



**Nursing and Midwifery Recovery Plan:
A qualitative assessment**

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Contents

Introduction.....	3
Methodology.....	3
Findings and Key Themes	3
Themes	4
Communication	4
Communication between Students and the Placement Team.....	4
Communication between the University and the Placement Organisation.....	4
Communication: the literature.....	5
Engagement.....	5
Well-being and Health	6
Well-being and health: the literature.....	7
Teaching and Assessment.....	8
Placement Preparation.....	9
Placement Preparation: the literature.....	9
Placement Allocation.....	10
Placement Allocation: the literature	10
Placement Supervision.....	11
Placement Supervision: the literature	11
Finances	12
Finances: the literature.....	13
Canterbury Christ Church University.....	14
Recommendations.....	17
Conclusion	22
Bibliography.....	23

Introduction

This evaluation has been compiled in response to Sheffield Hallam's Nursing & Midwifery recovery plan, commissioned following feedback from students and Sheffield Hallam Student's Union regarding placement provision and the associated placement hours backlog in the aftermath of the Covid-19 Pandemic. This paper represents a preliminary summary of our findings with a full report to follow. While this is ostensibly an evaluative study, focused on student perceptions of the recovery plan and its implementation, it became clear during the process of data collection that issues relating to the recovery plan were often born of, or were also related to, issues at course and department level, and this report makes no apologies for straying beyond the initial brief.

Methodology

The data for this qualitative study was collected via two 2-hour long focus groups, carried out on 6th and 8th February 2023. 12 participants were recruited from across the Nursing & Midwifery (N&M) Department and included students:

- at levels 5, 6 and post-grad
- from Child, Adult and Mental Health nursing courses
- a combination of Course Reps and lay-students

As such, we feel this represents a reasonable diversity of student voice from within N&M.

In view of the potential sensitivity of some of the issues experiences under discussion, a mental health first-aider was present during both sessions and all participants were offered a debrief at the end of each focus group. All participants were paid for their time.

The focus groups were recorded, annotated, and themed separately before being cross-analysed and calibrated by team members for consistency.

Findings and Key Themes

Eight themes were identified from the two focus groups; each theme was touched upon by both focus groups. The focus groups were asked specifically about the development and application of the Recovery Plan, particularly with regard to placement hours. The students themselves identified that it was sometimes not clear whether something arose out of Covid and the Recovery Plan, or whether it related to the course generally. One student noted that, to them, the distinction between Recovery and non-Recovery issues is artificial; it does not matter to them whether an issue arises out of Recovery or for some other reason.

The students felt that the need for recovery had been acknowledged, that the University had made significant progress towards addressing concerns and that students had been listened to, but that the plans for Recovery had not always been fully or effectively implemented. The most dominant concerns to arise from the focus groups related to placements and, in particular, an opaque and

unfair allocation system, extremely poor communication from the placement team, the unsafe situations students found themselves in during placement, and the lack of support and supervision. Some students felt abandoned; Level Six students in the focus groups expressed the opinion that recovery had focused on the newer cohorts and not on them. One focus group member described the university's approach as "great ideas, poor execution."

Based on this research, we have made twelve recommendations (See Page 17).

Themes

Communication

Students appreciated that the Department had made a significant commitment to improving communication. They generally appreciated the weekly emails, although sometimes felt they were a little repetitive. Students generally read the weekly email updates.

Two areas of communication however were described negatively – communications with the Placement team (which the students described as particularly poor) and communication between the University and the Placement organisation (hospital).

Communication between Students and the Placement Team

Students described the placement team's communication style as "rude", "blunt", "unresponsive" and "corporate". The majority of focus group members described communication with the Placement team in negative terms and no positive or neutral comments were made about communication with the Placement team.

Particular areas of concern were the availability of the Placement team, the responsiveness of the Placement team and the timeliness of the Placement team's communication. One member of the focus group described being sent details of their placement allocation at 18:30, when the Placement team was unavailable, and being told that the Placement team would be out of office the next day. Another student described being told that allocations would be sent in the early evening, but email notifications did not arrive until the next day; they described spending the evening, checking their email and having WhatsApp discussions in the early hours of the morning with course mates, all of whom were worried about why they hadn't received a placement. Another student described how, because of the timing of the allocation email (with short notice) and the availability of the placement team, the only day on which they could discuss whether or not to appeal their allocation was the day before the deadline for raising an appeal.

Communication between the University and the Placement Organisation

Students perceived that communication between the University and Placement Organisations was poor. They believed that the proficiencies were not clearly communicated to placement

organisations, nor was what was required of the student to demonstrate proficiency (students described how some assessors refused to sign off a proficiency unless they witnessed the proficiency, which was not possible in some clinical sessions, whilst others were satisfied if the students could thoroughly describe the proficiency or if the student could describe performing the proficiency even if the assessor had not witnessed it.

Communication: the literature

A cross-sectional study, conducted by Ulenaers *et al.* in Belgium¹ highlights the importance of good communication in students' perception of the support that they received from their schools. When asked about the support received from their nursing school, "77.44% of students felt they could discuss concerns" with a supervisor, with only "5.26% feeling unsupported by their supervisor". Students expressed having 'frequent' communication with their supervisor. In most cases this communication was at least once weekly. Students felt this "maintained a constructive relationship".

Students were also asked about the support received from the placement provider. "61.95% of students felt positive" about the ability to communicate concerns with placement providers. Alongside this, students expressed how providers were good at communicating and changes or necessary information. Students communicated with placement support at least once a week.

Taking this into consideration, it is suggested that should health care students have regular (at least once weekly) communication with support channels, concerns and anxieties about the course could be dealt with promptly. This could increase student satisfaction with the course.

Engagement

Despite very challenging circumstances, both because of the inherent nature of nursing and issues within the NHS, and because of the impact of the pandemic on study, this cohort of students remains engaged and committed to their chosen course of study and their profession. They demonstrate compassion towards patients, and towards their peers. They have chosen to engage with the focus groups because of their desire to see improvements to the course, because they have engaged deeply with the course and reflected on their own experience, and because they are very focused on clinical proficiency as well as academic achievement.

In turn, they acknowledge that the University has listened to their concerns, and has acted on them. They recognise that progress has been made with respect to the Recovery Programme, and they feel that students have been part of this (although it is perhaps worth noting that two of the focus group members were Course Reps who had been collaborating directly with the placement team). They appreciate improved communications, and saw the value in initiatives such as the employability sessions.

¹ Ulenaers., et al, p.3

Well-being and Health

Students described receiving lots of positive messaging from the University about health and wellbeing. Those students who had attended well-being sessions generally provided positive feedback about the experience. One focus group member noted:-

“I’ve been to quite a few of the well-being sessions that have been on ... they are really good ... better than Uni of ... but people don’t know it’s there and it doesn’t feel nursing specific.”

Another two focus group members commented positively on how good the employability sessions, offered as part of the Booster week, were. However, focus group members criticised the scheduling of some sessions which fell within the holiday period when students were not on campus; the disappointment at this poor scheduling was aggravated by the use of holiday periods to make up recovery placement time. One focus group member observed:-

“We’ve spent most of our holidays the last two years going on placements.”

The students identified contradictions between what the University told them and what the University expected from them. Messaging from the University told students to focus on their own mental health and to make sure that they took time off from studying during holiday periods. However, students were very strongly encouraged to take up offers of recovery placements during holiday periods, even when that meant they had no holidays or breaks from study in a year.

“it doesn’t feel like the makeup hours are a choice when they should be because for a lot of us, choosing your health is really important. That shouldn’t be the choice.”

One student expressed the opinion that they did not turn to the University for support with respect to their mental health because they identified the University as the primary cause of their mental health concerns; other members of the focus group agreed with this opinion.

Students identified a clear need for proactive pastoral care during and after their placements. Students described witnessing extremely difficult situations and being exposed personally to abusive treatment. Several students identified the need to discuss clinical experiences in a supportive environment. In the words of one focus group member:-

“we’re going into ... placements in a crumbling service ... you’re seeing harm ... you’re seeing people in crisis, and actually you need a place to be able to talk about that.”

Students were disappointed with the University’s response when they sought help with respect to health or well-being. One focus group member described a protracted and difficult process to get a Placement Learning Statement; when the plan was finally created, the specific adjustments that were required due to health constraints (that had arisen out because of a specific incident at a previous placement) were ignored. Other students described being passed “from pillar to post”; students wanted one single point of contact, who would take ownership of their concerns. Whilst all but one of the focus group members in one session knew who their Academic Advisor was, only one of that group knew who their Student Support Advisor was.

Focus group members acknowledged that support was available to them, but only if they proactively sought it out; they felt that they were expected to know the best support options available to them. They wanted the University to proactively offer support to them by, for example, carrying out post-

placement welfare checks. Some students in the focus group described themselves as “abandoned”; “for us, at level six, a lot of it is like ... sorry you just have to put up with it, like you’ve put up with it for the last three years.”

Students described their experiences, particularly with relation to placements, as giving rise to mental health problems, stress and trauma. Focus group sessions were attended by a mental first aider who offered support to the focus group members, many of whom were upset during discussions about well-being and health.

Students found it very difficult to balance the demands of the course, and stated that there was no contingency. They could not take time off even when sick or for other genuine reasons, as there would be no opportunity to make up any lost time. A sense of ‘not enough hours in the day’ was expressed repeatedly, by several members of both focus groups. Students acknowledged that nursing has always been a challenging course, but identified that the situation had been considerably worsened due to the COVID pandemic and subsequent recovery; students identified the opaque allocation process, the continuation of online learning, the sacrifice of holiday time to recovery placements and general disengagement of some students from the course and learning community as particular issues.

Students in the focus groups did identify some instances of best practice, noting that the level of support was very dependent on the individuals involved and lacked consistency. They described some academic advisers as “brilliant” and one described a proactive Link Lecturer who visited students on placement regularly. Another described how one placement organisation had set up sessions where students could discuss their placement experiences in a supportive environment.

Well-being and health: the literature

Bakker *et al.* describe the impact that poor placement experiences can have on the mental health of student nurses:-

"Doubts and uncertainty ... and a feeling that they could not get a grip on the learning process during the clinical placement increasingly led to worrying, insomnia and dreading the next day at the clinical placement ... Some also struggled with depressive feelings."²

They observe that poor placement experiences exacerbate problems with the lack of availability of placements; this study investigates late dropouts in nursing courses due to the impact of placement experiences. They note that late dropouts result in significant hours of “wasted placements”; all the placement hours already taken by dropouts are hours that might have been used by other students.

Within the ‘wellbeing’ section of the RCN website³, a published article discussed ‘positive placements’. This is “urging universities to provide tailored mental health support for students”.

² Bakker *et al.*, p.20

³ <https://www.rcn.org.uk/magazines/Wellbeing/2022/Aug/Providing-mental-health-support-for-students-on-placement>

Following this, the RCN outlines the work of 'Positive Changes in Placement' – an organisation dedicated to “improving mental health provision for students while they're working off campus”.

Teaching and Assessment

Students preferred in-person, on-campus learning to online learning and were pleased that more of the course was now being taught face-to-face. Students described on-going problems with online teaching; for example, several students stated that late-comers were not permitted to join Zoom lectures even when their lateness had been caused by the provision of an incorrect Zoom link on student timetables. Several students complained that Zoom links on student timetables were often incorrect; students were expected to visit the Module homepage, find the lecturer's details, and find the lecturer's personal Zoom link.

Students complained about poor scheduling. They said that academic assignments were often scheduled at the same time as placements whilst after placements, they were sometimes assigned a single hour of teaching a week. One described being told that the deadline for an assignment would be “January” and then being told, whilst on placement, that the deadline was October 17th (whilst they were still on placement). Another described being assigned no assessments during a two-month period of classes but being assigned four assessments over a different three-month period, one of which was due during a placement and another shortly after Christmas.

Students described academic support as inconsistent. They felt they lacked constructive feedback on assignments. They felt the choices they had with respect to dissertations were poorly explained and they did not understand how to undertake a literature review. Another issue raised by several focus group members was varying quality of teaching; some described lecturers, both during in-person and online classes, as simply reading the contents of a PowerPoint presentation.

Focus group members expressed concerns about the impact of the strikes on their learning. Students felt that messaging about strikes, and particularly about attendance monitoring, is confused; some had been told that they had to prove attendance at lectures, even when they were certain that they would be cancelled due to the strikes. Members of the focus groups felt that this was relevant to recovery for two reasons. They considered it very unfortunate that the cohort of students whose study had been disrupted by the pandemic was now facing further disruption. They also felt that it was an opportunity for the University to learn from the lessons of recovery and be proactive, rather than reactive, in managing this disruption, although they felt that this was not currently happening.

Students were confused over the difference between academic advisors and academic assessors, particularly as sometimes these were different people and sometimes they were the same person.

Placement Preparation

Members of the focus group recognised the potential value of simulated placements in preparing them for placements but felt that they needed significant improvement. They described broken equipment (including dummy arms, for venepuncture, and iPads), insufficient equipment and lack of staff oversight.

Students felt inadequately prepared for their placements. One reason for this was that they felt preparation was scheduled too long before placements. They also felt insufficiently prepared for entering a hospital environment for the first time and were uncertain about what exactly would be required of them. Several members of the focus groups stated that their priority was developing and practising the required skills, rather than simply having these skills signed off. Some students stated that clinical proficiency was signed off based on simulation experience, or a description of the clinical proficiency; the student did not necessarily feel proficient.

In one focus group, students were very critical of the community project. They valued the idea of a community project (“learning what the third sector looks like in Sheffield is incredibly important”) but felt it was mismanaged (or more accurately not managed) and not adequately supervised by the University. They described the difficulty of identifying appropriate external organisations with no support from the University; one focus group member said that one organisation complained that several groups of students had already contacted them about the community project. One focus group member described it as “four hundred students” being sent out to voluntary organisations with no existing relationships. They were concerned not only about reputational damage to the University but also about reputational damage to students who might have to work with these organisations in their future professional careers.

Placement Preparation: the literature

Killam *et al.* observed that “early identification of unsatisfactory clinical performance is essential for promoting students’ success in learning”⁴. If students are graduating when feeling unconfident in their practice, the consequences “undoubtedly leads to poor standards of nursing care, increased patient safety risks, and a perceived lack of confidence in the nursing profession by the public”⁵. This is worrying considering Level 6 students have expressed that they do not feel fully competent in clinical skills that are being signed off.

⁴ Killam *et al.*, p. 438

⁵ Scholes & Albarran

Placement Allocation

Focus group members felt that students generally got the recovery placement weeks that they needed. However, they stated that, although makeup hours are meant to be guaranteed, some students who need them have not been offered them; they felt that those with least to recover were prioritised first so as to ensure as many course completions as possible. One focus group member had been told that the University's strategy was "to get as many people over the finish line as possible and then sort out the rest"; this student observed that this placed certain students in more debt through no choice of their own. In both focus groups, some members knew of students who needed recovery hours but were not offered them.

Members of both focus groups felt that the allocation process is not transparent or fair; this situation was exacerbated by the placement team's extremely poor communication style. Students stated the grounds to appeal a placement were too narrow, that the grounds for appeal had been changed without consultation and that the grounds to appeal were not clear. Students were keen for the Placements team to put in place processes which enable students to arrange swaps between themselves.

Several members of the focus group described students being allocated to the same placement more than once; they felt that this conflicted with accreditation requirements for variation in placements. Students were sent back to the same placement, even when they had raised a serious complaint about their previous placement.

One student described the difficult and opaque process to obtain a Placement Learning Statement there was only one member of staff who could issue them. They stated that the Learning Statement, once obtained, was disregarded by the placement team who allocated them a placement which directly contradicted the requirements of the Learning Statement. Students were confused as to why the Placement team would not take into consideration Occupational Health assessments.

Placement Allocation: the literature

In October 2022, UUK published a guidance document entitled "Suicide-safer universities: support for placement students". This was produced alongside Positive Changes in Placements campaign, as a way of tackling suicide amongst placement students. This guidance presents itself in the form of a 'checklist', which universities must be adhering to.

The checklist provides recommendations to universities on how best to support student mental health whilst on placement. These recommendations include: "quality assuring placements in terms of their effect on mental health and wellbeing, ensuring placement setting and locations are appropriate for the individual, embedding wellbeing in pre-placement briefing training and resources and arranging additional individualised support".

These recommendations are useful for SHU to be considering when allocating student placement. Taking the necessary steps to support students could alleviate the amount of dissatisfaction with the course currently.

Placement Supervision

Whilst some focus group members described positive placement experiences, most focus group members described experiences on placements that raise urgent concerns about student and patient safety during placements. Students described being left unsupervised on busy wards, working long shifts, and being treated as normal staff members rather than as supernumerary. A focus group member described being left alone on a COVID ward; the only way to seek assistance from colleagues, because of the isolation protocols, was to shout down a corridor. Another described a student being placed on a locked PICU ward with no key and no access to toilets. One student, with previous healthcare experience, was asked to supervise a trainee healthcare assistant with no supervision themselves. The level of supervision depends heavily on individual placements, but one student described six or seven students being assigned to one supervisor.

Key members of staff – such as practice assessors and link lecturers – were frequently on leave during placement periods. Students often found themselves on shift when their practice supervisors or assessors were not.

Some placement providers were understanding of students' personal circumstances, and happy to be flexible about the attendance of students who faced a long commute or who had caring responsibilities. However, many placement providers were inflexible about attendance, requiring students to attend for full shifts even when their practice supervisors were not on shift. Both the placement organisations and the University tacitly accepts this waiving of students' supernumerary status.

When students experienced problems on placements, they were unclear who would support them. One Link Lecturer was described as "brilliant"; they introduced themselves to all the students at the start of the placement and proactively supportive. However, other students approached their Link Lecturers and did not receive appropriate support. One student said that their Link Lecturer was not prepared to act on a concern because the Link Lecturer did not want to jeopardise a good working relationship with the placement provider organisation. One focus group member described being exposed to extremely harmful situations on placement, with long term health consequences; they had raised and escalated complaints to no effect.

Placement Supervision: the literature

Bakker *et al.* describe the deleterious effects that poor supervision during placements has on student learning:-

"students increasingly felt unable to get a grip on the learning process. The lack of proper supervisory support and continuity in supervision during the clinical placement contributed to this problem"⁶

⁶ Bakker et al, p.20

Killam *et al*, also identifies that “difficulty developing relationships with the educator or patient compromised safety”⁷.

Proper and continuous supervision of students during placement is essential to ensure patient and student safety, and to promote effective learning of essential clinical skills.

The RCN published an advice guide for student nurses in 2022. This discusses what to expect when working in a “health care support role as a nursing student”. This guidance reminds students that the purpose of placements is to “equip you with the skills needed for a successful nursing career”. Alongside this, the advice explains that students “should not be rostered to work on the ward or within the sphere of nursing *as a nurse*”.

The RCN guidance specifically states that students should not be placed in any placement situation “adequate levels of support cannot be guaranteed”. Students are not there to “make up the numbers” in clinical settings.

The RCN also offers advice regarding if a student needs to raise concerns about their placement. This states that “students should feel able to raise concerns without detriment and should receive timely feedback”.

Finances

One student observed that financial recovery was as important as placement recovery now; other students in that focus group agreed.

Students were grateful to receive the additional £50 a week payment and felt it was easy to access without restrictions or conditions. It was, however, deemed a token payment. It did not cover the financial costs, which include childcare and travel, of the recovery weeks.

Students in the focus groups felt that there was confused and mixed messaging about financing during any extension period. They believed that if they refused recovery placements during holidays, regardless of their reasons for doing so, they would be denied extension funding. There was confusion over eligibility for the £200 week extension funding, and how and when to apply for it. Students were concerned that any extension week payments may be paid as late as November, leaving them with no money to cover their living expenses during the actual extension period.

Poor placement allocation management significantly impacted students financially. The late finalisation of placement details made it difficult to arrange childcare or plan around part-time work commitments (a financial necessity for some students). One focus group member described a situation where students had booked accommodation in order to attend a placement, but were unable to get that cost reimbursed when the placement organisation told them the night before that it could not accommodate them.

⁷ Killam *et al*, p. 439

One focus group member stated that the focus of financial recovery had been on home students; that international students felt unsupported financially.

Finances: the literature

A qualitative study by Wray and McCall observed that students were experiencing “acute financial hardship”. The main concerns linked to this were: “income generation, transport and placement location costs”. These findings are concerning, as students express how financial hardship can reduce their ability to study and rest. Both the focus group data and the findings from Wray and McCall study show that student’s enjoyment and satisfaction with the course decrease when suffering with financial stress.

Grant-Smith and de Zwaan also explored the financial stresses experiences by nursing students. The study used an online survey to gather feedback from 160 nursing students in Australia. When asked their main source of income, the majority of respondents declared that it was paid work. Similarly, to the responses gathered in the focus groups, students were struggling to find a work-life balance but needed to undertake paid work to afford placement. Students are thought to be undertaking this paid work as a response to the increasing university costs alongside a lack of financial support. As a result of this increased financial hardship, academic performance is thought to be negatively impacted.

A study conducted by Rochford, Connolly & Drennan found that most health care students undertake work within the health care sector; this supports their studies and increases their knowledge in the field. However, the study highlights that tiredness and lack of concentration could be negative aspects of working alongside studying. Rochford *et al.* suggest that if a manageable and safe balance was found between studying and working part time, they could positively impact each other.

Canterbury Christ Church University

In September 2022, following its Programme Approval Report of the course, the Nursing and Midwifery Council withheld accreditation from the BSc (Hons) Midwifery course offered by Canterbury Christ Church University. A review of the decision was postponed in January 2023, and in March 2023, the Nursing and Midwifery Council issued a statement:-

"We've written to Canterbury Christ Church University about concerns we have with its midwifery programme. We've given the university until the end of March to reassure us about the safety and quality of its course.

"We'll then make a final decision about whether the course can continue or will have to close."⁸

Although the current situation at Canterbury Christ Church University with respect to its Midwifery qualification is undoubtedly adversely impacted by the serious problems relating to maternity services identified in the East Kent Maternity Review⁹, it is relevant to this report because:-

- 1) Although students had raised concerns with the Nursing and Midwifery Council, the primary catalyst for the loss of accreditation was an approval visit.
- 2) Concerns raised by students, which caused the Nursing and Midwifery Council to withdraw accreditation, are remarkably similar to the concerns raised by students in our Focus Groups (and via Course Reps).

In describing why Canterbury Christ Church University has failed to meet the Standards for Pre-registration Programmes, the Programme Approval Report notes that:-

"Students tell us that they'd been asked about what does and doesn't work well in the current programme in order to inform the proposed programme. They tell us that feedback is requested at the end of each module and that they meet with the course director in each trimester. Students tell us that when they've provided feedback this isn't always actioned. They describe an example where they've provided feedback on the timing of formative assessments which they feel are too early. They tell us that they feel they hadn't learnt enough to prepare them to undertake these assessments and, in some cases, didn't undertake the assessment opportunity. They've reported this in module evaluations but haven't had any feedback. Students tell us that they don't feel the programme team listen to them."¹⁰

⁸ <https://www.nmc.org.uk/news/news-and-updates/statement-on-canterbury-christ-church-universitys-midwifery-programme/>

⁹ <https://www.nmc.org.uk/news/news-and-updates/nmc-statement-in-response-to-publication-of-the-east-kent-maternity-review/>

¹⁰ Programme Approval Report, page 11.

Students in the Focus Groups told us that assessments were inappropriately scheduled, that they felt unprepared for their dissertations and that they were ignored by the Placement team. They wanted more and more constructive feedback on academic assignments. Students told us If they raised issues with the programme team, they were told to 'put up' with it because 'they'd signed up for it'.

The Programme Approval Report notes that:-

"Students tell us that they don't feel supported to be supernumerary and often work without support from staff in practice. Discussion with practice assessors and practice supervisors indicates that this appears to be normal practice. They tell us that students receive long arm supervision in that they undertake other placements and then return to the main placement. One practice representative tells us that the situation "it is what it is". There's no assurance that students are supernumerary in practice"¹¹

Students in the Focus Groups told us that they were treated as full team members during placements and not as supernumerary; because they were not supernumerary, they were expected to work full shift patterns. They described situations in which they had been left completely unsupervised and, in one example, had been expected to supervise (without any supervision themselves) a healthcare assistant.

The Programme Approval Report notes that:-

"Students, however, tell us that they don't always work with practice supervisors. They describe a number of examples of how they often work unsupervised and that there isn't enough staff to support them. They tell us that they're told by staff in practice that this is normal. Students tells us it's normal for them to work as part of the team, an example of this includes taking care of women across a full shift without appropriate supervision by a midwife. They don't always feel supported to report these concerns and find that if they do, they aren't always listened by practice or the AEI [Approved Education Institution] staff"¹²

Students in the Focus Groups told us that they were often worked unsupervised on busy wards. Although they were expected to work full shifts, their supervisors or assessors were not on shift with them. Students told us that their practice assessors were on leave during their placement.

¹¹ Programme Approval Report, p.26

¹² Programme Approval Report, p.29

The Programme Approval Report notes that:-

"Students also feel that there are too many students in practice learning environments and that staff don't have time to appropriately supervise them."¹³

Students in the Focus Groups told us that supervision varied significantly between placements, but on some placements, six or seven students were allocated to one practice supervisor.

The Programme Approval Report notes that:-

It is not clear how AEI [Approved Education Institution] and PLPs [Practice Placement Partners] work together to ensure students receive appropriate supervision across the programme. Practice assessors and practice supervisors don't appear to be clear about the roles and responsibilities with ensuring that students must be supervised in practice ... [Students] tell us that this has resulted in them feeling unsupported and unsupervised."¹⁴

Students in the Focus Groups told us that they felt practice assessors were not clear on their responsibilities. They perceived that communication between the University and placement providers was poor.

¹³ Programme Approval Report, p. 29

¹⁴ Programme Approval Report, p.29

Recommendations

- 1. Implement a transparent, fair, documented allocation system, which takes full account of student learning contracts, developed in consultation with student representatives. This The way in which allocations are decided should be clearly communicated to students.**

In accordance with the *Standards for student supervision and assessment*:-

- 1.4 there are suitable systems, processes, resources, and individuals in place to ensure safe and effective coordination of learning with practice learning environments.
- 2.5 there is sufficient coordination and continuity of support and supervision of students to ensure safe and effective learning experiences.

and the *Standards framework for nursing and midwifery education*:-

- 1.10 ensure the learning culture is fair, impartial, transparent, fosters good relations between individuals and diverse groups and is compliant with equalities and human rights legislation.
- 1.12 ensure programmes are designed, developed, delivered, evaluated, and co-produced with service users and other stakeholders.
- 2.2 All learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, service users, students, and all other stakeholders.
- 2.14 have the capacity, facilities, and resources in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes.
- 3.2 are provided with timely and accurate information about curriculum, approaches to teaching, supervision, assessment, practice placements and other information relevant to their programme.

and the *Standards for pre-registration nursing programmes*:-

- 3.5 take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities.

- 2. Ensure that each student is offered as wide a variety of placements, with respect to both placement organisation and clinical practice area, as possible.**

In accordance with the *Standards framework for nursing and midwifery education*:-

- 3.3 have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs.

and the *Standards for pre-registration nursing programmes*:-

- 2.4 design and deliver a programme that supports students and provides exposure across all four fields of nursing practice: adult, mental health, learning disabilities and children's nursing.
- 3.2 ensure that all students experience the variety of practice expected of registered nurses to meet the holistic needs of people of all ages
- 6c (Annexe 1) adequate clinical experience; such experience, which should be selected for its training value, should be gained under the supervision of qualified nursing staff and in places

where the number of qualified staff and equipment are appropriate for the nursing care of the patient.

3. Implement a transparent, fair, documented appeals system which meets University, Nursing and Midwifery Council, and legislative requirements with respect to reasonable adjustments and which takes into full account student learning contracts.

In accordance with the *Standards for student supervision and assessment*:-

1.9 learning experiences are inclusive and support the diverse needs of individual students.

and the *Standards framework for nursing and midwifery education*:-

1.5 ensure students and educators understand how to raise concerns or complaints and are encouraged and supported to do so in line with local and national policies without fear of adverse consequences.

1.6 ensure any concerns or complaints are investigated and dealt with effectively.

1.7 ensure concerns or complaints affecting the wellbeing of people are addressed immediately and effectively.

1.10 ensure the learning culture is fair, impartial, transparent, fosters good relations between individuals and diverse groups and is compliant with equalities and human rights legislation.

3.11 have their diverse needs respected and considered across all learning environments with support and adjustments provided in accordance with equalities and human rights legislation and good practice.

and the *Standards for pre-registration nursing programmes*:-

3.5 take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities

4. Ensure that members of the placement team are available to contact by phone and email, immediately after placement allocation and during the appeals period.

In accordance with the *Standards for student supervision and assessment*:-

1.4 there are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning with practice learning environments.

2.5 there is sufficient coordination and continuity of support and supervision of students to ensure safe and effective learning experiences.

and the *Standards framework for nursing and midwifery education*:-

1.6 ensure any concerns or complaints are investigated and dealt with effectively.

1.7 ensure concerns or complaints affecting the wellbeing of people are addressed immediately and effectively.

1.10 ensure the learning culture is fair, impartial, transparent, fosters good relations between individuals and diverse groups and is compliant with equalities and human rights legislation.

3.2 are provided with timely and accurate information about curriculum, approaches to teaching, supervision, assessment, practice placements and other information relevant to their programme.

5. Permit students to arrange placement swaps, if they still meet the students' training requirements.

In accordance the *Standards for student supervision and assessment*:-

1.4 there are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning with practice learning environments.

1.9 learning experiences are inclusive and support the diverse needs of individual students.

and the *Standards for pre-registration nursing programmes*:-

3.5 take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities

6. Set targets for response times for the placement team; during the appeals period, these response times should be no more than one working day.

In accordance with the *Standards for student supervision and assessment*:-

1.4 there are suitable systems, processes, resources, and individuals in place to ensure safe and effective coordination of learning with practice learning environments.

and the *Standards framework for nursing and midwifery education*:-

1.6 ensure any concerns or complaints are investigated and dealt with effectively.

1.7 ensure concerns or complaints affecting the wellbeing of people are addressed immediately and effectively.

1.10 ensure the learning culture is fair, impartial, transparent, fosters good relations between individuals and diverse groups and is compliant with equalities and human rights legislation.

3.2 are provided with timely and accurate information about curriculum, approaches to teaching, supervision, assessment, practice placements and other information relevant to their programme.

7. Provide students – at the start of each academic year – with a schedule which clearly identifies academic periods, placement periods, academic assessment deadlines and placement allocation dates (and appeal periods).

a. **Academic work should not be scheduled during placement periods.**

b. **Ensure that the period between placement allocation notification and placement start dates is sufficient (at least two weeks) to allow the student to appeal allocations and to plan for their placement.**

In accordance the *Standards for student supervision and assessment*:-

3.2 are provided with timely and accurate information about curriculum, approaches to teaching, supervision, assessment, practice placements and other information relevant to their programme.

and the *Standards framework for nursing and midwifery education*:-

5.7 curricular are structured and sequenced to enable students to manage their theory and practice learning experience effectively.

8. Ensure protected holiday (or periods free from study and placements) for all students, regardless of recovery needs.

In accordance the *Standards for student supervision and assessment*:-

3.2 are provided with timely and accurate information about curriculum, approaches to teaching, supervision, assessment, practice placements and other information relevant to their programme.

and the *Standards framework for nursing and midwifery education*:-

1.1 (Standards) "The learning culture prioritises the safety of people, including carers, students and educators and enables the values of *The Code* to be upheld.

1.1 (Requirements) demonstrate that the safety of people is a primary consideration in all learning environments.

5.7 curricular are structured and sequenced to enable students to manage their theory and practice learning experience effectively.

9. Implement post-placement welfare sessions.

In accordance with the *Standards framework for nursing and midwifery education*:-

1.1 (Standards) The learning culture prioritises the safety of people, including carers, students and educators and enables the values of *The Code* to be upheld.

1.1 (Requirements) demonstrate that the safety of people is a primary consideration in all learning environments.

1.2 prioritise the wellbeing of people promoting critical self-reflection and safe practice in accordance with *The Code*

3.13 are provided with information and support which encourages them to take responsibility for their own mental and physical health and wellbeing.

3.14 are provided with the learning and pastoral support necessary to empower them to prepare for independent, reflective professional practice.

10. Establish clear protocols for reporting issues on placement, and in particular, have a clear procedure for dealing with urgent issues that arise on placement (such as students being left unsupervised or being placed in a dangerous clinical situation).

In accordance the *Standards for student supervision and assessment*:-

1.5 students are made aware of the support and opportunities available to them within all learning environments.

1.6 there is a nominated person for each practice setting to actively support students and assess student concerns.

9.6 communication and collaboration between academic and practice assessors is scheduled for relevant points in programme struct and student progression.

and the *Standards framework for nursing and midwifery education*:-

1.1 (Standards) "The learning culture prioritises the safety of people, including carers, students and educators and enables the values of *The Code* to be upheld.

1.1 (Requirements) demonstrate that the safety of people is a primary consideration in all learning environments.

1.5 ensure students and educators understand how to raise concerns or complaints and are encouraged and supported to do so in line with local and national policies without fear of adverse consequences.

1.6 ensure any concerns or complaints are investigated and dealt with effectively.

1.7 ensure concerns or complaints affecting the wellbeing of people are addressed immediately and effectively.

3.12 are protected from discrimination, harassment and other behaviour that undermines their performance or confidence

11. Put in place proper supervision for all placement learning, including community projects and simulated placements.

In accordance the *Standards for student supervision and assessment*:-

1.5 there is a nominated person for each practice setting to actively support students and assess student concerns.

2.1 all students on an NMC approved programme are supervised while learning in practice.

2.2 there is support and oversight of practice supervision to ensure safe and effective learning.

2.7 all students on an NMC approved programme are supervised in practice by NMC registered nurses, midwives, nursing associates, and other registered health and social care professionals.

and the *Standards framework for nursing and midwifery education*:-

3.6 are supervised according to their individual learning needs, proficiency and confidence.

5, Annexe 1 "This training shall take place in hospitals and other health institutions and in the community, under the responsibility of nursing teachers, in cooperation with and assisted by other qualified nurses."

and the *Standards for pre-registration nursing programmes*:-

3.2 ensure that all students experience the variety of practice expected of registered nurses to meet the holistic needs of people of all ages.

6c (Annexe 1) adequate clinical experience; such experience, which should be selected for its training value, should be gained under the supervision of qualified nursing staff and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient.

12. Review the financial relief available for recovery students, regardless of the reason for recovery. Financial relief should be available to all students undertaking recovery, and should as far as possible, reflect the additional costs borne by the students.

In accordance the *Standards framework for nursing and midwifery education*:-

3.9 have the necessary support and information to manage any interruptions to the study of programmes for any reason.

Conclusion

One focus group member summarised well the situation with respect to the recovery plan:-

“I was really hopeful. I think there’s been some really positive steps but we are not all the way there.”

Students acknowledge, and appreciate, positive outcomes from the recovery plan. However, there was a strong feeling that actions arising from the recovery plan improved the situation for newer cohorts but the September 2020 cohort had been ‘abandoned’.

Across almost all members of both focus groups, placement allocation and the placement team’s communication were identified as areas most in need of immediate improvement. Financial recovery, particularly as students face course extensions, was also identified as an urgent need. However, the situations described by focus group members, where students are placed in unsafe clinical environments with inadequate supervision, are treated as staff rather than as supernumerary, and do not know to who or how to raise concerns, directly reflect the issues raised by students at Canterbury Christ Church; as such, these issues represent a significant risk to the University, particularly with respect to the accreditation of its courses.

Students felt that improvements had been made with respect to proactive support for student well-being, but the pastoral support during and after placements that they keenly needed, and had requested again and again, was still not provided.

“why don’t you actually say let’s have a post-placement debrief and talk about things we’ve said this time and time again ... we just don’t get them.”

One focus group member commented that several of their cohort had already decided, based on their experience on the course, not to pursue a career in nursing at the end of the degree. Another focus group member expressed the dedication and frustration that was common across the focus groups:-

“Why is it such a hard course? Because it shouldn’t be. It’s something really exciting. You’re caring for people. You’re doing something for compassion. So why is that compassion not brought into [our experience]”

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