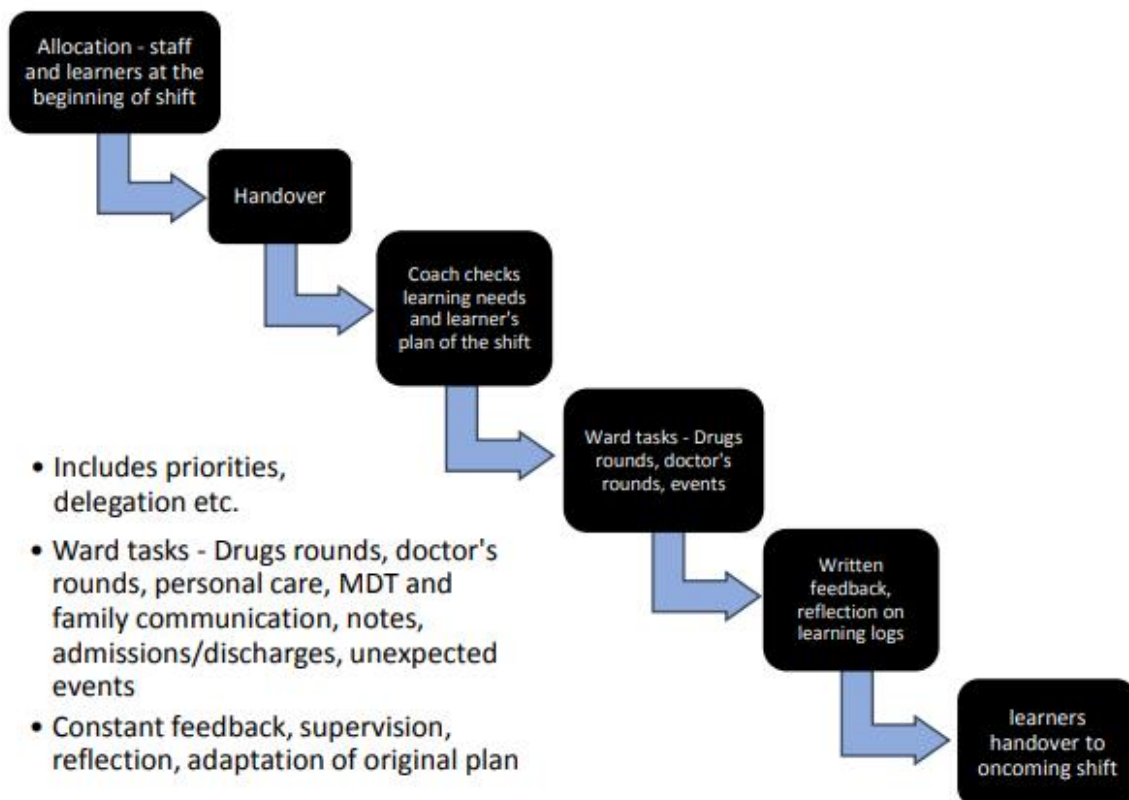
- Practice Assessors/Practice Supervisors
- Experienced support workers
- 2nd or 3rd year learners
- Ward Managers/ Modern Matrons
- Any other registered Health or Social Care Professionals

### Maintaining a Learning Log

It is important for the learner to maintain a log of their objectives for each shift and for the coach to give feedback on their performance. This is an example of the log:

Student Name Practice Assessor Name		Student Number Placement area		
Date	Learning goals/objectives	How was this achieved/ student reflection	Coach comments / feedback	Coach Name & signature

### A typical day



## References:

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