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Item Type	Journal article
Authors	Sturge, Sally
Publisher	CPHVA
Journal	Community Practitioner
Rights	Attribution-NonCommercial-NoDerivs 3.0 United States
Download date	2026-05-18 05:47:24
License	http://creativecommons.org/licenses/by-nc-nd/3.0/us/
Link to Item	http://hdl.handle.net/2436/621866

Is there a need for placement evaluations for specialist practice students? A proposal

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Abstract

This paper outlines a recent proposal justifying the initiation of standardised placement evaluations across specialist community public health nursing and specialist community nursing students while they undertake their educational programme. Within one approved education institute (AEI) it was identified that there was no standardised tool currently being used across the West Midlands, making the process of quality assurance extremely difficult. A clear rationale is provided for the use of such a tool, including supporting evidence from professional, statutory and regulatory bodies, health and education policies and quality assurance agencies. Placement evaluations are critical to students' learning, ensuring a safe and conducive environment, while providing a continuous cyclical process in conjunction with educational audits to allow the opportunity of regular assessment of the learning environment conforming to the Nursing Midwifery Council's risk-based approach. In light of the recent recommendations from the Francis report, it is pivotal that organisations such as the NHS and AEIs engage proactively together, fostering an open and transparent relationship to ensure standards of care are of the highest quality. Aspects of leadership theory are also discussed to enable the planned change to be successful.

Key words

Placement evaluation, specialist practice student, quality, interprofessional working, leadership

Community Practitioner, 2014; 87(10): 29–31

No conflict of interest declared

Introduction

Change is an ongoing process within health care, ensuring both continuous quality improvement and modernisation (Goppee and Galloway, 2014). Therefore, the implementation of placement evaluations for student specialist community public health nurses (SCPHN) and specialist community nurses (SCN) are an essential component of the educational programme approved by the Nursing and Midwifery Council (NMC) (2013).

It had been identified that there were inconsistencies in completing placement evaluations across the West Midlands, which called for a more standardised approach to be implemented to ensure the provision of a systematic and fit-for-purpose process. The Quality Assurance Framework (NMC, 2013) specifically states that post-registration programmes, such as SCPHN and SCN, must meet the required standards associated with particular roles and functions, noting the placement learning risk where student evaluation is a key piece of evidence. In this case, the required standards are taken from *Standards of Proficiency for Specialist Community Public Health Nurses* (NMC, 2004), *Standards for Specialist Education and Practice* (NMC, 2001) and *Standards of Proficiency for Nurse and Midwife Prescribers* (NMC, 2006).

Rationale

Responsibility for the day-to-day management of quality lies with the education provider, in collaboration with the approved education institute (AEI) and practice placement partners who provide 'hands-on' practice experience to specialist practice students. The AEI is accountable to the NMC for the management of quality, and risk of the education and practice-based elements, examining safety and suitability for learning in the clinical area rather than inspecting the quality of care.

This heightens the importance of placement evaluations as a tool to fulfil the NMC's risk-based approach to education. Placement evaluations have the potential to anticipate or identify known risk-enabling action plans to be implemented, monitored, reviewed and evaluated resulting in a continuous cyclical process (Figure 1), and ensuring all organisations foster stronger cultures of openness and transparency (Francis, 2013).

Evaluation is an investigative process to determine whether the education has been cost effective, the objective been achieved and learning conveyed to the job (Sullivan and Garland, 2013). Often, congruence is present from both education and NHS trust managers that educational programmes require sound appraisal; however, both parties infrequently agree on the best method to perform evaluation recognising that empirical evaluation is scarce (Sullivan and Garland, 2013).

The principle of evaluation is to evaluate whether the educational programme (consisting of 50% theory and 50% practice) has a positive effect on job performance and to identify elements of the programme that need improvement, while celebrating effective learning opportunities. The affiliation between theory and practice is a pivotal



Figure 1. Process of evaluation

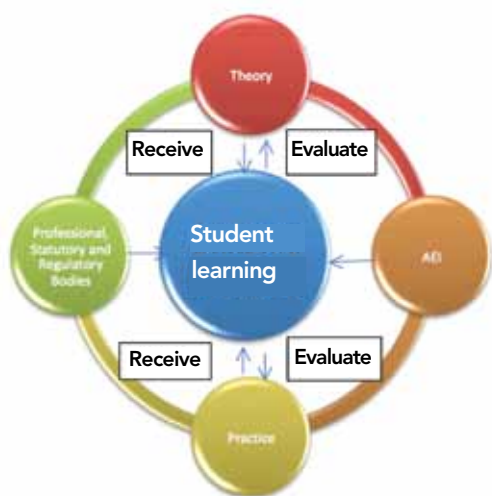


Figure 2. Framework of assessment to measure quality

requirement within both programmes in accordance with the NMC (2004) and NMC (2001) proficiencies. Students will have practice placements in a variety of settings and with clients that are central to their role specifications. As a result, practice evaluations form part of this continuous process of assessment (Figure 2) alongside the course module evaluations. More importantly, practice evaluations in collaboration with educational audits are expected to manage new and emerging risks that impact on safe student learning and assessment.

The implementation of practice evaluations as part of the SCPHN and SCN programmes are required to assess the quality of practice learning through fostering a risk-based approach. The key drivers for change can be identified as national and local health and education policies, professional, statutory and regulatory bodies, modernisation of educational programmes that are fit for purpose, research and evidence-based practice and, ultimately, to protect the public. To drive this change, a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis and Political, Economic, Sociological and Technological (PEST) analysis were explored examining the potential internal and external attitudes, motivations and spheres of influence.

SWOT analysis

Strengths

- Existing technological structures and processes are in place enabling long-term commitment to innovation.
- Placement evaluations provide transparency between the AEI and NHS partners through

a number of communication pathways.

- Assure and promote the quality of academic and placement learning in an appropriately balanced way (module evaluations and placement evaluations).

Weaknesses

- Relies on AEI and NHS partner’s compliance.
- Availability of administration hours to collate and analyse findings.

Opportunities

- Encourages greater collaborative working between the AEI and NHS partners.
- Provides local standardisation across the West Midlands for SCPHN and SCN programmes facilitated by the University of Wolverhampton.
- Promotes quality enhancement through a cyclical process.
- Provides clinical practice educators/practice teachers with peer review.

Threats

- Lack of definition of the benefits of innovations in education commissioning and delivery of learner experience.
- Employee’s resistance to change.

PEST analysis

Political: national drivers for change

Both educational and healthcare organisations endeavour to provide high-quality educational programmes resulting in high standards of care to patients, clients and their families. The Department of Health (DH) (2008) postulates that NHS employees are essential to delivering quality to the heart of services. In support of this, *Education Commissioning for Quality* (ECQ) (DH, 2009) sets out a complete education commissioning system, which seeks to re-focus education commissioning on quality ensuring appropriate recruitment, training and continued professional development to provide high-quality care across the NHS.

Ensuring high-quality care remains a complex and fragile operation, reinforcing the need for professional joined-up working. The failings of Mid Staffordshire NHS Foundation Trust (DH, 2013) were found to be due to quality of care not being at the centre of the organisation. The DH (2012) draws parallels with the King’s Fund in assuring quality in the NHS as both associations acknowledge that NHS organisations require effective early warning systems when providing care. The AEI

is paramount in this process, enabling safety and suitability for learning to be examined by professional, statutory and regulatory bodies adhering to a risk-based approach.

The ECQ includes the *Education Commissioning Assurance Framework*, which is framed around the *World Class Commissioning Competencies* (DH, 2009). Strategic management of the healthcare education market is a powerful tool in education commissioning for driving innovation and quality improvement, as well as forging stronger links between service needs and education delivery. Placement evaluations for the SCPHN and SCN programmes will add credence to the commissioning competency ‘Promote improvement and innovation’, providing enhanced quality and outcomes from education in practice settings.

In addition to the ECQ, the Quality Assurance Agency (QAA) is fundamental in this process, ensuring that the AEI meets the UK expectations on standards and quality of UK higher education. The *UK Quality Code for Higher Education* (QAA, 2014) outlines formal expectations that all AEIs are to comply with, enabling students to receive a high-quality educational experience. By implementing placement evaluations, the education provider (AEI and practice placement partners) is demonstrating evidence in support of the key purposes of the quality code:

- Promote continuous and systematic improvement in UK higher education
- Ensure that information about UK higher education is fit for purpose, accessible and trustworthy.

Undoubtedly, placement evaluations will enhance the quality of learning opportunities for SCPHN and SCN students.

Political: local drivers for change

Placement evaluations are seen as evidence in relation to providing ‘commitment and transparency’ within the contract performance management between the AEI and Health Education for West Midlands. Placement evaluations for SCPHN and SCN students will provide a quantitative audit trail illustrating resultant action plans while demonstrating service improvements.

Economic factors

Mutual engagement

The call for placement evaluations requires the AEI and practice placement partners to work

collaboratively, demonstrating the integration of theoretical and practice elements of the SCPHN and SCN programmes. There is an expectation for AEIs and practice placements to maintain effective links at local, operational and strategic levels, ensuring the quality of the learning environment with regular opportunities to receive and take account of each other's perspective.

A placement evaluation is one such method in forging this partnership, with practice placement partners having the opportunity to proactively escalate and communicate risks collaboratively with the AEI in order that agreed, joint plans can be put in place to support students and protect service users and carers. Regular monitoring, reporting and updating of progress against action plans (including feedback from students) will be used to inform the programme outcomes and enhance the practice learning experience.

Accountability

The DH (2008) in England explicitly emphasises and encourages the need for greater freedom among frontline professionals to use their expertise, creativity and skill to find innovative ways to improve quality of care. However, caution is always noted, as greater freedom brings a new and enhanced accountability. Accountability can become more complex and sometimes blurred when working collaboratively, which is of particular relevance to this proposal. Ultimately, the AEI is accountable to the NMC for the management of quality and risk of the education and practice-based elements (NMC, 2013).

Clinical governance

Clinical governance has become increasingly more important in modern health care in the UK (Pridmore and Gammon, 2007). To improve the quality of care received by clients, the government expects high national standards and a system of clear accountability as part of the clinical governance framework. All healthcare systems strive to provide safe and good-quality health care, improve patient experience, tackle effectiveness and update practice in the light of evidence from research.

The Health Foundation (2013) expresses that quality is a 'complex notion' but believes there is an acceptance that quality encompasses six key dimensions: safe; effective; patient-centred; timely; efficient; and equitable. These dimensions of quality are influential today and are evident in the national health improvement

strategies across the UK. To ensure quality improvement, a true combination of research evidence for implementation and practitioner/managerial expertise is required to aid the change process that is fair for all stakeholders (Robotham and Frost, 2005).

Sociological factors

Standardised placement evaluations across all SCPHN and SCN programmes suggest a more robust and unified approach increases quality outcomes. Previous practice suggests that there were inconsistencies across the West Midlands with individual trusts devising their own templates. This creates challenges in respect of advocating an open and transparent culture following the recommendations within the Francis (2013) report. In summary, this stresses the importance of placement evaluations being co-ordinated by the AEI where NHS partners are freely able to resource their reports through the appropriate channels.

Technological factors

The IT infrastructure for placement evaluations already exists at the AEI for pre-registration nursing and social work students. In light of this there is a need for SCPHN and SCN placement evaluations to be available online in the near future, bringing the process in line with other NMC awards across the faculty, working towards a robust online placement evaluation system.

Planned change objectives

The DH (2008) recognises that the change involved in modernising the health service requires effective leadership at all levels, especially professionals who can inspire, motivate and empower their colleagues to achieve improvements in the quality of service delivery.

The proposed implementation requires the organisational theory of human relations, whereby the basic structural understanding of organisations is present, with academic and clinical staff encouraged to contribute ideas and participate in decision-making, building co-operation and tapping into the motivation of the individual (Sullivan and Garland, 2013). The successful implementation of placement evaluations will depend upon the interplay between structures, people, technology and the environment, while increasing social networks and social cohesiveness between the AEI and NHS partners, enhancing positive working relationships.

To undertake this process effectively, leadership styles will need to be considered to facilitate this change. The theory of democratic participative leadership (Barr and Dowding, 2012) is conducive to the implementation of placement evaluations. Leading this proposal necessitates the encouragement of all stakeholders to interact and contribute to the decision-making process. This is comparative with transformational leadership, which identifies creating high levels of motivation and

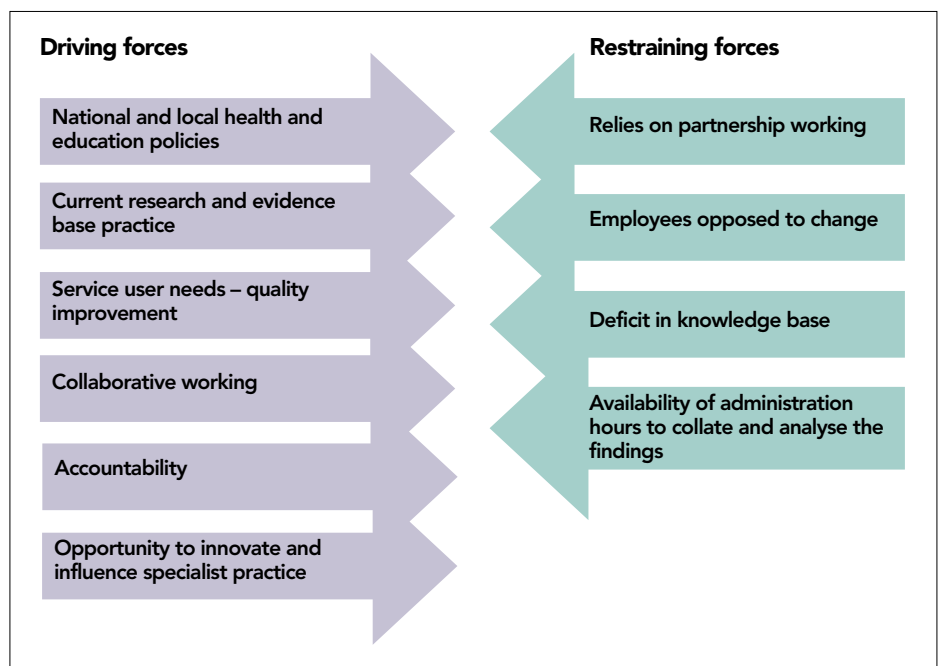


Figure 3. Lewin's (1951) Force Field analysis

commitment among the team as fundamental to inspiring and empowering others with the vision to carry forward the required changes in practice (Hewison, 2005).

The transferability of the transformational style of leadership within this process seeks to recognise the symbolic relationship between leaders and followers, being the interplay between followers' needs and wants and the leader's capacity to understand, empowering staff to move between being leaders and active followers highlighting the importance of contagious, collective motivation carried out by a competent leader (Thomas, 2008).

Manghani (2011) recognises that the introduction of quality systems, such as placement evaluations, needs to be accomplished in a planned, systematic way, using the principles of good change management. Although the human relations theory is recognised to be an appropriate theory within this proposal, the planned change can also be complemented by the use of Lewin's (1951) 'Force Field' model.

Lewin's (1951) model identifies that the change process is complicated by the attitudes and thoughts of the individuals to be involved and highlights the importance of identifying the potential 'driving and restraining forces' (Figure 3) of any planned change, advocating the opportunity for inter-professional working between the AEI and NHS partners.

Despite placement evaluations being a planned change with clear justification, Robotham and Frost (2005) highlight leaders who are set to innovate change should expect a resistant response. Placement evaluations will be a collaborative effort ensuring that this shared procedure will be developed with the participation of the professionals involved. This progression will assist in the diffusion of previous professional cultures allowing for the application of placement evaluations to become real, thus carrying greater meaning and effectiveness when they are accepted and owned by frontline professionals (Frost, 2005).

Evaluation

It is envisaged that the completed placement evaluations will provide all stakeholders with an opportunity for personal learning and development that is integral to contemporary practice (DH, 2004). For the outcomes of this initiative to be successfully measured, it is imperative that there is a process of evaluating, so that the change and impact on the introduction of student placement evaluations

Key points

- Practice focus
- Quality enhancement
- Minimising risk
- Promotes collaborative working between higher education, practice placement and student
- Fosters a culture of transparency

can be documented (Porter O'Grady and Malloch, 2010). Parahoo (2006) affirms that evaluation is about describing and making a judgement on what is reported.

Placement evaluations will take place on an annual basis with the exception of health visiting students where in some cases this process may take place bi-annually (at the end of Semester 2 and 3). The reasoning behind this is that most student health visitors move for consolidated practice, therefore experiencing two placements within their educational programme. It will be the responsibility of the AEI to ensure the students complete the placement evaluations. The use of auditing would also be beneficiary, simply because this would allow a benchmark of quality acceptability, outlining a standard of education to be maintained (Barr and Dowding, 2012). The AEI will analyse the findings, identifying any concerns or trends of risk. The academic team will then present the findings to their allocated trusts implementing any action plans as required in true partnership working.

Conclusion

In summary this proposal has been produced to address the current practice inconsistencies of placement evaluations across SCPHN and SCN programmes. There is strong evidence within national policy from Department of Health as well as professional, statutory and regulatory bodies and quality assurance agencies that placement evaluations are an essential element of the quality assurance process and standardising this process can only bring improvement. Therefore, it is recommended that the AEI will adopt such practices in conjunction with their NHS partners to comply with current standards thereby helping to ensure students placements are of high quality, which will impact on the delivery of services to service users.

References

Barr J, Dowding L. (2012) *Leadership in Healthcare, 2nd edn*. London: Sage.

Department of Health (DH). (2004) *The NHS Knowledge and Skills Framework and the Development Review Process*. London: DH.

DH. (2008) *High Quality Care for All: NHS Next Stage Review Final Report*. London: DH.

DH. (2009) *Education Commissioning for Quality*. London: DH.

DH. (2012) *Quality in the new health system: maintaining and improving quality from April 2013*. London: DH.

DH. (2013) *Patients First and Foremost: The Initial Government Response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: DH.

Francis R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry*. London: DH.

Frost N. (2005) *Professionalism, partnership and joined-up thinking: a research review of front-line working with children and families*. Sheffield: Research In Practice.

Goppee N, Galloway J. (2014) *Leadership and Management in Healthcare, 2nd edn*. London: Sage.

Hewison A. (2005) *Management for Nurses and Health Professionals: Theory into Practice*. London: Wiley-Blackwell.

Lewin K. (1951) *Field Theory in Social Sciences*. New York: Harper and Row.

Manghani K. (2011) Quality assurance: Importance of systems and standards operating procedures. *Perspect Clin Res* 2(1): 24–37.

Nursing and Midwifery Council (NMC). (2001) *Standards for Specialist Education and Practice*. London: NMC.

NMC. (2004) *Standards of Proficiency for Specialist Community Public Health Nurses*. London: NMC.

NMC. (2006) *Standards of Proficiency for Nurse and Midwife Prescribers*. London: NMC.

NMC. (2013) *The Quality Assurance Framework: For nursing and midwifery education and local supervising authorities for midwifery*. London: NMC.

Parahoo K. (2006) *Nursing Research: Principles, Process and Issues, 2nd edn*. Basingstoke: Palgrave Macmillan.

Porter O'Grady T, Malloch K. (2010) *Quantum Leadership: Advancing Innovation, Transforming Healthcare, 3rd edn*. London: Jones and Bartlett Learning International.

Pridmore JA, Gammon J. (2007) A comparative review of clinical governance arrangements in the UK. *Br J Nurs* 16(12): 720–23.

Quality Assurance Agency (QAA). (2014) *The UK Quality Code for Higher Education: A brief guide*. Gloucester: QAA.

Robotham A, Frost M. (2005) *Health Visiting: Specialist Community Public Health Nursing*. London: Elsevier Churchill Livingstone.

Sullivan EJ, Garland G. (2013) *Practical Leadership and Management in Healthcare, 2nd edn*. Harlow: Pearson Publications.

Thomas N. (2008) *The Best of Adair on Leadership and Management*. London: Thorogood Publications.

The Health Foundation (2013) *Quality improvement made simple: What everyone should know about healthcare quality improvement*. London: The Health Foundation.