The Placement Pathway Project

A report for Yorkshire and the Humber Strategic Health Authority

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Executive Summary

This report represents the findings from an evaluation of current service provision within placements used by nursing and allied health professional students in the Yorkshire and Humber geographical area.

The aim of the evaluation was to capture the thoughts and feelings of a variety of related professionals and students who have experience of working and operating within the current system of placement pathways and so to discover the extent and nature of these pathways.

The study was designed around three phases. In each of these data were generated and interpreted by the research team via interviews, questionnaires and this was in turn considered against a reading of the relevant current literature.

In conducting the evaluation we found that :

Placement pathways add value to the student learning experience and simultaneously contribute to the development of the existing workforce.

Pathways contribute to the debate on quality and employability by offering a change of focus to meeting the needs of learners in the workplace.

Pathways are now a necessity for students in order that they are able to gain sufficient skills and knowledge to meet the requirements of the professional registration bodies.

We therefore recommend that:

- All placements develop their own placement pathways in line with findings.
- Good communication systems be set up between the placement, the student and the link lecturer university/HEI.
- The placement should produce a document that outlines the placement learning opportunities for the specific pathway.
- Student progress on the pathway must be incorporated into overall placement assessment.

We have produced a tool by which personnel connected to student learning on placement can store and record all relevant data and access materials associated with achieving successful outcomes. This is on a DVD and is included in a separate pocket at the back of this report.

As one student stated following an invitation by the researcher to add any more information about placement pathways …

'We just need more of them' (S1).

1.0   Introduction

In 2009 a proposal was submitted to Yorkshire and The Humber Strategic Health Authority to undertake an exploration of practice learning in Primary and Community Care settings within South Yorkshire. This was done with a view to discovering how to use placement pathways effectively. This report represents the findings from the study subsequently commissioned.

1.1   Background

Increased student numbers and reduced placement capacity in the care sector has meant that new strategies have to be devised to meet these challenges. This paper reports on the development of 'placement pathways'. These are short periods away from the main work placement which offer learning opportunities to students in different areas and with different client groups closely adjacent to their main clinical interests.

The overall aim of the Placement Pathway Project is to encourage the development and understanding of this approach to pathways within the education of health care professionals. The project generated data from students, lecturers, clinicians and educational leads via questionnaires and one-to-one interviews. Early findings from the project indicate that the development of placement pathways provides employment opportunities to students as it better prepares them for work in contemporary health and social care settings. In addition, placement pathways offer opportunities to employers and their workforce, by extending capacity and updating staff on contemporary practice and education issues.

Today, students studying to qualify in a range of health and social care courses typically spend between a third and a half of their three year learning programme in the workplace. The workplace learning environment can include hospital departments and wards, and in the community setting, clinics, surgeries and patient's homes. In each workplace area, student learning is supported by clinicians and other professionals who act as mentors and supervisors. But not every placement can provide all the requisite learning opportunities the student needs to experience. In recognising this fact the idea of the 'placement pathway' was devised.

Anderson (2009) defined a pathway as, 'a learning experience of short duration that students engage with away from their mentor and placement base' (Anderson, 2009; 2) and it is this definition which helped define a placement pathway at the commencement of the Placement Pathway Project.

Placement pathways are therefore learning activities and experiences associated with the main or base placement. A pathway is designed to enhance the overall placement learning experience and help students to gain skills and knowledge.

A pathway need not be linear, but could be described as a 'pick and mix' arrangement with a menu of opportunities available to learners. Each learning environment should have a documented profile and a directory of specialist skills and practitioners to whom the student can gain access while in the particular leaning environment (Hutchings and Saunders, 2001).

1.1.1 Practice and Policy Drivers

The education of Nurses, Midwives and various Allied Health Professionals (AHPs) takes place in both higher education institutions and practice settings, often termed practice placements. The AHPs include Physiotherapy, Occupational Therapy, Social Work, Operating Department Practitioners, Paramedics, Radiotherapists and Radiographers. Nursing is the largest single group and it includes Adult, Mental Health, Child and Learning Disability branches of the profession. Midwifery is the profession most closely allied to nursing and is governed by the same professional body, the Nursing and Midwifery Council (NMC). The NMC stipulates that learners gain the knowledge and skills necessary to enter the appropriate professional register via a 50/50 split between theory and practice. The Health Professions Council, the umbrella organisation for the registration of AHPs, has a variety of requirements across its member disciplines and the ratio of time on placement to time in class varies from 1:4 to 1:1.

Placements for students will therefore vary in number throughout the programme and in length of time spent in any particular area. In the case of pre-registration nurses, for example, a placement has to be at least four weeks in duration in order that the student may be assessed appropriately (NMC Standards for Pre-Registration Nursing Education, 2010). Placement facilitation is therefore complicated and

challenging and requires effective collaborative working, not only between but also within partner organisations.

One aspect of the Blair government's response to the Wanless Report (2002) was to increase the NHS budget. This resulted in a corresponding increase in the numbers of health care workers employed. This increase was most noticeable among nurses and therapist. Additional students were then recruited to health and social care courses, leading to more professional registration in these areas. As student numbers increased so did the requirement to increase placement capacity to match training criteria (James, 2005).

Subsequently there have been fundamental changes in how and where health care is delivered as the patient has become more central to health care planning (DH, 2010). Arising from this two main concerns have come to dominate thinking around placement provision. These are, firstly, placement capacity which in turn directly affects the second element, the quality of the learning experience Hutchings et al 2005). Murray and Williamson (2009) summarise this dual concern when they state that

'UK statutory bodies and others have expressed their concerns regarding capacity and related quality issues '(2009:3147).

1.1.2   Location, Location, Location

Hospitals have traditionally been the locus of health care delivery. However, in recent years, the location of care has shifted from hospital wards to community-based treatment where the aim is to deliver health care closer to where people live (DH, 2006). It is now no longer sufficient simply to look at building capacity across all placement areas where these are defined by geographically static sites. Students need to gain experience in environments where health and social care is delivered by their professional group, wherever that may be. To reflect the changes in health care delivery, awarding and professional bodies have called for students to spend more of their placement time in community to prepare them for employment in contemporary health care settings (NMC, 2010; RCN, 2007).

This change in emphasis has led to difficulties in building placement capacity in community locations due to the nature of the way health care professionals operate in these settings. Many are lone workers, employed in clinics and in the homes of clients /patients. When trying to increase placement capacity in the community the lack of space and facilities such as furniture and access to computers has been a limiting factor (Kenyon and Peckover, 2008). Building placement capacity has been particularly difficult when community staff/ mentors are already overstretched, juggling commitments to patients, students and newly qualified staff (Drennan *et al* 2004).

As community-based care has developed, some hospital placement capacity has been lost due to ward closure and the re-organisation of services. A base/main placement on a ward may now no longer offer a sufficiently broad range of learning opportunities and students may have to seek alternative experience away from the ward/base placement. A student nurse on a surgical ward, for example, may have to leave the ward to gain the experience of applying a wound dressing in a centralized hospital dressing clinic. It is with this background and these issues in mind that the Placement Pathway Project was devised.

2.0   The Project

The placement pathway project is a two year study sponsored by the Yorkshire and Humberside Strategic Health Authority[1] and undertaken by a team[2] within the Faculty of Health and Wellbeing at Sheffield Hallam University. As an evaluation of services it did not come under ethical scrutiny but the overall governance was looked after by the Project Steering group (Appendix 1b).

The study has two principle aims:

- The first is to evaluate the placement pathway experiences of student learners on a variety of health and social care courses who are studying within the Faculty.
- The second is to provide information in order to develop a model of practice which could be used across the region.

The project comprised three phases;

Phase one (June 2009-December 2009)	Phase two (January 2010-December 2010)	Phase three (January 2011 - September 2011)
Background literature review	Identification and categorization of different placement pathways used across South Yorkshire.	Operationalise findings from phase two produce a pathway model for use by current students
Scoping of placement pathway provision within South Yorkshire	Questionnaire and Interviews to generate data to inform possible models of practice.	To pilot placement planner for trial in placement areas and begin to evaluate feedback for future development.
		To report all findings to sponsors

Table 1   Phases of the project

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[1] new name for the SHA
[2] details of the team are found in Appendix 1

2.1   Phase One

The initial phase of the project comprised a background literature review and a simultaneous scoping exercise of placement pathways within the South Yorkshire placement circuit to establish the number and nature of pathways in existence. The results of these enquires are detailed below.

2.1.1   Literature Review

Before we began to canvass opinion from local practitioners and students we undertook a review of the literature. Our review was based around the shared knowledge and insights of the team members who devised a search strategy designed to discover the extent of writing available within the clinical/academic community.

2.1.2   Search Strategy:

An initial literature search was conducted which suggested there was little literature when using search term 'Placement Pathway(s)'. However, substantial literature was discovered around 'Care Pathway(s)'.

As a result of this a second search was conducted using additional terms and strategies including a detailed journal search. This second trawl considered placement organisation and management across health and social care pre registration courses and discovered several models of placement organisation.

Three key articles were identified.

- Pollard and Hibbert (2004) also described a placement pathway as having a short duration.
- Hutchings and Saunders (2001) suggested that a pathway need not be linear, but rather a 'pick and mix' arrangement supported by profiles for each learning environment and a directory of specialist skills and practitioners.
- Anderson (2009) discussed the learning experience of students and considered specific skills acquisition and the breadth of experience that pathways could serve to enhance.

2.1.3   The Patient Pathway

Patient pathways (fig 1) have advantages in that they can improve the quality of care in some circumstances. However, there are some disadvantages to this model. A systematic review carried out by Allen, Gillen and Rixson (2009) suggests that care pathways have advantages where patient's illness follows a normal pattern, but are less likely to bring about improvements in care where the patient does not follow an expected pattern, or where the multi disciplinary teams are working well for example. There are practical problems associated with students following a patient journey, including the fact that the journey continues when the student is not in the learning environment. Pollard and Hibbert (2004) raised further issues around patient pathways, in particular, issues around assessment and the difficulty of assessing students who are learning away form the placement base and the placement mentor.

The route or path could be determined by the patient, or sequence of care/treatment i.e. patient pathway or care pathway

Figure 1   Patient Pathways

2.1.4   Learning Pathways

Anderson (2009) looked at learning pathways in primary care and suggests that students can gain a wider perspective of health care and health care services as a result of learning pathways. Student respondents of this study acknowledged that they had obtained a 'bigger picture' of health services. But while acknowledging the benefits of having a wider view of services, some felt that they had missed opportunities to develop clinical skills as a result of the pathway. Respondents to the study indicated that they perceived gaining clinical skills to be more important than seeing the 'bigger picture' (see fig 2).

Hutchings and Saunders (2001), when developing pathways of learning in response to Project 2000, highlighted the need to set out clear learning objectives for each pathway. The motivating force for the work of Pollard and Hibbert (2004) together

with Hutchings and Sanders (2001) was one of quality and enhancing consistency of the student learning experience. As Pollard and Hibbert note, pathways were often used on a ward by ward basis, but not in a co-ordinated way across the service. The driver for Donnelly (2003) and Anderson (2009) was a requirement to develop more clinical placement places.

Learning pathway (Anderson, 2009) which helps the student gain a bigger picture
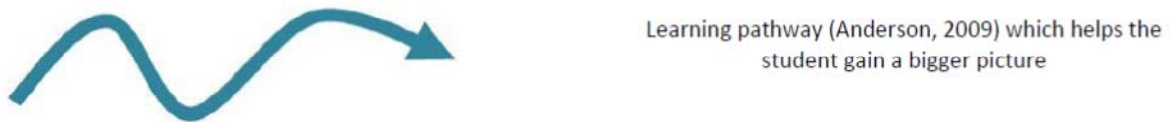
Figure 2   Learning Pathways

James (2005) developed a model for pre registration mental health nursing student placements based on capacity issues (fig. 3). James devised a mathematical model, which considered placement capacity together with four categories of learning environments for the students. Learning environment categories included, 'Acute', 'Enduring' including rehabilitation and continuing care, 'Older people' and 'Community'. Each student is given a placement line at the commencement of their training, the placement line maps out the placement environments based on the four determined categories for the duration student's course. The orders of placement environments along the placement line are individual to the student rather than the group or cohort. Each placement environment therefore does not represent progression or requiring a particular position in the course. Students within a group with have different placement environments at any given time.

The placement line (James, 2005). The sequence of placement experience is mapped out for each individual at the commencement of training.
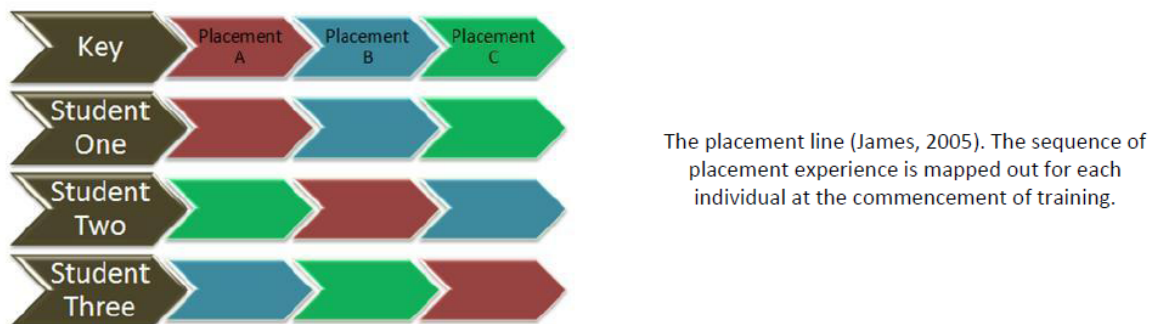
Figure 3   The Placement Line

Channell (2002) described the 'world model' which consisted of several activities which included time with the mentor and a range of other health care professionals but also incorporated specific learning activities.

Channel (2002) World model: Sectioned activities within the placement experience
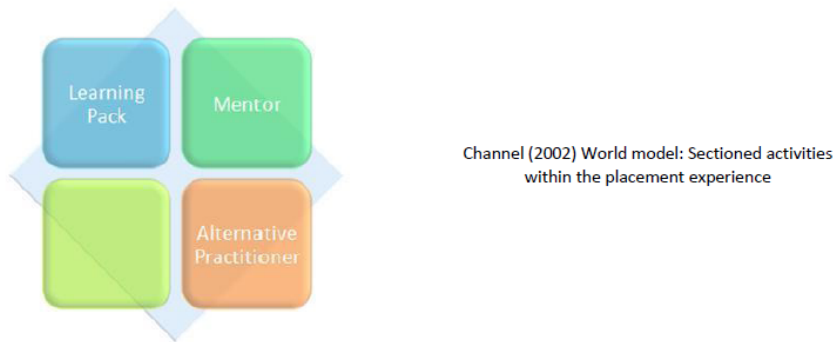
Figure 4   Channel's (2002) World Model

Raine (2005) describes the use of a hub and spoke model in hospital (fig 5) where the allocated placement base /ward constituted the hub. Students were able to visit other areas to obtain a better understanding of the patient's journey and inter professional learning. Raine suggests how the hub and spoke model can be used to 'swap' students for the day, enabling the students to gain more experience, while the 'swap' prevented areas becoming overcrowded with students.

The mentor is at the hub and additional experiences on the spoke.
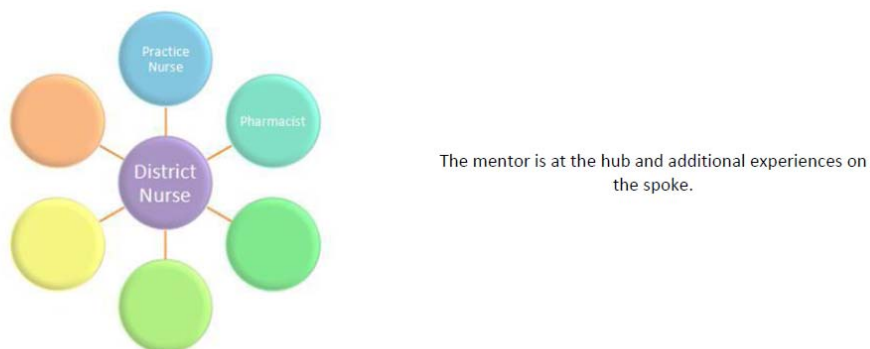
Figure 5   Hub and Spoke Model (Raine, 2005; Dracup, 2005)

Raine then incorporated the activities suggested by Channell (2002) into an expanded model (fig. 6).
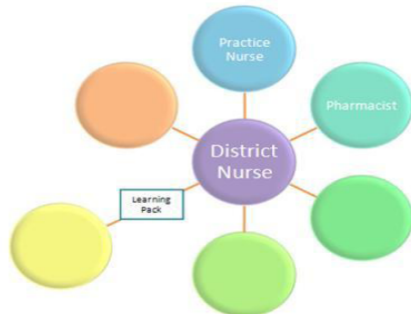
Raine (2005) adds Channel's (2002) World Model to the hub and spoke.

Figure 6   Expanded Model

Hutchings and Saunders (2001) (Fig 7) describe a learning pathway which involves preparing students for placement, introduction and induction onto the placement area, and leaning in practice. The aim of the pathway was to enhance both the quality of learning and patient care. The pathway involved student learning focused on learning objectives, producing directories of staff skills and profiles of placement areas which documenting learning opportunities. The pathway requires the student to be a proactive learner, identifying and negotiating their learning requirements.

Aim of Pathway:
To ensure equity and consistency in the quality of student practice placements

Step One
Preparation for each placement

Step Two
Induction before placement

Step Three
Learning Experience

Figure 7   Pathway - preparing student for learning

A further study by Hutchings, Williamson and Humphreys (2005) recommended that students required support including a ratio of two mentors to one learner as well as educational facilitators.

Lindquist *et al* (2006) (Fig 8) carried out a longitudinal study which looked at development pathways with regard to learning to become a physiotherapist. The researchers identified four pathways of development including 'Reflecting on Practice', Communicating with others', 'Performing skills' and 'Searching Evidence'. Teaching staff recognised the variation in placements and guided student through different pathways in the process of socializing students to become physiotherapists. The authors suggest that the use of one pathway is too narrow and could limit the professional growth of students who upon qualification are required to be able to practice in a rapidly changing health care environment.
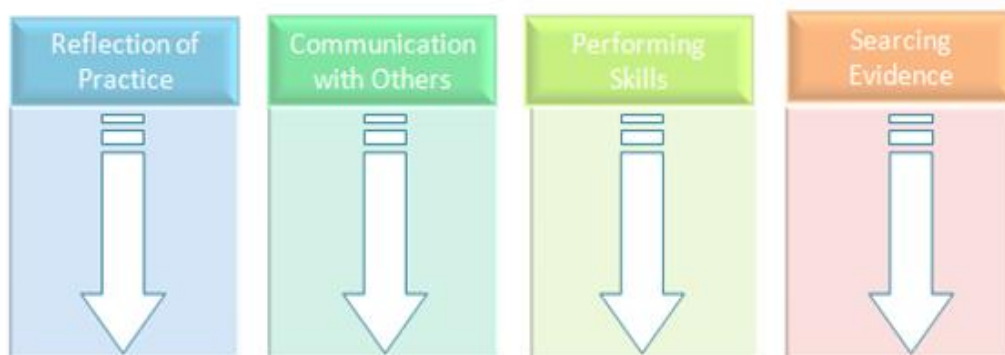
Figure 8   Longitudinal Study Model

O' Leary and Bromley (2009) (Fig 9) described the development of mental health pathway for midwifery students. The pathway was developed to fill a perceived gap in the student's knowledge and experience, with the aim of enhancing their knowledge and skills as qualified midwives. The objective of the placement was to give the students and overview of patient care in hospital and in the community, to look at referral criteria and to obtain a better understanding of the roles and function of the multidisciplinary team. The pathway which lasted a week was supported with a resource pack and taught sessions. The evaluation indicated that as a result of the placement pathway, students had a better awareness of mental health issues, expressed more confidence in dealing with clients with new and existing mental health problems and contacting the multidisciplinary team for guidance on referrals. Students suggested that they required more preparation for the pathway and noted the difficulty in finding and the time taken when travelling between placement sites.
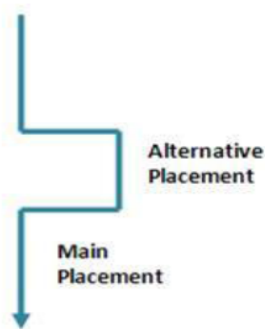
Placement may include an alternative placement or diversion to allow the student to gain different or specialist experience. O'Leary and Bromley (2009) looked at providing a mental health pathway for midwifery students.

Figure 8   Alternative Placement

The literature review considered 'career pathways' which suggested progressive development of skills and knowledge (Burgess, 2003). Studies conducted by Marsland and Hickey (2003) indicate that placement experience has an impact, both positive and negative on career pathways, and therefore an element to consider when planning the breadth as well as depth of exposure to placement areas.

2.1.5   Summary of Literature Review

Models have been developed by educational and placement providers in response to capacity and quality issues, with a smaller number models being devised to address specific learning objectives. The post registration career pathways identified focused on workforce issues and the quality of patient care.

All the models identified require planning and preparation, in particular the documentation of leaning opportunities, and the preparation of students and their mentors. Most models identified additional learning packs and resources which had been developed to support the model and student learning. Authors recognised the time and support offered by a range of placement educators and teaching staff in supporting students progress. Pathways and structured clinical placements offer a range of varied learning opportunities, can enhance the student's knowledge of the 'bigger picture' and can promote understanding of inter-professional working.

Students sometimes value the development of their skills for a specific task or role beyond the development of their understanding of the context of the immediate

care setting. One negative aspect of the pathway is that they are not always popular with students as some individuals find them disruptive and time consuming.

As community continues to develop as the primary focus of health care, there are implications for the education and retention of staff in the community setting (Drennan, Andrews, Sidhu 2004, Department of Health, Social Services and Public Safety 2006).

2.2   Scoping Exercise

This comprised one main channel of enquiry which was a questionnaire to all students on placement. The questionnaire sought to capture information on

- the course attended and the placement setting
- the clinical focus
- the duration of the placement
- the clinical focus of the placement
- the learning opportunities encountered

In this section we focus on the feedback which best illustrates the spread of placement pathways in the area. Out of this we were then able to map students on placement set against the placement organisation.

In figure 9 we see the numbers of students per subject group/branch.
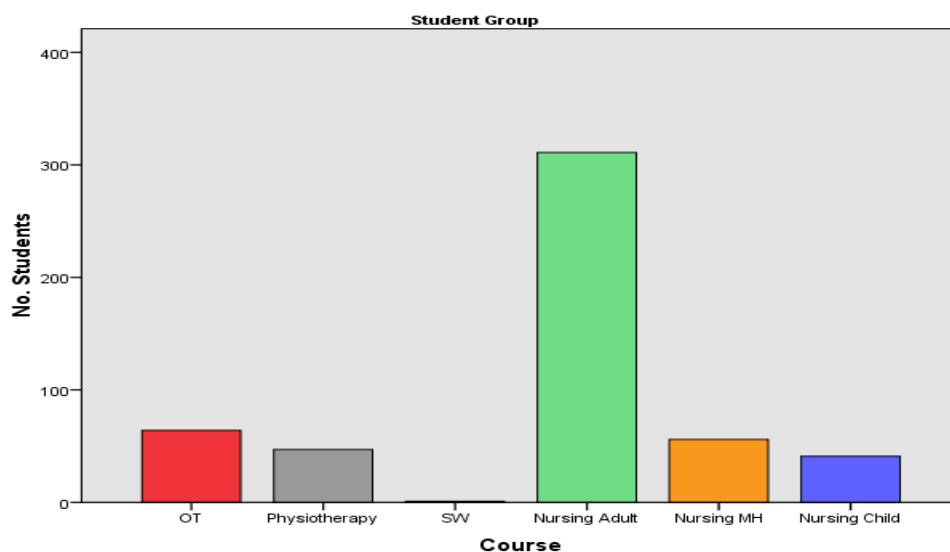
Figure 9   Number of Students per Group / Branch

In Figure10 we see the numbers of pathways according to the main care sector in which they occur.
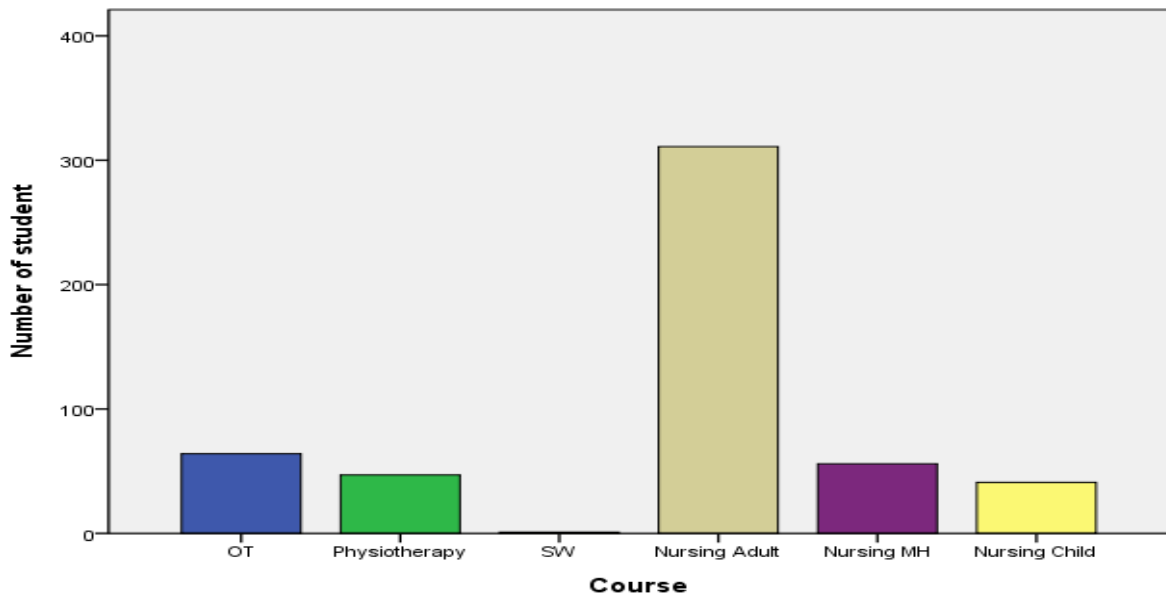
Figure 10   Number of Pathways according to main care sector

In figure 11 we see the numbers of placement pathways by Trust in South Yorkshire.
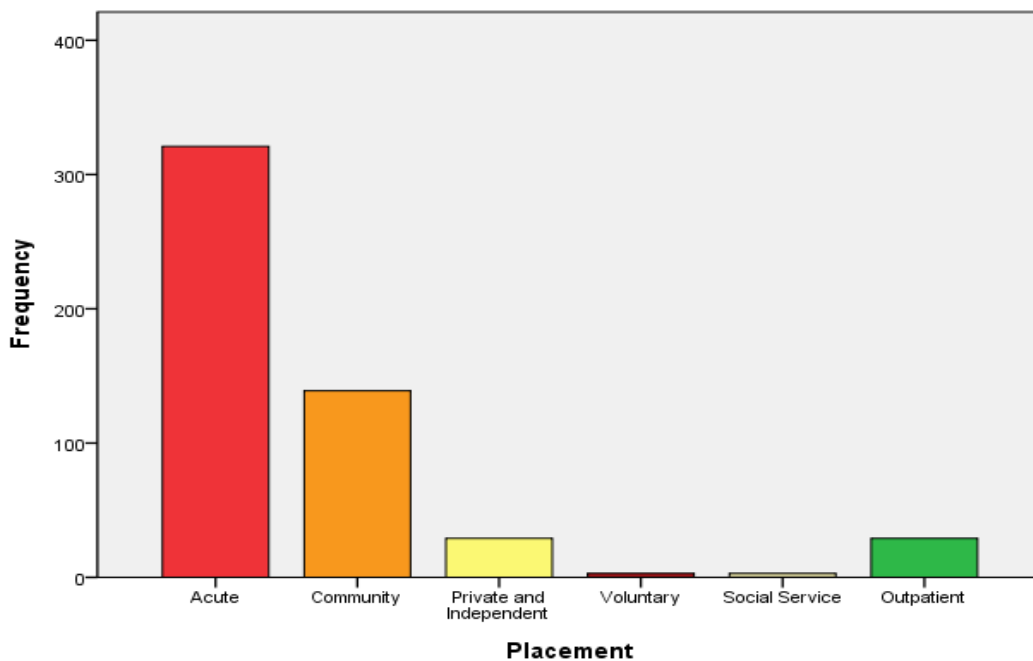
Figure 11   Number of placement pathways by Trust in South Yorkshire

The tables 2 and 3 below student subject group is plotted against placement location and placement type.
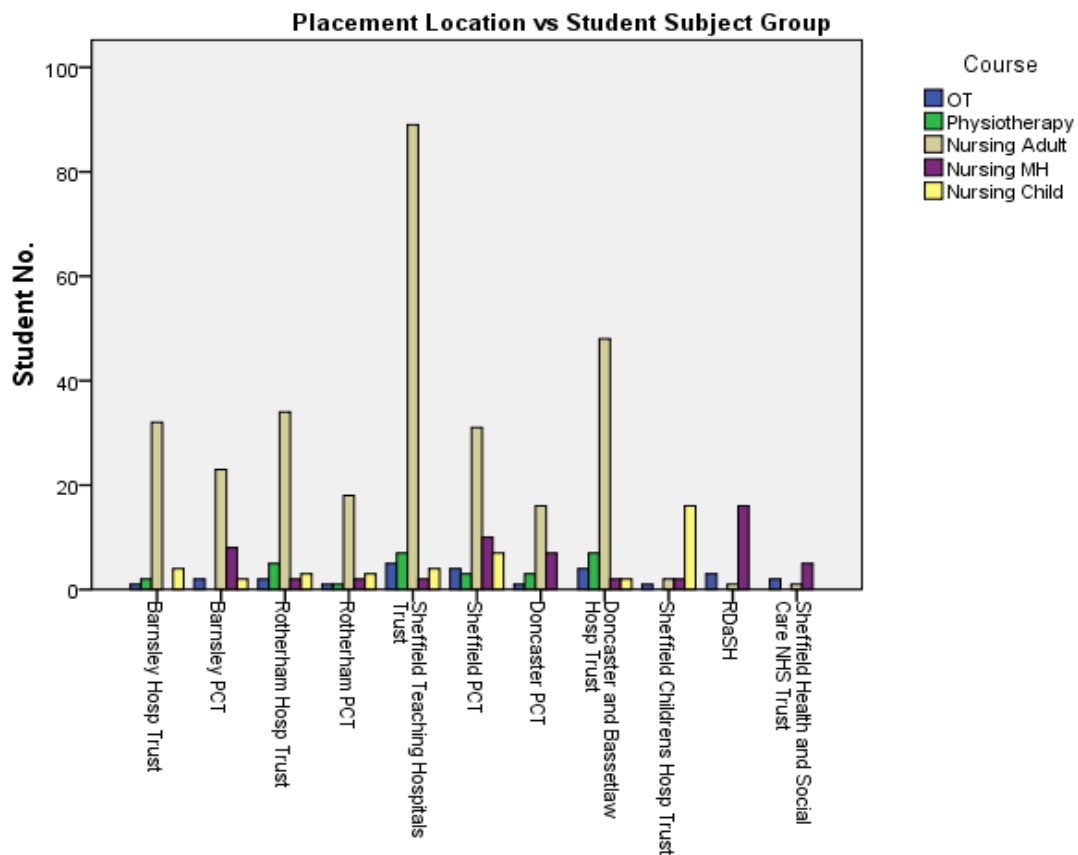
Table 2   Placement location vs Student Subject Group

Here it is apparent that nursing students based in Sheffield are by far the largest cohort [3] but the numbers in the surrounding areas still represent a substantial investment of human resources into providing students with a pathway placement.

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[3] this simply reflects the size of student numbers and is as expected
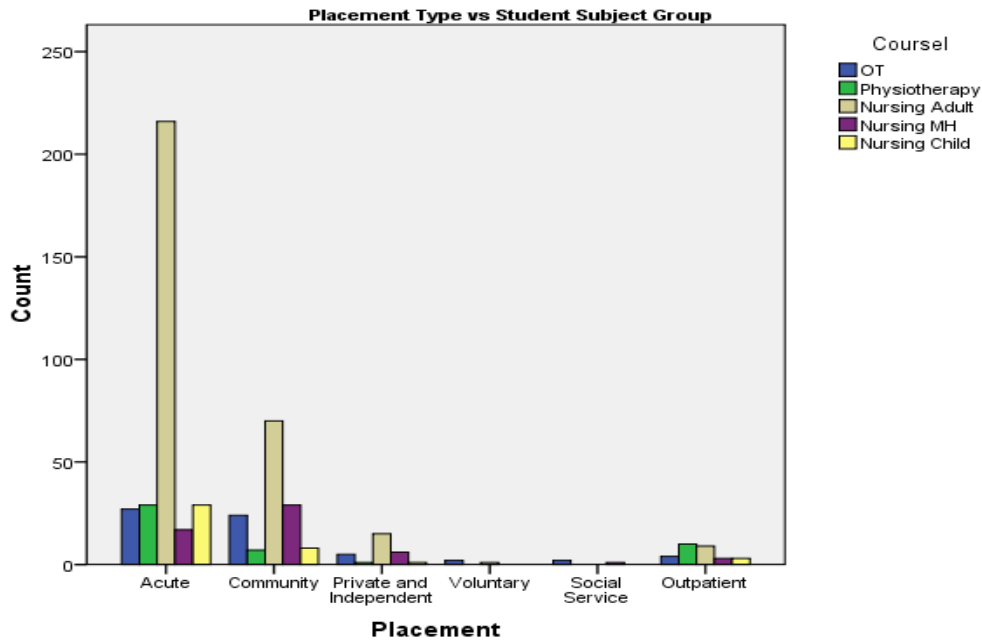
Table 3   Placement Type vs Student Subject Group

The graph illustrates the imbalance between acute settings where adult nursing students spend the majority of their time and the spread of students across other care sectors. It is to be expected that NHS settings would provide more placement pathway learning opportunities as they are bigger and better resourced compared to smaller organisations in the third sector. The use of community placements will be taken up further in the discussion.

The size and shape of the pathways varied across the sector by number as well as by duration. One general point to note when viewing and interpreting the figures that follow is that there is always an imbalance between the numbers of adult nursing students and those on other professional health care courses. This merely reflects the national picture and is typical of the situation across the country. In the tables below we illustrate the varieties of pathway as encountered by students on placement.

In the first table (fig 10) the sheer number of pathways experienced by adult nursing students confirms that they dominate this setting. Taking this group as an exemplar and with reference to the table we see that 187 of them used one pathway in addition to their main placement, 50 experienced two separate pathways, 46 went

on three pathways, 19 on four, 4 on five, 2 on six and 3 students had seven different pathways.

This demonstrates not only the ubiquity of pathways in an adult nurse setting but the general ease by which these students can access the breadth of experience which pathways offer. The educational value of each pathway is yet to be established but for now the case is made for their existence and availability.

Course	Number of Pathway							Total
	1	2	3	4	5	6	7	
OT	33	13	13	3	2	0	0	64
Physiotherapy	21	13	8	2	2	1	0	47
Social Work	1	0	0	0	0	0	0	1
Adult Nursing	187	50	46	19	4	2	3	311
Mental Health Nursing	43	6	3	2	1	1	0	56
Child Nursing	19	9	8	5	0	0	0	41
Total	304	91	78	31	9	4	3	520

Table 4   Number of Pathways attended according to course

In the next table which shows the number of times various students were able to attend theatre as a pathway the adult nurses have again benefited most by attending, in some cases, for more than six days of their main placement. But while the connection between the clinical interests of adult nurses with the workings of theatre are obvious the opportunity is clearly there for other professional groups to extend their knowledge of their patients' journeys.

Course	Theatre - Number of days					
	1.00	2.00	3.00	4.00	6 +	Total
OT	3	0	0	0	0	3
Physiotherapy	11	0	0	0	0	11
Nursing Adult	54	6	1	2	21	84
Nursing Child	11	2	0	0	2	15
Total	79	8	1	2	23	113

Table 5   Theatre - Number of Days

In the following table there is a more even distribution of students taking advantage of the chance to gain some knowledge of the acute ward with representation from right across the groups who stayed sometime s for more than six days on this particular pathway.

Course	Acute Ward - Number of days						
	1.00	2.00	3.00	4.00	5.00	6 +	Total
OT	6	1	1	0	0	7	15
Physiotherapy	2	2	0	0	0	10	14
Nursing Adult	7	1	0	0	1	52	61
Nursing MH	8	0	0	1	0	2	11
Nursing Child	1	1	0	0	0	2	4
Total	24	5	1	1	1	73	105

Table 6   Acute Ward - Number of Days

The situation with attendance at A&E as a pathway is perhaps more understandable as the students whose client groups are more likely to access emergency services predominate.   And this is replicated in the table that charts the numbers who spent time with the ambulance services.

Course	Accident and Emergency - Number of days					
	1.00	2.00	3.00	5.00	6 +	Total
OT	1	0	1	0	0	2
Physiotherapy	1	1	0	0	0	2
Nursing Adult	6	1	0	1	6	14
Nursing MH	3	2	0	0	0	5
Nursing Child	0	0	0	1	5	6
Total	11	4	1	2	11	29

Table 7   Accident & Emergency - Number of Days

Course	Ambulance - Number of days		
	1.00	2.00	Total
OT	1	0	1
Nursing Adult	7	1	8
Nursing MH	2	0	2
Nursing Child	4	0	4
Total	14	1	15

Table 8   Ambulance - Number of days

In the next three tables for Outpatients, Rehabilitation and Community pathways the spread is much more even again as the client/patient groups who form the core interest of the student cohorts are seen as more likely to access these services. Students therefore see more value in gaining some knowledge of the workings of such services as they can make a direct link to patient care.

Course	Outpatient - Number of days						
	1.00	2.00	3.00	4.00	5.00	6 +	Total
OT	7	0	1	0	0	1	9
Physiotherapy	3	2	3	2	0	10	20
Nursing Adult	36	5	2	4	10	1	58
Nursing MH	4	0	0	0	0	3	7
Nursing Child	6	1	2	0	2	2	13
Total	56	8	8	6	12	17	107

Table 7   Outpatient - Number of days

Course	Rehabilitation - Number of Days						
	1.00	2.00	3.00	4.00	5.00	6 +	Total
OT	10	3	1	0	1	5	20
Physiotherapy	3	0	2	0	0	4	9
Nursing Adult	6	0	1	1	3	20	31
Nursing MH	6	0	0	0	0	2	8
Total	25	3	4	1	4	31	68

Table 8   Rehabilitation - Number of Days

Course	Community - Number of Days						
	1.00	2.00	3.00	4.00	5.00	6 +	Total
OT	12	1	2	0	0	9	24
Physiotherapy	6	0	1	1	0	4	12
SW	0	0	0	0	0	1	1
Nursing Adult	11	1	0	1	3	31	47
Nursing MH	6	4	1	1	1	9	22
Nursing Child	3	1	0	1	0	3	8
Total	38	7	4	4	4	57	114

Table 9   Community - Number of Days

The tables for ITU, X-ray and pain control (table 12, table 13, table 15)) again demonstrate the clinical bias towards nursing while hydrotherapy, social service and the voluntary sector pathways (table 14, table 16, table 17) while dealing with smaller numbers, still indicate a perceived difference between acute and more rehabilitative settings.

Course	ITU - Number of Days					
	1.00	2.00	3.00	5.00	6 +	Total
OT	2	0	0	0	0	2
Physiotherapy	3	1	0	0	2	6
Nursing Adult	15	1	1	2	11	30
Nursing Child	4	0	0	0	1	5
Total	24	2	1	2	14	43

Table 10   ITU - Number of Days

Course	X-ray - Number of days				
	1.00	2.00	3.00	6 +	Total
OT	1	0	0	0	1
Physiotherapy	1	0	0	1	2
Nursing Adult	45	3	1	0	49
Nursing Child	6	0	0	0	6
Total	53	3	1	1	58

Table 11   X-ray - Number of days

Course	Hydrotherapy - Number of days				
	1.00	2.00	4.00	6 +	Total
OT	4	0	0	0	4
Physiotherapy	3	1	1	1	6
Nursing Adult	1	0	0	0	1
Total	8	1	1	1	11

Table 12   Hydrotherapy - Number of days

Course	Pain Control - Number of days		
	1.00	6 +	Total
OT	3	0	3
Physiotherapy	0	1	1
Nursing Adult	39	0	39
Nursing Child	5	0	5
Total	47	1	48

Table 13   Pain Control - Number of days

Course	Social Service - Number of Days				
	1.00	2.00	3.00	6 +	Total
OT	9	0	1	3	13
Physiotherapy	3	0	0	1	4
Nursing Adult	25	2	1	1	29
Nursing MH	2	1	0	2	5
Nursing Child	5	0	0	0	5
Total	44	3	2	7	56

Table 14   Social Service - Number of Days

Course	Voluntary - Number of Days				
	1.00	2.00	3.00	6 +	Total
OT	2	1	1	1	5
Nursing Adult	2	1	0	0	3
Nursing MH	3	0	0	0	3
Total	7	2	1	1	11

Table 15   Voluntary - Number of Days

2.3   Summary of Phase One

Phase one comprised a scoping exercise designed to establish the number and nature of pathways in existence within the placement areas. A simultaneous literature review supplemented these findings.

From the literature review we found that various authors have designed models specific to the particular settings in which students find themselves. Within the models there is consensus around the need for organisation, communication and

defining clear learning opportunities. Students are generally in favour of placement pathways but can find them time consuming and disruptive of routines.

The scoping exercise demonstrated that while the majority of placements and therefore of associated pathways are in hospital and acute settings there is a trend to develop pathways in community oriented settings.

The bias shown in the breakdown of placement pathways by number of days spent per student branch is revealing of an interest in sticking closely to the perceived needs of the patient as nursing students were obviously more likely to take up pathway opportunities that matched their immediate clinical concerns. Likewise those students from less clinical backgrounds tended to favour the more rehabilitative pathways as being more suited to their educational needs and the needs too of their client group. A further study that examines the educational benefits to students of operating in pathways well away from their typical patient and clinical concerns would add to this debate.

What we can state is that our scoping exercise shows that placement pathways are abundant and they provide many opportunities for students to expand their knowledge in a variety of areas and that all of this can be linked to an interest in the patient.

3.0   Phase Two

The aim of phase two of the project was explore the use of placement pathways in more detail. In particular, the intention of phase two was to gain a better understanding of the types and models used to facilitate placement pathway learning. The themes which emerged from phase one to be explored in phase two were:

- Types of pathways
- The develop specific skills or generalized knowledge
- Resource issues
- To obtain opinions about placement pathways including advantages and disadvantages.

The project team were also mindful of the aims of the project while constructing the questionnaires; to develop and promote placement pathways. The outcome of phase two was to inform phase three of the project, the development of a placement pathway placement planner.

3.1   Methodology

Data were gathered using quantitative and qualitative techniques. Questionnaires were distributed to students, mentors and Link Lecturers. Information gained from the questionnaires was explored further through the use of one to one interviews.

3.1.1   Questionnaires

Three questionnaires were developed, one each for students, mentors and Link Lecturers/ Lead Link Lecturers. Although individual questions differed to represent the different roles and perspectives of there three groups, all the questionnaires contained the same categories;

- Role and professional area of respondent
- Current resource and planning
- Impact on learning
- Implementation

Placement pathway

Where individual questions had a different focus, they were matched where ever possible to facilitate analysis, to enable similarities and contrasting information to be identified. The questionnaire designed for mentors contained additional questions to those asked of the student. Mentors were asked about the inter-professional communication and collaboration required for the development and implementation of placement pathways, together with resource issues. The questionnaire for Link Lecturers was similar to that of mentors, however it requested more information about evaluation and less about user involvement. The questionnaires included questions with yes/no options, lists of options and some questions were open, inviting respondents to give information.

Draft questionnaires were reviewed by the project team and steering group. All three questionnaires were forwarded to one PCT area to be piloted.

The final questionnaires were distributed to mentors, students and Link Lecturers and responses managed via Survey monkey (www.surveymonkey.net). Students and staff were invited to take part through internal (University) e mail systems, and invitations were distributed to NHS staff (mentors) through (Trust) Educational Leads. 220 students, 10 mentors and 20 Link Lecturers completed the questionnaire Data collected from the questionnaires was analysed statistically, through survey money. Open questions were analysed for content and themes.

Professional- who answered the question

Of the students who responded 63.2% (n139) were physiotherapy students and 25.5% (n 56) came from nursing. This was not representative of the student groups and in contrast to the mentors who responded nursing 58.8% (n 94) and physiotherapy 41.3% (n66). Most mentors who stated their working environment were based in the acute sector

Mentor distribution Acute / Community	
Acute Trusts	65
Community Trusts	37
Not Specified	66

Table 16   Mentor Distribution - Acute / Community

There was a geographical spread of mentors across the regions and beyond.

Mentor distribution	Location
Sheffield	48
Doncaster Bassetlaw	34
Rotherham	26
Barnsley	21
Lincolnshire	15
Derby	13
Nottingham	12
Southport	1
North Yorkshire	1
Not specified 11 not on placement 5	16

Table 17   Mentor Distribution / Location

Of the 20 'Link Lecturer' cohort responses, 13 were Link Lecturers, 3 Practice Learning Facilitators 2 Lead Link lecturers, and 1 University Placement Educational Lead.

Frequency and length of pathway

Link Lecturers and Mentors were asked about the frequency of placement pathways in clinical areas, of those who responded, 71% (n10) of link lecturers and 31%(n 30) of mentors were aware of active placement pathways within their clinical areas. Length of placement pathway ranged from less than one week to more than 6 weeks by mentors

Duration of Pathway					
Less than one week	One week	Two weeks	1-4 weeks	4-6 weeks	6 or more weeks
6	7	4	3	5	2

Table 18   Duration of Pathway

26.1% (n 47) of students stated that they were aware of pathways within their placement area, 37 of these gave detail as to the numbers of pathways within their placement area,

Awareness of Pathways					
Number of pathways per placement	1-2	3-4	5-6	7-8	9+
Number of students responding	16	13	4	1	3

Table 19   Awareness of Pathways

Instigation of pathway

Of those who responded 30% (n4) of link lecturers identified that they instigated placement pathways, 15% (n2) stated that placement partners arranged placement pathways and 15% (n2) that pathways were arranged by Practice Learning Facilitators. 66% (n 54) of mentors suggested that it was the responsibility of Lead Link Lecturers and Link lecturers to identify and set up placement pathways and maintain pathways one third thought this to be the responsibility of the PLF and one quarter responsibility of the placement partners.

Resources

The biggest issue to initiating and supporting placements is time, although up to date mentors and communication were also issues identified by clinical staff

The student

Students were asked about their learning expectations, 90.2% (n 165) stated that they had plans or ideas about what they intended to learn or experience on their clinical placement. Most students indicated that their clinical learning experience was mostly (35.7%) or partly (31.3%) organised for them. 63% (n114) of students stated they would be interested in developing placement pathways generally, while 78.2% (n 140) stated that they would be interested in developing placement pathways specific to their learning needs. Half of link lecturers stated that the student was encouraged to develop or request their own pathway. This indicated that student are eager to develop their own learning pathways and link lecturers support this.

Impact on leaning

Of the students who responded to the question, 35 students stated that placement pathways enhanced their learning, while 2 suggested that they did not.   Mentors and students also stated that pathways did not provided specific skills in isolation, but rather provided both specific skills and or broadened the student's knowledge and experience

Students were additionally asked if there learning needs were addressed through placement pathways. Of the 149 who responded 31.5% (47) stated that pathways addressed all their learning needs appropriately, 46.3% (69) stated that most of their learning needs had been addressed appropriately, while 4 students stated that non

of their learning needs had been met appropriately. 20 of the students stated that that good mentoring / clinical educator support had helped to address their learning needs

Learning opportunities were also focused on assessment requirements of awarding bodies. Of those who responded 92.9% (n14) link lecturers and 97.4% of mentors (n38) stated that placement pathways addressed learning needs with regard to assessment requirements. Students were asked to give more detail with regards to learning needs and assessment requirements. 37.7% (n 55) of students who responded stated that their placement addressed all their learning needs with regards to assessment requirements, while 43.8% (n 64) of students stated that placements addressed most of learning needs regarding assessment requirements.

Students, mentors and link lecturers were asked if pathways helped to prepare students for a future career as a registered practitioner. Of the 37 mentors who responded to this question 97.4% suggested that they did, as did 100% (n16) link lecturers. 136 students answered question stated that placements helped them to prepare for their future role as a health care professional.

Twenty one students provided detail as to how pathways in their opinion had helped prepare them for their future role as a registered practitioner, listed is a summary of their responses:

Advantages		Disadvantages	
Increased confidence/ knowledge	10	Lack of appropriate opportunities	7
Understanding of holistic care	2	Not all patients follow a pathway	1
Increased exposure of community settings	2	Timing issues	3
Introduced to OPD	2		
Increased working with multi disciplinary team	2		
Increased communication/ rapport with patients	2		

Table 20   Students opinion of pathways preparing them for future roles

When students were asked if pathways helped them to understand the perspective of the patient, 122 stated that they did. Eight of these students stated that pathways increased their opportunities to speak to patients and gain their views

Implementation

Lead link lecturers and mentors were asked about the implementation of pathways. Both of these groups stated that mentor availability was the key issue around implementing pathways. When we asked mentors about the advantages and disadvantages of pathways we got these responses. These will be considered again in the discussion.

Advantages		Disadvantages	
They provided the appropriate level of goals and objectives for the student	9	Lack of continuity / lack of opportunities at base	15
Gave a wider/ broader experience to students	9	Organisation of pathway time consuming	6
Helped with caseload/time management	6	Missed opportunities due to inflexible pathways	3
Promote consistency	4	A failing student has less time with their mentor	2
Involved the Multi disciplinary team	3	Too long	1
Looked at the patient journey	2	Student needs to be organised	1
Reduced time organising individual visits	2	Clinics too long for suitable learning environment	1
		Causes difficulties when staff are ill	1

Table 21   Link lecturers and mentors opinion on implementation

The final question on all three survey questionnaire, (Link Lecturer, Mentor, student) invited respondents who were willing to take part in a one to one interview to indicate this and include their contact telephone number or e mail address.

3.2 Conducting the Data Generation - Interviews

The schedules used for the one to one interviews followed a format as suggested by Krueger and Casey (2000). The schedule opened with a couple of introductory questions, key questions came in the middle of the schedule, followed by closing

question, for example, ' anything else you would like to add? '. The content of the question was gained following the analysis of responses to open questions on the questionnaire sent out during phase two of the project. In addition an interview schedule was prepared for Trust Educational Leads supported by issues raised during the project. The roles of two respondents, initially identified as mentors, fell between the role of lead link and mentor. The individuals were interviewed on the schedule which was the nearest match to their role, one as mentor, the second as an educational lead as their role was predominantly developmental and strategic.

At the commencement of each interview an information sheet was given to each respondent (Appendix 2) . Respondents were also given the opportunity to ask questions of the project. Respondents were informed, by the interviewer reading out a statement of their right to withdraw from the project, to withdraw any information they had provided, and that their anonymity would be protected (Appendix 3). Verbal consent agreeing to take part in the project was sought from respondents, their response was recorded. Interviews were digitally (vocally) recorded and transcribed verbatim. Transcripts were returned to individuals to check for accuracy and to enhance validity of the data. When reading materials associated with the transcripts (sections 3.2.2 - 3.2.19) the source/identity of the quotation is coded as follows:

Identity of respondents	
Student nurse (S)	Mentor (M)
Student physiotherapy student (SP)	Educational Lead (EL)
	Link Lecturer/ Lead Link Lecturer/ Placement learning Facilitator (LL)

Table 22   Source / identity of quotations

3.2.1   Findings from Interviews

Transcripts underwent thematic analysis by two members of the project team who read the transcripts. In addition, the transcripts underwent content analysis using NVivo 8 as a quality measure to cross check the data against emerging themes. Howitt and Cramer (2008) suggests that thematic analysis consists of three basic elements; data collection and familiarization, coding, and the identification of themes. Although Howitt and Cramer breaks down these elements into six steps which start with data collection and end with report writing, the steps reflect the use

of thematic analysis which includes going back and rechecking codes and themes and cross-checking them with the data. Criticism of thematic analysis includes lack of transparency and rigor and using only parts of the data when constructing themes. The quality of thematic analysis was enhanced as result of reference to quality criteria as suggested by Howitt and Cramer. The quality criteria cover each stage of analysis and include, for example, the analysis of all the data and cross checking emerging themes against the data (Howitt and Cramer, 2008: 184).

3.2.2   Nature and organisation of pathways

Most respondents interviewed on a one to one basis had a clear idea what a placement pathway was, as illustrated by LL2;

> *'My understanding of a placement pathway is where the student experiences a short period of time, possibly a week, two weeks, with another practitioner not their main mentor to gain experience of....well to widen the field of experience more than anything', (LL2).*

> *'Before I experienced a Placement Pathway I thought it would be a time to spend looking at different areas that you haven't experienced yet and just an insight, a quick flash of that area but nothing too in-depth', (S1).*

Three respondents provided information about placements generally, one of which indicating a pathway without specifying the learning experience as such.

Respondents were generally very clear, that there was a difference between a placement pathway and a visit;

> *'a pathway to me suggests that there's rather more to it than just a brief dibbing in and out of another area, so you're actually getting a substantive experience',(LL6).*

> *'organised structured time away from the base placement with some sort of clear learning opportunities that are mapped out before the person goes, (EL3).*

Placement pathways take time to develop and maintain,

'a negative point of view it's the time it takes to co-ordinate all that, and that's the downside of it', (LL4).

LL6 noted that there are problems if pathways are put together ad hoc like, *'random Lego bricks', (LL6),* suggesting that when students do not see the relevance of pathways they do not attend. The result of non attendance of a placement, suggests LL6, is de-motivation of pathway staff. LL3 suggest that too many pathways may be problematic;

> *'we could get too many pathways, that's my worry, and we don't use them… we can't use one of the pathways and they'll then say "why haven't I had any students" they think they've done something wrong. They miss them. We're not using them. And you could sort of lose their interest and "well if they don't want us we don't want them". You could potentially lose their interest and their motivation for having students', (LL3).*

The financial implication of taking students is also an issue, particularly in the private and charitable sectors.

> *'I think financial is a big issue, lots of areas will consider thinking about taking students on placement pathways, but then they want to know about financing that and what support they'll get', (LL5.)*

Link lecturers highlighted the issue that PCT community services are being split between different foundations trusts;

> *'With current health policy in community what's happening, obviously the district nursing and the adult services are totally separated from the public health and children's services, and I think that division makes it far more difficult to include pathways', (LL4).*

3.2.3   How long is a pathway?

The appropriate length of a placement ranged generally from five days to four weeks, most commonly one -two weeks. LL6 described a pathway which was not a

block of time, but rather a regular day per week through the base placement experience. In one instance this was as a result of one base placement reducing the number of days per week it operated, from five to four. A pathway placement in this instance, of one day per week supplement student learning. There was no consensus on an 'ideal' placement pathway length; although some respondents suggested that it was difficult to gain much knowledge in one week

'some of the criticism sometimes "what can you learn in one week"? So I think perhaps what I'd like to do is open the pathway up a bit longer.'(LL1).

A second responding held an opposing view,

'So the student will get quite a lot of experience....well they'll get a good idea but over a very short period of time, (LL6).

This second view was written in the context that it is better to provide the student with a short but appropriate high quality learning experience than one which is longer but does not fulfil the learning requirements or the expectations of the student. EL4 suggested that students were more likely to remember unusual and unexpected experiences.

3.2.4 What is the ideal relationship between base placement and pathway?

Respondents were clear that the placement pathway should be linked directly to the base placement. Some of the pathways followed established relationships the base placement formed. EL1 gave an example of a base placement, which had links with voluntary agencies for example. Not all pathways will require moving from base organisation, or even the base location. LL6 suggested that a pathway could involve looking after a bay of high dependency patients.

A placement pathway should provide learning opportunities which are linked to, and enhance the learning which takes on the base placement. S2 notes of a placement pathways;

> 'It would be directly involved in your base placement but it would be something that you wouldn't normally do in that area',(S2).

The link between the base placement and the pathway can be explained by the patient's journey,

> (the student)' may follow that patient through to theatre, they may see the patient have the operation, spend some time in theatre, they may follow the patient to HDU if they were going there, and then come back to the ward',(LL4).

3.2.5   Organisation of pathway

A range of people indicated an interest in organizing pathways.

> 'From an educational perspective, the ideal would be a partnership between the student and the mentor. From an organizational and practical perspective, I think it has to be the Trust because they know the staff and they know what the availability is.' (LL4).

The Educational leads are very proactive in organizing pathways, having an understanding of the leaning programme, together with an understanding of the organization of the clinical area. During interviews with educational leads, it as apparent that a lot of time and effort had been put into developing and maintaining pathways. From a strategic perspective, the educational lead had not only to take into consideration the learning requirements of each individual student, but also take account of the capacity of learning environments to take a sequence of students. When non statutory placements were used, the health and safety of students was another consideration. As one educational lead point out, developing and maintaining pathways are,

'very time consuming', but also, that *'once you have a (pathway) model it can be transferred to other areas' (EL1).*

Link lecturers' were also pro active in seeking out and developing pathways, but this is done in collaboration with educational leads and mentors in the clinical area;

> *' setting it up and doing a lot of the leg work it's perhaps down to myself and the lead in the PCT, because I think it could get a bit messy', (LL1).*

> *'There are organizational issues from our point of view, i.e. making sure that the areas the students are going to are going to be...well worthwhile in the first instance, but also safe for them to go to and that they have clearly thought through what learning opportunities there are there', (LL5).*

> *'When I first came into post it was something that I discussed with my link tutor and they were really good because they let me know what the university expected of the students so that we're not wasting their placement in any way. You could send them somewhere and actually it could be of no value to them. So I think very much it's that close working with the university that is really important', (M3).*

3.2.6   Students commented on the organized pathway;

> *'as a student, that on the more organized placements, I felt that I had learnt more' (SP1)*

An alternative view was also expressed, where the rigid pathway was replaced with a more flexible arrangement negotiated between mentor and student, it allowed the student to follow their interest and particular learning objectives (S1).

3.2.7   Ownership

Ownership of placement pathways was another issue introduced as a result of the interview schedule. Where as the majority of respondents indicated that it was appropriate to organize pathways at a strategic level, there was a consensus that the ownership of pathways should be wider and that ownership should be more focused towards mentors and students.

> *'I think the pathways have got to be owned by the Trusts and in particular the mentors that are going to be supervising the student have got to be involved in that decision making process', (LL5).*

> *'Somebody's driving it but everyone has control'... 'everybody is more likely to get benefit from it is everybody has ownership of it'... 'I think all student s have to be responsible and own the pathway as well', (EL4).*

3.2.8   How many pathways is enough?

The respondents did not indicate a preferred number, but rather indicated a wide range, from one per course, at least one each year, while others suggesting multiple pathways.

> *'Off the top of my head I would say it would be useful for every student to perhaps do at least one pathway in their training, but back that up by some substantive placements where they're in one area all the time', (LL4).*

> *'ideally there would be lots of pathways happening at different points throughout the student's journey, but that they are quite clear, thought through, organized and well supported', (LL5).*

What was expressed strongly was a desire that students should start and complete their placement experience in their base placement.

> *'I like to make sure they've had a good few weeks on the ward to work with their mentor prior to them having a week in out-patients. That way their*

mentor can prepare them as well for what experiences they might have in out-patients, so they can go with a better idea of the objectives for what they can learn', (M3).

The desire for the student to start and end placements in their base is more fully explained in assessment section.

3.2.9   Capacity

As indicated by the literature review, increasing capacity was one of the key motivating factors for the development of placement pathways. The second driver was to improve quality. There was a common understanding amongst respondents that the health care environment was changing, often resulting in the closure or shrinkage of some traditional learning environment areas. Although respondents acknowledged that such changes constituted a threat, to capacity, the majority view was that such changes offered opportunities. Educational leads, link lecturers and mentors looked to develop capacity in three ways; to develop new pathways within health care trusts, to develop pathways in new private and voluntary organisations, an thirdly, in the longer term, to develop some pathways into full, base placements.

The development of pathways in the trust involved developing and using areas where the student was not usually placed as a base placement.

> *' If I use an example of say community children's nursing, where you've only got about 6 individuals and through that placement area you've perhaps got 40 or 50 students, then obviously they can't all spend time with community children's nurses. But, if some of them were able to spend a week with those teams then it would use those teams and it doesn't exclude them. A lot of specialists could be involved in that, such as diabetic specialists, child protection, things like that', (LL4).*

As the health care environment evolves, new placement pathway opportunities arise.

> *I think then there are other new teams that have been developed in, at the moment traditionally fitting what you call PCT but they're not district nurses, health visitors, they're specialists in their own right doing different things. And it's how, again, we can pull them in really and use their expertise',(LL3).*

One student indicated a desire to gain experience in such areas as pertinent to their learning

'something that's going to be coming up in the near future, something that's quite relevant to health at the moment', ...'I think they'd be quite useful for a student to go in, whereas sometimes we don't get enough experience of those' (S1).

3.2.10   Develop pathways in new organisations

Respondents indicated some of the work which has been done to develop pathways in organisations which have not previously been involved in student learning;

'I think the growth of the placements outside hospital is the other thing that we have to embrace in relation to current policy, that we are using more voluntary and independent sector. There are new teams of people being put together who possibly couldn't support students for a full placement and let them achieve their full essential skills clusters, but we can expose the students and for them to see the much wider world of what happens to patients outside a hospital', (LL3).

3.2.11   Develop pathways into full placements

One a pathway has been established, there are opportunities to develop the capacity into a full placement;

'some of the nursing homes are wanting to come on board to be a full placement and hopefully we'll achieve that, because the mentors will be getting used to having students, students getting used to going there, so hopefully that's something we'll achieve next year', (LL1).

3.2.12 Workforce

Developing capacity can only occur where there are sufficient mentors and supervisors to support student learning. Developing capacity is therefore a chicken and egg scenario, mentors and appropriate supervisors are required in the placement area to support student learning and assessment, equally staff training to

be mentors require exposure to student learners to develop mentorship skills, (NMC 2008). Placement pathways help to develop capacity by gently introducing students into new learning environments.

> ' we've got a nursing home where there is one person in place that's got D32/33 but nothing else and not seeing students for a long period of time. So by building in that a pathway, getting the students in there, getting them to commit to putting somebody on the (mentorship) course', (LL3).

Pathways allow mentors the opportunities to keep up to date. Pathways open up for example, specialist areas to students, allowing mentoring opportunities for staff working in such areas. Nurse mentors are requires to have mentored two students in the previous three years to remain on the local mentor register (NMC 2008).

> 'for months and months and months we don't even have any students come in on pathways, so that's a disadvantage because our mentors get a bit out of practice', (M2).

> 'It's quite intense having a student for several weeks, especially when the workload on the ward is very demanding, so it sort of shares it out. It also means that my mentors in (Specialty) out-patients, although they can't take a student for a full placement they can keep up all their mentoring skills so that they can remain on the mentor register at the same time', (M3).

Students promote learning in the clinical area and help to keep the workforce up to date;

> 'everybody likes to have students anyway because it keeps us up to date as well with new learning and new thinking', (M4).

A further workforce issue is recruitment. As LL6 notes, if students are not familiar with clinical areas in their training, they are less likely to apply for a job in those areas on registration.

> 'if we don't get people knowing about the fact that we exist no-one's going to apply to work here', (LL6).

3.2.13   Careers / changes

As EL1 notes,

> 'the (health care) service is changing, the serviced provision for patients, service users, call them what you will. We have to move with that, we haven't got to be left behind', (EL1).

Nurse education has to respond to such changes and prepare them to be not only fit for practice, but fit to practice in the changing healthcare environment, and

> 'for students to be able to experience that there's other jobs out there apart from acute sector', (LL1).

> 'it can open their eyes to the different array of options that's out there for them once they've qualified'…'we have a lot of specialist nurse roles and specialist nursing areas that they could work in, which that sort of really broadens their view of what nursing can be',(M3).

EL3 introduced the idea that, in common with post registration career pathways, that students could start to develop specific interests during their initial professional education. EL3 suggested that the opportunity to follow a pathways should be available in all acute placements;

> 'over the 3 years you'd be able to follow a specific interest without detracting from your overall training', (EL3).

3.2.14   Patient journey

The literature search conducted in phase one of the project indicated three possible placement pathways; patient pathway, care pathway and student (learning) pathway. Responses from Trust educational leads, link lecturers and mentors overwhelmingly made reference to the patient pathway and in particular the patient journey.

Placement pathways give;

> *'a more holistic view of the patient's journey', (M3).*

Students also gain information about which services and staff are involved in the patient journey. Following a patient journey helps to;

> *'raise the awareness around sort of collaborative practice and how that can enhance the quality of the patient's journey',(LL2).*

It is not always practical to follow one individual patient along their journey.

> *'So sometimes it's about putting a jigsaw together for a patient, even if they can't follow the patient through at least they've got some insight into what happens to the patient while they're away from the area and so it adds to their ability to care for the patients having had that experience when they come back to the ward', (LL3).*

Where student's are able to follow one patient, this does appear to give an extra dimension to student learning, where they are able to gain a better understanding of the patients perspective and in particular how they are feeling.

> *'if you're on a post-surgery ward you never see that patient again, you don't know   what's going to happen. But 'if you follow them through you appreciate more what they're going through, what the families are going through', (S2).*

'They might then see the lady when she comes to the ward and then be able to follow her through her journey to theatre and back up. And that really enhances their experience. To actually feel with the patient sort of the empathy that comes out as they go through all the different areas', (M3).

As already indicated, the patient's journey is not necessarily concerned with one location as increasingly, a range of health care is delivered in the community setting;

'I did a visit with an OT, we took somebody home and did a home visit to assess the home and took the patient as well'……'it was quite an eye opener really. And it did, yeah, because it made me realize, you know, I could picture her then sitting in her front room and....yeah, you get a different. And actually you feel a lot....your relationship with that patient becomes a lot stronger I think for having seen it', (SP2).

'the hospital part of the patient's journey is very small and you've got to see the bigger picture'…'the majority of services – indeed in mental health now- is out in the community', (EL1).

Not all patients or clients have a journey or episode with a beginning and an end, even where that end may be the death of the patient/client.

'a lot of patients who are involved in self-care and they may have to access various points in either primary care or in secondary care', (LL2).

'The majority of the support that people are getting isn't coming from the NHS, it comes from elsewhere, I think it's really important for people to be able to see that and just really get alongside the service users in the day to day kind of existence',(EL3).

Increasingly the patient's journey is wider than hospital and indeed, their experiences of health and social support are wider than the NHS, involving voluntary and private providers. There is the opportunity for pathways to embrace such learning opportunities. As one respondent stated when asked about their ambitions for placement pathways,

'my dream pathway would be following the journey from hospital acute in-patient ward for somebody when it's all gone wrong and they've ended up homeless, and following that pathway through the housing department, the homeless department, and B&B accommodation and then maybe into supported accommodation, and then looking at the support that people can get in their own house',(EL3).

3.2.15 Patients

As indicted, a lot of pathways are organized around the patient's journey. Two respondents in particular highlighted the problem of placing student learning above the needs of the client;

'I think the difficult placements, and this is only anecdotal, is where you've got clients such as learning disabilities. Students almost become a friend to the clients, and I think just students dibbing in and out is stressful for the clients', (LL4).

'students have asked to have a week's experience in a hospice. And while that might be a learning experience for the student, what perhaps they don't realise is that the patients can become a peep show' … 'the pathway has got to have meaning for the student experience, and also for the patients that they're looking after', (LL1).

3.2.16 Student journey / pathway

Information in this section looked at what the student was required to know with regard to the point of their training and skills which they required for their educational programme and assessment leading to qualification. This section also looks at the breadth of educational experiences, and specialist skills and knowledge.

To effectively plan a student learning experience clinical staff need an awareness of the students knowledge and experience. A respondent noted of a specialist area used to having third year students, how students earlier in their training were accommodated;

> *'when they're in the end of their second year or their third year it helps them very much, but we sort of have to adapt things when they're earlier on in their training',(M4.)*

Mentors, educational leads and link lecturers were aware of the requirements of awarding bodies, together with European directives and understood that student learning had to be shaped around these requirements;

> *'they need these kind of pathways, like to go out with a health visitor for a short period of time to look at the EU directives', (LL1).*

Learning should be meaningful and relevant to the student. This may involve student choice in what they learn. S1 discussed a pathway she undertook which was planned for her,

> *'I had experience of a cardiac unit which was something that I was interested in anyway but if I hadn't have been interested in it I could have found it quite boring and quite a waste of time, in my own view',(S1).*

It could be argued that students do not have enough experience or knowledge of the learning environment to understand what they need to complete their clinical programme;

> *'it(clinical learning experience) does need to link very clearly with the students needs. And I think you need to have a really good insight into the academic programme and a really good knowledge of the services that are available as well', (LL3).*

M1and S2 suggest ways in which students can be introduced or directed to a selection of appropriate learning opportunities, and from the selection students are able to make a choice.

> *'I don't say "you must" but I say "here you are, there are certain people you can go with, choose who you want to go with", (M1).*

'a list of where you can go, what you can do, what they think would be valuable to you, what they think would be less valuable, but it's your decision ultimately which ones you want to do', (S2).

Although the initial literature search indicated a large volume of information on care pathways, the care pathway option was not represented in the responses from the one to one interviews. LL3 made an observation about basing pathways on a medical model;

'I think it (pathway) needs to be more skills, competency, patient journey based rather than have a specific medical model for a pre-registration. I think those placements are excellent for post-basic students that are working in a specialist environment, but I think that we have to be very careful that we differentiate between what pre-registration programme is about and a post-registration programme',(LL3).

3.2.17 Breadth of learning experience, and the development of specific skills

Two terms were frequently used by respondents, 'specialist/ specialism' and 'different'. Where as 'specialism' related to experience with specialist and gaining specialist skills, different referred to the breadth of learning experience.

The literature indicated that placement pathways could be developed to promote a breadth of learning; alternatively they could be designed to promote the development of specific skills. Where the breadth of skill was seen as a desired option, students in Andersons study preferred to gain specific skills to prepare them for their role as registered nurses for example. Respondents of this study generally suggested that pathways could promote a broader holistic view;

'I would say a pathway gives you a more holistic perspective on a placement', (LL4).

Within this bigger picture, students in particular welcomed the idea of gaining experience of working in a bigger arena, particularly within the multi disciplinary team. In this respect S1 suggested that pathways allow the student to be exposed to different staff and different working practices which offers the student the ability to extend their knowledge and experience (S1). The opportunity to work as a member of the multi disciplinary team was valued;

> 'you're learning about other members of the team, what they do, what their role is', (S2).

Breadth of experience can be interpreted as giving the student the range of services offered in the community setting, including new roles such as community Matrons, rather than the student spending the whole of their time with for example District Nurses, (EL2).

The range of services the student has exposure to can go beyond the NHS can include housing and voluntary services for example;

> 'What I found was the staff in the voluntary sector have a very, very good knowledge and understanding about what the health service does and what each team does very good. You talk to people on the wards, they don't really have much idea about what the voluntary sector are doing or what they could expect of them', (EL3).

EL1 illustrated how exposure to voluntary services can have hidden benefits for both student and voluntary organisation. The example was of students returning to a voluntary organisation to carry out voluntary work when there placement was complete. (Such examples are also evident in the literature).

An important consideration for nurses, with reference to the recent NMC curriculum guidelines (NMC 2010) is a requirement for students to gain a broader knowledge and understanding of other branches of nursing and in particular, the clients whom such branches categorize. EL1 descried a discussion with an adult branch student who was placed in an area where traditionally learning disability students were

placed, but who also had mentors who were Registered General Nurses. The result was shared learning between students;

> 'she learnt about challenging behaviours, which is what the learning disability students learn. So she'd shared that. And one of the patients had got diabetes, so the Adult Branch student was showing the learning disability one how to do blood sugars' (EL1).

Respondents referred to 'skills' in two different contexts. Skills were frequently referred to which are vital for all health care professionals, such as communication skills, 'developing people skills' (EL4) and also developing appropriate attitudes. There were highlighted in context on multi disciplinary working, but also in the context of appropriate attitudes when working with clients with for example mental health problems, and the necessity to be able to gain the client's perspective (EL3).

Skills were also referred to in the context of Essential skills, and in particular, ensuring that the student gained expose to these defined skills in the learning environment. Where there was a suggestion that basic skills should be gained in the base placement (S1) and additional or specialist skills should be available in a pathway, there was evidence that some pathways were planned to provide essential skills when a base placement could not provide such skills.

> 'I think on your main placement you should be learning your basic nursing skills, your washing, your dressing, your activities of daily living, how to cope with patients, your management. Whereas your Pathway you should be learning skills that you're not getting on that placement and skills that you can learn by spending time with specialists more than actual basic nursing' (S1).

As LL6 noted for example, some base placements may not involve the nurse performing some basic nursing skills on patients/ clients, particularly if they are self managing aspects of their own care. In such circumstances therefore, it is the pathway which might provide learning opportunities required for acquisition and assessment of essential skills.

Pathways offer the opportunity to transfer skills and use them in different ways;

> 'it could be it's the same essential skills but from a very different perspective. And all of that is about broadening the student's understanding of what caring for people is all about and what skills they need and how they have to apply it into different settings', (LL3).

Where specialist or specialism was discussed, respondents mainly referred to specialist services or specialist practitioners. This was often in the contest of students gaining experience with the service or with the individual, for example;

> 'it shows them exactly what's expected in that speciality, from the experts', (M1).

As one respondent noted;

> 'specialism's and branches are something created by hospitals and professions, they're not necessarily representing the conditions of the patients', (EL1).

3.2.18 Communication

One of the main issues raised by students and mentors was around communication;

> 'People not knowing what's going on. A lot of the time they're not expecting you, or they think that you're going to be there for a longer time than what you are. One Placement Pathway I was on for 2 weeks and they thought I was there for a month, so they kept saying "oh you can go and spend so and so and do this" and then I got to the end of my 2 weeks and "oh we thought you were here for another two, we haven't planned for you to do this, this and this" and there was so much more that I wanted to look at and that they wanted me to look at that I just didn't have time to do', (S1).

LL1's comment relate to the wider educational approach which pathways can offer, which is not necessarily directly linked to assessed skills;

> 'We send students for a one or two weeks, and I think sometimes students....looking at some evaluations and feedback from mentors, is that they don't always realize why they're (the student are) there, you know, and I think even though we try to explain it is about looking at care in a different way, different philosophy, and that's what they're (the student are) there to do. I suppose their worry is, I think it all comes round to PAD documents is that they're (the student, are) not getting things signed off, but that's about students' understanding and that they don't always realize that', (LL1).

LL2 suggests solutions for some of the problems associated with placement pathways;

'I think if you're willing to support staff to take students, that's one way of addressing any potential problems', (LL2).

Staff too were aware of the need to ensure smooth communication channels. This example indicates the necessity of expanding communication to include medical records and those involved in maintaining them. The staff member explained that if she had the opportunity to develop a placement pathway in her area, she would utilise clerical staff in an attempt to improve communication by exposing students to these individuals and their roles. She implies that this may potentially improve systems and communication, not just within the outpatient department, but within other acute areas, by raising an awareness of the imperative roles the clerical staff play.

> 'And I'd design like a special little programme of what they can be expected to achieve each day they were in a different area. Medical records, out-patients have a lot to do with like medical records, and people just don't know about these things. When you work on a ward you don't think about all the clerical staff that are involved, and secretaries and people like that, and in out-patients that's like part of our team. So it's making them aware of things like that.' M2

The same respondent saw an advantage in using less well known pathways as this may allow students to understand and contextualise the whole of the patient journey. This may consequently improve communication both with that patient, and amongst other areas of the health environment that the patient may visit on that journey. She said

> *'Ooh, advantages in out-patients are many student nurses barely know that we exist, so that is one advantage, and we try and put across the point that out-patients is usually the first port of call that a patient's ever been to this hospital, and it's the last as well........We've got a notice board for students and mentors where I keep updating information on that.' M2*

3.2.19 Assessment

Respondents noted the difficulties posed by pathways for mentors, that of was able to spend time with the student. (The NMC, minimum of 4 weeks assessed, 40% of time with mentor, which has to be accommodated when planning pathways) Pathways require mentors to rely on pathway staff to contribute to the assessment process, although respondents indicated the importance of mentors having overall control of the whole placement experience. Pathways however do offer the opportunity to practice and assess essential skills when these are not available in the base placement area.

Pathways need to be arranged around the requirements of assessment in the base placement;

> *'I think the problem is assessing the student. Because if you've got a student going to different areas it's difficult for the mentor to assess that student because they don't spend enough time with the student. So you need the consistency from the mentor. So if you're organizing that pathway you have to have points during that pathway where the student can catch up with the mentor',(LL4).*

> *'So we've started to build a criteria that most of the placements are....I think the shortest placement we run is 8 weeks, the longest is 11, is that the student*

shouldn't be away from the mentor for more than 2 to 3 weeks of whole placement, because it gives them time to do the first, the middle and the final interview', (LL3).

The mentor is key to the assessment of the student and needs to have confidence in their own ability to make overall decisions about the assessment;

'I think the person that's doing the overall assessment needs to have a strong, confident about making that assessment, and time with the student is key to that. I think evidence from other people of where they've been for shorter periods of time is very, very useful, but I think if they've got the responsibility for the overall assessment then I think they need the longest period of time with the student with evidence from other people', (LL3).

The mentor needs to have control over the whole placement, be able to make judgements and take action with regard to the student's ability and progress;

'if they (the student) have any sickness or absence the Placement Pathway stops' (EL1)

'if they've got a student who is struggling on their placement and they've got a two week or month or whatever visit coming up, that they've(the mentor) got the authority to say "no you're not going on that because you need to stay here and get this sorted". So I think they need support but also need to know what their role is and how far their remit can stretch', (LL5).

M3 also noted that some students may need longer in their base placement to establish relationships and that pathways can be;

'...if the student's struggling sometimes it's useful to have another mentor's perspective on it, or we decide it's best that the student stays where she is. And if you've set it up properly, you've got good communication systems and there's a rationale for what we're doing, that doesn't have to be a weakness', (M3).

Generally, respondents indicated that pathways were suitable for able students, but less so for student's who were struggling. In such circumstances it was suggested therefore that were students were struggling they should spend more time in their base placement with their mentor.

> *'because of the one to one relationship the student has with the district nurse, the district nurse can pick up on weaknesses in the student's ability, address them during that placement and then by the time they get to the end of the placement the student's up and running - and I've seen that happen on numerous occasions. Where you've got a patient pathway and the patient's going out to different nurses to support that, or different health professionals, then to deal with issues like that with weak students I think would be very difficult. I think the placement pathway is great for able students', (LL4).*

M3 proposes an alternative view who suggests that more than one person assessing the student may be beneficial.

Pathways require a range of people contributing to the students overall assessment.

> *'we have to be very careful that we don't fragment assessment and have lots of little assessments within what should be just one assessment. And for me that's a big threat, that we could have lots of little bits of students "a week here, a week there, a week here, a week there" because somebody again thinks that's a good idea without considering the ability for somebody to have an overall view of the student, the skills, and to do a confident assessment of the student', (LL3).*

There was an understanding that base placement may not offer opportunities for students to gain all the required competencies, and pathways offer such opportunities;

> *'we've done quite a lot of work on mapping, essential skills clusters, and obviously the environments which can offer them more of the essential skills cluster is where the key mentor is. There's some areas that they go to and they focus particularly on specific essential skills that the student may not be able to achieve in that area', (LL3).*

LL5 noted a new initiative, a way of assessing students in the pathway area;

> *'they're just going for a short visit and they're supervised by the peripatetic mentor, so I think that's really opened up lots of opportunities in the Trust I work in', (LL5).*

Staff on pathways noted the difficulty of assessing students on pathways;

> *' if they want to go to a different area every single day we'll let them go, but then you're not exactly observing them all week, and sometimes that makes it hard then for you to provide a testimony at the end of the week', (M2).*

Students want some recognition of their pathway experience;

> *'Yes, just something to say "she came into Radiology and she did...." whatever, just something to put in your portfolio to prove what you've done', (S2).*

Pathways therefore present learning and assessment opportunities, but at the same time can be problematic for the mentor who has to assess the students overall performance. The design of pathways, allowing mentors to have regular and sufficient time with the student is crucial, together with strong communication channels between mentor, student and pathway staff.

LL 4 indicated that her 'dream' pathway would involve the student having a weekly placement on a pathway rather than a block of time, circumnavigating the problems block placements can create. There may not be one, but many solutions to the issues pathways pose with regard to assessment, but it is a problem which should be considered when planning placement pathways.

3.3   Summary of Phase Two

The key themes which emerged from our analysis of the data generated from the second phase of the study were that placement pathways generally have a positive influence on -

- employability/workforce issue - these mean that the student who engages with the pathway is more likely to have experienced a broader range of opportunities and will so demonstrate more understanding
- added benefit to existing workforce - they will be encouraged to maintain and update their knowledge and skills in order that they are able to provide a high standard of supervision to students
- students gain a better understanding of the patients perspective, including the patient's journey and their experiences at home as well as in hospital
- Pathways help students to experience new forms and initiatives in health care delivery

More specifically we have found that pathways -

- provide the student with a broader, holistic perspective
- provide learning and career opportunities in new areas of health care delivery
- enable the student to gain a better understanding of the patients journey and experiences
- develop placement capacity (pathways and new base placements)
- need good communication between base and placement pathway

It is also apparent that we need to become clearer about what exactly constitutes a pathway. We need to keep the flexibility that allows both placement providers and students the ability to take advantage of opportunities that might arise at short notice. A day spent shadowing a specialist or observing a particular intervention can be very worthwhile but a day away from the main placement should not be considered as a pathway. This detail will be taken up more fully in the discussion.

4.0   Phase Three

Phase three was essentially a test of the data generated earlier in the study and was designed to explore how closely the actual student experience on placement matched our understanding. To assess this students on placement were provided with documentation in which they were asked to record details on the range of experiences typically encountered on the placement pathway. We received 19 completed evaluation forms from students who were on placement during the period March - June 2011. The summary below gives an indication of the kind of experiences that the students engaged with while on pathways within their allocated placements.

	Placement Pathway Summary				
	Course and year of study	Client group on main placement	Client group on pathway	Professional/ clinical group on pathway	Focus of pathway	Skills on pathway
1	Nursing Year 2	mental health problems in adults	older people	nurses		experience of dementias
2	Nursing Year 3	older people	older people	nurses	dementias	-
3	Nursing Year 1	adult nursing/urology	adult nursing/urology	ODPs	long term conditions	-
4	Nursing Year 2	elderly/ortho paedic	maternity, trauma and orthopaedic	pharmacy, X ray, phlebotomy	surgical post-op care	confidentiality record keeping
5	Nursing Year 2	post A&E admissions	coronary care	radiography, dieticians, specialist nurses	cardiac care	ECG, cardiac abnormality
6	Nursing Year 2	gynae/obs	gynae/obs	x-ray, scrubs, ODP, surgeons	peri-operative care	care of unconscious person, C-section, infection control
7	Nursing Year 2	community	A&E	MDT	operation of MDT	wound care, assessment discharge
8						
9	Nursing Year 2	older adults	adult surgical/medical	doctors, nurses, support workers	-	ECG, moving and handling, chest drains

	Course and year of study	Client group on main placement	Client group on pathway	Professional/ clinical group on pathway	Focus of pathway	Skills on pathway
10	Nursing Year 2	post-operative adults	surgical patients	theatre staff	analgesia, anaesthesia and nurse role	infection management
11	Nursing Year 2	A&E admissions	critically ill adults	doctors , nurses, consultants, ward managers	critical care	life support, triage
12	Nursing Year 3	older people	older people	district nurses, social workers, palliative care	residential care	infection management nutrition management experience of nursing home care
13	Nursing Year 2	adults	critically ill adults	doctors, anaesthetists , outreach team	clinical intervention tracheotomies, intubation	admission discharge, intubation, last offices tracheotomy
14	OT Year 3	adult acute mental health	mental health	OTs, volunteers,	community	communication skills, employment support, discharge and transition
15	OT Year 3	adult acute mental health	mental health	OTs, volunteers, nurses, doctors	community	communication skills, employment support, discharge and transition
16	Nursing Year 3	older adults mental and physical health problems	older people - rehab	physio, OT, social work	drugs, dressings, diet	communication and clinical skills, dressings, insulin medication
17	Nursing Year 2	adults	theatre (recovery)	nurses, surgeons, anaesthetists	orthopaedic trauma	asepsis, anaesthesia
18	Nursing Year 2	older adults	long term respite/palliative care	district nurses, social workers, palliative care	residential care	moving and handling, PEG feeds, consent to treatment, assisting in fluid and nutrition management
19	Nursing Year 3	housebound vulnerable adults	post-natal/child development	nursery workers, midwives, social workers	post-natal advice and support	0-5 child development and broadening experience outside the regular client group

We also wanted to know more detail on the duration and purpose of the pathway and of communications used. The table charts these responses and the key is provided below. For responses to Duration, Purpose and Communication Methods the key is as follows:

Duration: 1 = 1-2 days   2 = 3-4 days   3 =   1 week

                          4 =   2 weeks   5 =   other

Purpose of Pathway   1 = follow patient journey 2 = experience daily life of client

3 = learn specific skills   4 = gain wider experience

5 = learn about clients in a different setting/group

6 = learn about MDT   7 = other

Communication Methods   1 = telephone   2 = written   3 = meetings   4 = other

Time of pathway	Purpose of pathway	Communication methods
1	3/4/5	2
4	1/4	1
4	4/6	-
4	1/2/3/4/5/6	1/3
4	3/4	-
4	1/3/4/6	1/4
4	3/6	2
4	1/2/3/4/5/6	1/2/3
4	4/6	1
4	3/4/6	1
4	4	1
4	4	2
1	1/4	-
1	1/3/4	1/2
5	1/2/3/4/5/6	1/2
4	1/4/6	4
4	1/2/4/6	4
3	4/5/6	4

4.1   Summary of Phase Three

 From the information provided in the returns we can see that most pathways are of two weeks' duration and their main purpose is to provide a wider clinical experience to the student and this is often specific to understanding the nature of the multi-disciplinary team.

The skills on offer in the pathway are all highly relevant to the stage of learning and to meeting the objectives by which students will be judged in their transition to professional practice.

The key messages are summarised as follows -

- placement learning is a very broad church and there is no 'one-size-fits- all' response
- there are basic principles to guide the effective management of the pathway

The next step was then to translate this final set of data into a manageable process that can deliver the breath of experience and the supporting structures to guarantee that the placement pathway is fully integrated into the overall placement experience. The suggested model for developing this strategy is outlined below in section 6.2.

5.0   Discussion

The findings from our study suggest placement pathways offer opportunities for student learning in community settings and increase placement capacity. Although pathways may not offer the range of learning opportunities to provide a full placement, pathways can still provide useful short alternative learning opportunities that complement the main base placement and this helps to enhance student learning.

The findings from our study further suggest placement pathways can offer learning opportunities to students and expose them to specialist and emerging fields of health care practice. Exposure to new clinical areas and roles is important as students may not have encountered these previously and hence may not be aware that such roles and provision exist. The lack of awareness may mean on graduation students are unlikely to apply for jobs in these areas. Exposure to workplace areas during training influences employment and career choices. Studies have found that community placements for a range of health care students, including medical students, can increase recruitment (Andrews *et al*, 2005). Furthermore, graduates were less likely to choose to work in an environment where their experience had been negative during training (Marsland and Hickey, 2003).

There are advantages associated with the early introduction of students to clinical and community settings. Dornan *et al* (2006) identified an increased understanding of clients, increased empathy and more confidence in communicating with clients. Students in our study said pathways offer them the opportunity to follow the patient's journey and this increased their understanding of the health and social care services patients experience. Government health policy has led to care planning and health care provision changes so that patients and clients are involved in decisions made about their health care (Salminen, 2009; Department of Health, 2010).

The potential flexibility offered by opening up pathways could also go some way towards addressing concerns highlighted in Healthcare for All (2008). The authors note that

Training and education about learning disability provided to undergraduates and postgraduate clinical staff, in primary care and in hospital services across the NHS is very limited (2008:8)

The report recommends that student nurses from all backgrounds should have education in caring for the health care needs of individuals with learning disability. We saw some evidence of this in the discussion in which it was noted that a learning disability placement provided precisely this kind knowledge exchange where students benefited from swapping information around challenging behaviour and diabetes. This was an example of the sort of opportunistic experience that a planned pathway could provide on a more structured basis.

The findings of the study further indicate that placement pathways not only increase placement capacity and enhance student learning, but also enhance the skills of the established workforce. Pathways expose staff to students, and as a result they can develop and maintain their mentorship skills. As the staff become experienced mentors some pathways can then develop into base/ main placements.

This study also suggests that pathways allow students to prepare for particular roles on registration. Related work undertaken by Richardson *et al* (2007) describes a method of rotation whereby qualified nurses intending to gain more knowledge and skills in a specialist area were moved around a range of clinical placements. The advantage of this method was that the staff challenged practice and acted as a catalyst for change. Burgess (2003) describes a pathway for career development for post registration nurses, which is similar to junior doctors' rotation schemes. It involved five progressive stages, ranging from newly qualified nurse to nurse consultant. Each level or stage involved several placements with clinical and educational learning outcomes attached to each level. The career pathway is linked to workforce development, and rotation is based on vacant posts staff have applied for. The expectation of the pathway is that it will improve quality care across the organisation (Trust). The authors state that the career pathway has improved recruitment to the organisation, particularly recruitment of newly qualified nurses. Davis and Bheenuck (2003) note that career pathways support the needs of the organisation with regard to recruitment and help to develop the workforce.

O' Leary and Bromley (2009) describe the development of a specific mental health pathway within a midwifery placement. This was designed to provide an overview of the care needs of pregnant women who also experienced mental health problems. The pathway, which involved hospital and community settings, introduced students to the referral criteria of mental health teams. This gave students a better

understanding of the roles and function of those teams. The week-long pathway was supported by a resource pack and taught sessions. The evaluation of the pathway indicated that students had a better awareness of mental health issues, expressed more confidence in dealing with clients with new and existing mental health problems and knew when and how to contact the multidisciplinary team for guidance on referrals. The pathway therefore better equipped the midwives to carry out their role. This complements recent moves to break down barriers created by health care professionals established during their initial professional education. The Nursing and Midwifery Council (2010) have even suggested that there should be a merging of branches of nurse training, such as 'Mental Health' and 'Adult' so that students have a better general understanding of health care.

The question of what exactly constitutes a pathway needs more consideration. In our reading of the literature it appeared that there are two basic models which offer learning opportunities away from the base placement. These are the 'hub and spoke' and the 'linear' or 'journey' varieties of pathway.

The hub and spoke model is useful for facilitating frequent, shorter periods of time away from the main placement. These might be to take advantage of infrequent non-clinical occurrences, such as attending a workshop or presentation, or to accompany visiting specialists. Students can gain otherwise hard to access knowledge from such opportunities and placements need to be prepared to manage this process in order to maximise learning. This management will include aspects of assessment and this needs to be linked to the student learning outcomes.

The other regularly occurring opportunity is the 'journey' model. This allows the student to spend more time following either a patient or a procedure from the beginning of the intervention or admission to the end of the investigation or discharge. The advantages are that the student will get a much more in depth appreciation of the clinical experience from the patient's point of view with all the benefits this will bring to their empathetic understanding. Disadvantages are that the student rota will not always correspond neatly with the patient stay in the clinical environment.

In either case the student should negotiate with their mentor to devise a plan for the duration of their placement learning which can accommodate a mix of

approaches so that the pathways they have access to maximise their learning opportunities.

The thoughts and feelings of the mentors were canvassed and reported above (pX). The negative comments tended to cluster around management issues and were concerned with added time pressures. This was balanced by an agreement that the pathway provided a positive addition to the overall student experience. Students were also more inclined to view management issues negatively while appreciating the increased opportunities for learning about patient care that pathways offer.

A finding which emerged strongly from the data, and which is relates to the type of pathway adopted was that learning should be patient focused and reflect the patient journey. The patient journey, from a learning perspective, could include following one individual patient or client. Where this was possible, respondents to the study suggested that the students gained an extra dimension, one of empathy with the patient. For practical reasons, it is not always possible for a student to follow one patient through their journey. The student may gain experience of a patient journey by visiting places the patient would go to. Respondents noted that some clients, particularly those with chronic health problems, mental illness and learning difficulties may not have 'journeys'. In such instances the aim was for the student to gain an understanding of the patients' daily experience.

There are practical factors which affect placement learning. The overall length of the main placement, for example, clearly impacts on the way subsequent pathways can be developed. Longer placements allow students to spend more time on associated pathways where they can develop a deeper appreciation of the needs of the staff and patient groups they work with.

Likewise the geographical location will also affect how readily students can achieve their learning outcomes. If we consider a large inner city hospital as an example of a main placement there will be many opportunities for the student to engage with a variety of health care professionals because they are all operating nearby. These pathways can be of longer or shorter duration. This may not be the case in more remote or rural settings.

Taking a detached view of the data we have found that the issue of 'change' within the health care setting was ever present. Each of the four groups who took part in

the interviews were aware for the implications changes in the health care setting was having on the learning environment and on the clinical workforce. Respondents addressed the changes in terms of opportunities rather than threats. There was a recognition that students needed a broad learning experience which included areas that had not previously hosted student learning, both in and out o the NHS. Respondent indicated that pathways should not be a casualty of changes to the NHS, rather a necessity to promote learning and equip student for the roles they would find themselves in after registration. As one student stated following an invitation by the researcher to add any more information about placement…

'We just need more of them' (S1).

6.0   Conclusion and Recommendations

Our consultations delivered a list of the benefits that pathways were perceived to bring to the learning experience. In reading this list it should be assumed that pathways always relate to the main base placement.

- A base placement can have more than one pathway. The base surgical placement discusses has a pathway which offers students learning experiences in theatre, a second pathway offers experience of a dressing clinic.

- Pathways can offer students the opportunities to both gain specific skills and also to broaden their knowledge and understanding, both of which can enhance student competence

- Pathways, as a result of enhancing the students understanding can ;
  - change the student's attitude (eg pain)
  - help the student to appreciate the importance of a procedure (e.g. aseptic technique)
  - help the student to understand the patient's journey

- If a student wants to gain knowledge about a patient pathway, they can visit the places a patient's journey will follow, they do not have to follow one patient

- Students can gain new skills on a pathway, they can also transfer skills they already have to a new environment, using them in different ways

- By experiencing a range of staff in different environments, the student can gain a better understanding of the roles of different health care professionals

- Pathways can stimulate learning as new learning environments can bring a freshness to the learning experience

- Students are able to expend their view of the learning experiences they can gain from practice

- There are potential disadvantages to placement pathways, particularly when students take longer to settle into one placement or are not progressing well.

- Pathways can be cancelled if students are not progressing at an appropriate rate

- Pathways offer a broader assessment perspective and a range of individuals can contribute to the assessment of students through the completion of testimonies for example

In summary placement pathways add value to the student learning experience in the following ways:

- Enhance the range of experience available
- Allow a better understanding of the range of roles that professionals undertake
- Allow exposure to the workings of the multi-disciplinary team
- Allow better understanding of future career pathways
- Better equip the student to be part of a flexible workforce
- Promote understanding of other branches of Nursing (NMC, 2010 Standards doc)

Pathways also contribute to workforce development for established staff by:

- maintaining mentorship skills
- sharing working practices

In addition, pathways contribute to the debate on quality and employability by offering a change of focus to meeting the needs of learners in the workplace. And finally, pathways are now a necessity for students if they are to gain sufficient skills and knowledge to make the transition to professional practice.

6.1   Guidance for Future Pathways

Pathways

- The student should always start and finish a placement at the base placement and allow for the intermediate interview on the base placement when planning pathways. This allows relationships to be formed and gives the mentor a basis to assess the student.
- A pathway can be a block of time, or could be spread over several weeks (e.g. one day per week)
- A pathway is usually 1-2 weeks long but could range for longer. For nursing students, a pathway should be less than 4 weeks long.
- There could be more than one pathway from a base placement

Communication

- Methods of communication between the mentor at the base placement and the pathway staff must be agreed and maintained by the student.
- Communication should begin before and continue during the placement pathway

Learning

- Students and mentors should agree local learning outcomes related to the pathway. They should consider whether the focus of a pathway is to gain specific skills or to gain a wider perspective or both.
- For example, will the student gain experience of a patient pathway or journey?
- Mentors and students should look for opportunities for the student to gain specific skills which are essential to their course, but not available on the base placement.

Assessment

- If there are concerns about student progress the local pathway mentor can defer or cancel the pathway
- Pathways offer opportunities to gain a broader assessment of students through the use of testimonies and reflections.

6.2   Next Steps

The next step is the production of the Placement Pathway Template Tool. This is in the DVD attached to this document.

The DVD is a work in progress but this beta version contains the interactive placement pathway template plus guidelines for its use. This provides the facility for all relevant information (including learning opportunities) on pathways attached to a specific main placement to be documented and stored securely within each area. It can be shared with the student, the main placement and each placement provider. This will ensure that the mentors in the main placement and on the associated pathways are informed of the learning opportunities available to

students across their area of jurisdiction and on any other pathways linked to the main placement.

A further aspect of the tool is that it provides templates for students to record details on their student learning planner, testimonies and reflections. These can be downloaded and printed as necessary.

The new template will capture information on:

- pathway details and key contacts
- health and safety
- induction information
- student learning opportunities and objectives
- patient/client groups

Overall we have found that placement pathways are a necessary accompaniment to learning. Like all learning opportunities they need to be managed to secure optimal outcomes for the learners. They must also be open to scrutiny so that reassurances of professional conduct and high standards are available for placement providers, managers of services, university and registration bodies, the public, patients and other users of services.

Appendices

Appendix 1a   Membership of the Placement Pathway Project Group

Role	Individual
Project Lead	Dr. Heidi Cheung
Researchers	Lynn Kenyon
	Lesley Saunders
	Andy Young
	Debbie Develin
	Myles Butler
	Shirley Masterson
Information Support	Emma Finney
Admin Support	Susan Dodd
	Jen Parry
	Matthew Pyatt
Report Consultant	Dr Alex McClimens

Appendix 1b   Membership of the Project Steering Group

Individual	Designation	Location
Angela Glover	Practice Learning Lead	Barnsley PCT/Barnsley Business Delivery Unit South West Yorkshire Partnership NHS Foundation Trust
Angela O'Farrell	Practice Learning Facilitator	Rotherham Doncaster and South Humber (RDaSH)
Carole Street	Professional Standards and Clinical Learning Development Lead	Sheffield PCT/Sheffield Hospitals NHS Foundation Trust
Karen Percival	Practice Learning and e-learning Lead	Doncaster PCT/RDaSH
Karen Cusick	Senior Nurse Practice Education and Workforce Development	Rotherham PCT/Rotherham Hospital Foundation Trust

Both the old and the new names of the organisations are used to reflect their input over the course of the project.

Appendix 2   Information Sheet

<u>INFORMATION SHEET</u>

<u>Placement Pathway Project</u>

(An evaluation of the student learning experience)

The placement pathway project is a two year project which is sponsored by the Yorkshire and Humberside Strategic Health Authority and undertaken by a project team within the Faculty of Health and Wellbeing at Sheffield Hallam University.

The first objective of the project is to evaluate placement pathway experience of Student nurses, Physiotherapists, Occupational Therapists and Social Workers who are studying within the Faculty. The second objective of the project is to provide information and a model of practice which could be used across the region.

A definition of a placement pathway used within the project is;

'A learning experience that students engage with away from their mentor or placement base' (Adapted from; ANDERSON Evelyn E (2009)

There are three phases of the project;

Phase one (June 2009- December 2009) Literature review and scoping of placement pathway provision within South Yorkshire

Phase two (January 2010- December 2010) Identification and categorization of different placement pathways used across South Yorkshire. With reference to future workforce needs and projections, the team will devise a placement pathway model, based on information collected during phase one.

Phase three (January 2011 - September 2011) Pilot and evaluate the proposed placement pathway model and disseminate findings of the project.

We would like to invite you to take part in phase two of the project to help us to find out about current placement organisation and learning, and help us to identify the features of placement pathways including the positive and negative aspects of using placement pathways.

You can be involved in the project in the following ways;

- Complete a questionnaire
- Contribute to a focus group

Appendix 3   Consent Form

Placement Pathway Project - Consent Form

- Thank you for attending this session

- It will last for approximately 20 minutes (maybe longer for a focus group)

- You have been given an information sheet regarding the project.

- Your anonymity will be maintained throughout the recording and you will only be asked to divulge the course which you are undertaking

- You may stop the interview at any time

- You have a right to withdraw any information you wish at any time

- You will be sent a copy of the transcript and a stated period of time in which to confirm that it is a true representation of your views and opinions

By agreeing to attend this 1:1/focus group it is assumed that you have given consent for your views and opinions to be shared and used as information towards successful completion of the project

References

Allen D. Gillen, E. Rixson L. (2009) Systematic review of the effectiveness of integrated care pathways: what works, who, in which circumstances. *International Journal of Evidenced based Healthcare* 7(2) 61-74

Anderson, E. A. (2009) Learning pathways in contemporary primary care settings- Student nurses views *Nurse Education Today,* 1:9

Andrews G.J., Brodie D.A., Andrews J.P., Wong J., Thomas B.A. (2005) *Placement matters: students' Clinical experiences and their preferences for first employment . International Nursing Review 52,142-153*

Burgess,J (2002) Introducing a career development pathway. Nursing Times 8 vol 98 (41) p. 38

Channell, W (2002) Helping students to learn in the clinical environment *Nursing Times* 98 (17) 24-26

Davis N, Bheennuck, S (2003) A professional development pathways scheme. Nursing Standard 17 (48) p40-43.

Department of Health SOCIAL SERVICES AND PUBLIC SAFETY (2006) Leeds. last accessed 24.11.2009 at http://www.dhsspsni.gov.uk

Department of Health (2006) Our health, our care, our say. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139925] Last accessed 3.11.2011

Department of Health (2010) Equity and excellence: Liberating the NHS London: The Stationery Office

Doel M., Shardlow, Steven, Sawdon, C., Sawdon, D. (1996) T*eaching Social Work Practice* Aldershot: Ashgate Publisher Ltd.

Donnelly A. (2003) Creating virtual placements *Nursing Management* 10 (4) pp19-21

Dornan T. Littlewood S., Margolis S.A., Scherpbier A, Spencer J., Ypinazar V. (2006) How can experience in clinical and community settings contribute to early medial education? *Medical Teacher* 28(1) 3-18

Dracup, L (2005) Getting the most out of your clinical placement in district nursing. *British Journal of Community Nursing* 10 (2) 72-76

Drennan V. Andrews S. Sidhu R. (2004) Flexible Entry to Primary to Primary Care Nursing Project. Final Report. Primary Care Nursing Research Unit. Department of Primary Care and Population Sciences, University College London

Gass J. McKie, A., Smith I., Brown A, Addo M (2006) An examination of the scope and purpose of education in mental health nursing. *Nurse Education Today* 27 **(**6**)** 588-596.

Howitt, D. Cramer, D (2008) *Introduction to Research Methods in Psychology* Harlow: Pearson Education

Hughes, R., Clark J.(2008) A Conceptual Model for Nursing Information[online] *International Journal of Nursing Terminologies and Classifications* 19(2) 48-56

Hutchings, A. Saunders, A, (2001) Developing a learning pathway for student nurses *Nursing Standard* 15 (40) 38-41

Hutchings, A. Williamson, G. R., Humphreys, A. (2005) Supporting learners in clinical practice: capacity issues. Journal of Clinical Nursing 14 945-955

James, R. (2005) Reducing overcrowding on student practice placements. *Nursing Times* 29 Vol 101 (48) p.28.

Kenyon, L. Peckover, S. (2008) 'A Juggling Act: An analysis of the impact of providing clinical placements for pre- registration students on the organisation of community nursing and health visiting work. *Nurse Education Today* 28**,** 202-209

Krueger, R.A. Casey, M.A. (2000) Focus Groups: a Practical Guide for Applied Research (3rd Edn) Thousand Oaks, CA: Sage Publications

Lindquist, I. Engardt, M. Garnham, L. Pollard, F. Richardson, B. (2006) Development Pathways in learning to be a physiotherapist *Physiotherapy Research International* 11(3)129-139

Linsley, P. Kane, R. McKinnon, J. Spencer, R. , Simpson, T. (2008) Preparing for the future: nurse education and workforce development. *Quality in Primary care* 16 171-176

Marsland, L. Hickey, G. (2003) Planning a pathway in nursing: do course experiences influence job plans. *Nurse Education Today* 23 (3) 226-235 .

Murray, S.C and Williamson, G.R. (2009) Managing capacity issues in clinical placements for pre-registration nurses *Journal of Clinical Nursing,* Vol 18, Issue 22, 3146 - 3154

Nursing and Midwifery Council (2006, 2008) ASSESSMENT

Nursing and Midwifery Council (2010) Standards for Pre-Registration Nursing Education
[http://standards.nmcuk.org/PublishedDocuments/Standards%20for%20pre-registration%20nursing%20education%2016082010.pdf] accessed Nov 2011

O'Leary, K., Bromley, E. (2009) Developing a mental health pathway for midwifery students *Mental Health Practice* 12 (6) 32-5

Pharez, M. C, Walls, N.D. Roussel, L.A. Broome, B.A. (2008) Combining Creativity and Community Partnership in Mental Health Clinical Experiences *Nursing Educational Perspectives* Vol 29 Issue 2 100 -105.

Pollard, C. Hibbert, C. (2004) Expanding student learning using patient pathways *Nursing Standard* 19 (2) 40-43

Raine, R. (2005) I'm sorry, what did you say your name was again? *Mental Health Practice* vol 8 no 10 40-44

Richardson A. Menon, A. Johnson, M. Ream, E. (2007) Developing Competencies: an evaluation of a nurse rotation pilot programme. *Cancer Nursing Practice* Vol 6 No 5 35-39

Salminen, L Minna, Saarikoski, M. Suikkala A, Vaartio H. Leino-Kilpi, H. (2010) Future challenges for nursing education – A European perspective. *Nurse Education Today* vol 30, no 3 233-238

Wanless, D (2002) *Securing our future health: taking a long-term view* London: HM Treasury.

Whitehead B. Bailey E (2006) Using specialist nurses to boost placement capacity *Nursing Times* 102 (48) 30-1