OXFORD BROOKES UNIVERSITY

FACULTY OF HEALTH AND LIFE SCIENCES
PRACTICE EDUCATION

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

Peer Dyads

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 four 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 dentify; 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.

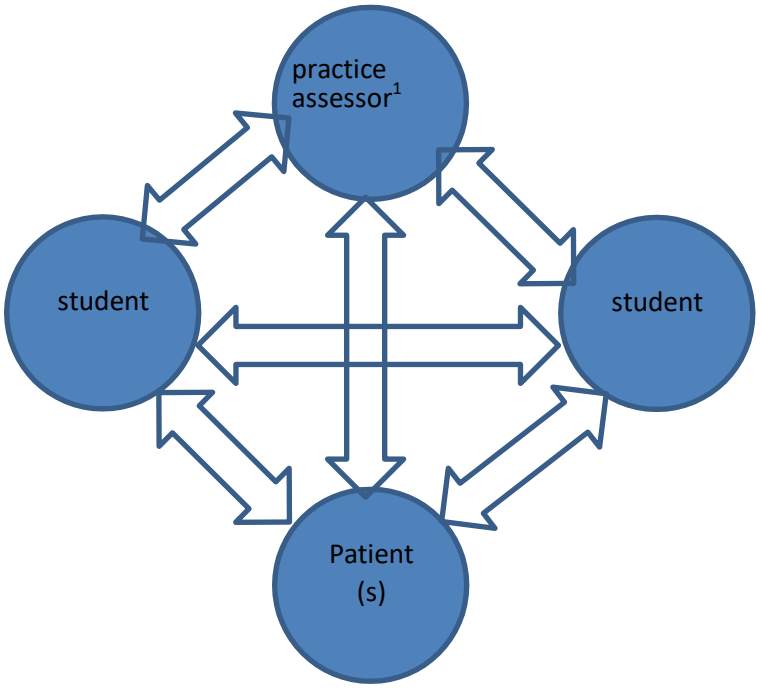
If anyone, supporting the student in practice, has concerns about a student behaviour/competency they should contact the identified lead person coordinating the student experience (for nursing and midwifery, this will be the Practice Assessor) and ensure the student, and others supporting the student, 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.

Peer Dyads: Definitions, Roles and Responsibilities

Formal pairing of students to work and learn collaboratively with one another, includes information sharing, cross-checking when making clinical decisions, and group processing when assessing the outcomes of nursing interventions. Peer dyads appear in the literature and are described for the purpose of placements as two students supporting the learning of each other at the same time. Students are put into pairs and take on the care of a group of patients or depending on the stage and level of the student this can be one patient. For example, students can be in pairs across years of study (i.e. 3rd year with a 1st year student) but any two students can be paired for this model.



[1] For nursing and midwifery, this means the Practice Assessor, or Practice Supervisor(s)

The students work in pairs in direct contact with the patient or group of patients. One student takes on the role of 'managing' the care under supervision from the practice assessor; this

would be reading the medical notes, organising interventions, reviewing/doing the medications, taking part in the medical reviews, overseeing the admission and discharge if appropriate with the practice assessor (for nursing and midwifery, this means the Practice Assessor, or a Practice Supervisor). One student performs the direct care skills and relays the information to other student. The other student then looks at all the evidence base for the care that supports the care planned and provided. The students then discuss this evidence with the practice assessor. This process allows for the integration of theory and practice at the point of competency/proficiency assessment. The practice assessor (for nursing and midwifery, this means the Practice Assessor, or a Practice Supervisor) is kept up to date with current evidence base through the students' activity who can then apply their expertise to competency/proficiency assessment and patient care planning. Both students can support each other and both can do hands on care with each other where appropriate, but under the guidance of the practice assessor, depending upon how care delivery takes place locally.

Positive outcomes of this model reported by students and patients included reduced student anxiety, increased confidence and task efficiency. Students' concerns may be perceived reduced opportunity to perform direct care however, greater integration of theory and practice increases competency/proficient achievement, and this concern is mediated. Planning how this model is implemented must be negotiated within each dyad.

References:

Aston, L., & Molassiotis, A. (2003) Supervising and supporting student nurses in clinical placements: The peer support initiative. *Nurse Education Today*, 23(3), 202–210.

M.J. Austria et al.: Collaborative Learning Using Nursing Student Dyads Oxford Brookes University Authenticated Download Date 7/4/16

Goldsmith, M., Stewart, L., & Ferguson, L. (2006). Peer learning partnership: An innovative strategy to enhance skill acquisition in nursing students. *Nurse Education Today*, 26(2), 123–130.

Harmer, B. M., Huffman, J., & Johnson, B. (2011). Clinical peer mentoring: Partnering BSN seniors and sophomores on a dedicated education unit. *Nurse Educator*, 36(5), 197–202.

Iwasiw, C. L., & Goldenberg, D. (1993) Peer teaching among nursing students in the clinical area: Effects on student learning. *Journal of Advanced Nursing*, 18(4), 659–668.

Roberts, D. (2008) Learning in clinical practice: The importance of peers. *Nursing Standard*, 23(12), 35–41.

Secomb, J. (2008) A systematic review of peer teaching and learning in clinical education. *Journal of Clinical Nursing*, 17(6), 703–716.

Document prepared with thanks to:

- Education, Training & Development, Guy's & St. Thomas' NHS Foundation Trust
- University of Cumbria (2012)
- Sarah Khan, Senior Lecturer & Placement Lead Adult Nursing (Oxford), Oxford Brookes University.

Contact: Karen Sheehy ksheehy@brookes.ac.uk Senior Lecturer