Evaluation of long arm practice supervision and assessment of nursing students
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September 2022.

Contents

Context of the research

The education of students wishing to become a Registered Nurse is governed by the professional body, Nursing and Midwifery Council (NMC). The NMC set standards for the education of nursing students and Universities offering courses leading to professional nursing registration must demonstrate how they are achieving the given standards https://www.nmc.org.uk/education/our-role-in-education/

Student nurses can undertake their professional registration within an undergraduate program (BSc) or a post graduate program (MSc). Whichever route is taken the student must complete the required academic modules and clinical learning hours. The clinical learning environments experienced by student nurses should enable the student to meet the NMC Standards of proficiency for registered nurses.

'Clinical learning environments' have historically been associated with healthcare services e.g. Hospitals and community nursing services. More recently there has been increasing recognition that valuable learning opportunities, relevant to the nursing proficiencies, can be obtained in many other care arenas e.g. social care, independent organisations, private organisations (Knight et al, 2022). It is essential that the learning environments supporting student nurses are able to meet the standards required by the NMC through quality assurance processes e.g. educational audit (NMC, 2018).

Many social care environments can meet the requirements of the educational audit; to demonstrate that they are able to support learners, ensure safety of learners, staff and clients and promote learning opportunities, but they may not be able to meet the NMC requirement for a practice supervisor and/or a practice assessor.

NMC state "nursing students are assigned to practice and academic assessors who are registered nurses with appropriate equivalent experience for the student's field of practice" (NMC, 2018, p.8) This can be a limiter to placing student nurses in social care environments.

At the University of Huddersfield, a successful funding bid from Health Education England (HEE) enabled the piloting of a novel approach to overcoming this potential barrier, to utilise beneficial learning environments, with support from long arm practice supervisors (LAPS) and long arm practice assessors (LAPA).

- During the funded pilot project 4 experienced nurses were appointed to the University's part time hourly paid 'pool' and they acted as LAPS or LAPA depending on the placement requirements.
- 6 new learning environments were established during the project which required support from LAPS and LAPA as there were no nurses working in the environments i.e. a private social care organisation and 5 residential homes for people with learning disabilities.

The evaluative research summarised in this report ran alongside the pilot long arm supervision and assessment pilot project.

Aims and objectives of the research

The **aim** of the research was to evaluate a novel approach to student nurse practice supervision and assessment.

The Objectives:

To explore the experience of long arm supervision from the perspective of

- placement provider
- student nurses
- practice supervisor and practice assessor

Ethics approval to undertake the research was granted by University of Huddersfield, School of Human and Health Sciences Research Ethics and Integrity Committee, in February 2022.

Research approach

The placement providers, LAPS, LAPA and student nurses involved in the pilot project were invited to participate in the research by email. They were asked to read the research information sheet and return a consent form if they wished to participate in the research. It was made clear in the email, and information sheet, that participation in the research was not compulsory: declining to be involved would not affect the management of the clinical learning opportunity in any way.

Semi-structured interviews were used at approximately the beginning, middle and end of a placement (dependent on participant and interviewer availability), to obtain a narrative from the placement provider, the student nurse and the practice supervisor and practice assessor. The main areas of exploration during the interviews were

- What makes the long arm supervision and assessment model of support work?
- What are the challenges to this model of support?
- What are the key tips re this approach to supervising students?

The interviews were not undertaken by the main researcher (Linda Sanderson) as she was closely involved with the development of the new placement areas and the operational aspects of the long arm supervision/assessment pilot project. Dr Sara Eastburn kindly offered to undertake the interviews. The interviews were undertaken over a virtual platform, MS Teams, and recorded for analysis purposes.

A total of 3 students, 1 placement provider and 4 nurses (acting as either LAPS or LAPA) were interviewed. These 8 participants were involved in a total of 11 separate interviews undertaken at various points during the placement.

	Student 1	Student 2	Student 3	Placement provider	Nurse 1	Nurse 2	Nurse 3	Nurse 4
Beginning of placement			x	x	In LAPA role	In LAPS role		
Middle of placement	x	x					In LAPA role	
End of the placement		x			In LAPA role	In LAPS role		In LAPS role

Thematic analysis of the interviews was undertaken by lead researcher and interviewer independently. The themes identified by both were discussed and consensus reached as to the main themes of the interviews reported in the next section.

Thematic analysis of the research data
There was commonality of ideas from the different perspectives of the student, the LAPS, the LAPA and the placement provider; these key themes are reported here.

What makes the long arm supervision and assessment model of support work?
Three themes were identified in relation to what makes the long arm model of student nurse support work:

- Belief that the long arm supervision and assessment model can work and be beneficial for all concerned
- Robust communication between all parties to facilitate and support the learning of the student

- Ensuring student learning is central to the model

Below are summaries of the narratives of the different participants related to each theme.

1. Belief that the long arm supervision and assessment model can work and be beneficial for all concerned

Placement provider perspective	Long arm Practice supervisor perspective	Long arm Practice assessor perspective	Student nurse perspective
- Keen to open new placements - To recognise 'blurring of boundaries' between health and social care - To promote a positive learning environment in the organisation - Reciprocal learning between staff and student and the LAPS/A - Promotes consideration of nursing roles in social care environment for future development of the service	- Recognising non healthcare settings as valuable learning environments for student nurses. - It was a 'joy' working in this way, encouraging student to take control of their learning. - Relevant model for all fields and all stages of learning	- Keen to be involved and share expertise - Good way to embed SSSA NMC standards which states PA should be long arm - Enables opportunities for students to learn in non-traditional settings - Unifies Health and social care - Raises profile of social care - This model enables rigorous assessment of the student, ring fenced time to do it.	- Opportunity to work with a lot of different people, in a different 'type' of learning environment - Support from a lot of different people. - Lots of different learning opportunities - Recognised value of social care as a learning environment - Understood role of social care and integration with healthcare - Working with specialist team in a social care environment on day-to-day basis

2. Robust communication between all parties to facilitate and support the learning of the student

Placement provider perspective	Long arm Practice supervisor perspective	Long arm Practice assessor perspective	Student nurse perspective
• Key person in the organisation to support student daily	• Access to student Practise Assessment Document (PAD) before meeting the student so aware of their strengths or learning needs • Supporting learning environment team and student to 'gather evidence' of the student learning to present to LAPA • Regular communication with practice assessor • Thorough documentation by all involved	• Building relationships is essential for the successful support of the student • This demands organisation and planning of meetings and conversations to enable assessment of student. • Time is required to support student thoroughly and complete documentation • To negotiate roles and communicate	• Student needs clarity of who is in which role. • All feeding into the practice assessor

3. Ensuring student learning is central to the model

Placement provider perspective	Long arm Practice supervisor perspective	Long arm Practice assessor perspective	Student nurse perspective
• To look out for learning opportunities • Reality check-what can be achieved by student in this environment	• Using a coaching model to encourage student to take ownership of their learning. • LAPS to be creative and suggest learning opportunities to student, different ways to achieve the proficiencies. • An experienced and confident practitioner who has supervised and assessed students previously. • Coaching conversations to assist student in articulating their learning achievements and link with theory • Identified time to reflect on their practice with LAPS. Reflecting 'on practice' rather than 'in practice'	• This model enables rigorous assessment of the student, ring fenced time to do it. • LAPA can work alongside the student to assess particular activities e.g. medicines management • Students take charge of their own learning • Students are organised • Students need to be proactive	• Demands student to communicate with a lot of different people and be proactive • Good support available makes this placement OK for less confident students • Demands that students collect 'evidence' of their learning • Gained confidence in support available from non-nurses • Student feels supported by a team focussed on their learning • Allows development of organisational and time management skills

What are the challenges to this model of support?

One theme was identified in relation to the challenges of the long arm model of student nurse support:

- Lack of confidence: in a new model, new way of working and new learning environment

Below are summaries of the narratives of the different participants related to this theme.

1. Lack of confidence: in a new model, new way of working and new learning environment

Placement provider perspective	Long arm Practice supervisor perspective	Long arm Practice assessor perspective	Student nurse perspective
- Confidence of team in learning environment Can we do this? Can we meet expectations? Can we provide enough learning opportunities? - Is there enough time to do this whilst running a service? - Different expectations of students in different years: Different is OK but needs consideration	- Needs to be an experienced nurse who has confidence to transfer supervision skills to a different/new learning environment - Unknown learning environment team - Students from a different field to LAPS - Need to ensure adequate feedback from the team working with the student - Concern that a 'struggling student' may flounder in this environment BUT ringfenced time means student priority rather than the service to LAPS - Potential for students to 'hide their limitations'	- LAPA and LAPS were instrumental in guiding the placement team in supporting the student and identifying learning opportunities. - Many areas using LAPA will be 'new' placements, preparation re Nursing proficiencies and documentation - Building relationships with learning environment providers - Transferring skills to 'non-healthcare' settings	- Concerns about a 'different way of being supervised and assessed' (but actually it was 'OK') - Importance of preparing student to explain the model of support. Everyone's role - Demands student to communicate with a lot of different people - More work for student gathering evidence BUT acknowledged that this was useful learning 'Medical interventions' limited but understood wrap around care. - Thinking of different ways to achieve proficiencies - Working with non-nurse professionals and feedback

	• Feeling like a 'guest' in the learning environment initially. Required to build relationships and rapport quickly to support students and placement team • Concern re use of online PAD and time sheets. • Concern that the LAPS cannot point out opportunistic learning situations when not with student • Recognising that some proficiencies may not be achieved in non-healthcare setting • Reliant on reporting of the service providers supporting student day to day. LAPS needs to ask lots of questions. • Concern that the learning environment team cannot view things from a nursing perspective. LAPS has to support student to reflect on their learning with a nursing lens. • Pressure on students to produce evidence.	• Working in a new organisation • Reliant on student being proactive and organised. • Access and preparation re IT systems essential	from them as important as from LAPS • Recognising that not all proficiencies can be achieved at some non-healthcare placements • Guidance from LAPS/LAPA required to help student 'think out of the box' about learning opportunities • Feeling of missing out on some key nursing roles E.g. Ward management, handovers

Despite these challenges there was a positive narrative from the research participants that the long arm supervision and assessment model was a good approach to support rich student learning in care environments that had not previously been used for nursing students. The 'general' thoughts below capture some of this narrative.

General thoughts about the long arm model of supervision and assessment

Long arm Practice supervisor perspective	Long arm Practice assessor perspective	Student nurse perspective
• Encourages independent, organised learners • Relevant model for all fields and all stages of learning • Less distractions during supervision sessions • Students learn to be prepared for supervision meetings • Helps to employ SSSA NMC standards using this model	• Feels more rigorous than in a traditional setting • Potential to support all students as very student-centred model	• 'Articulating learning' rather than 'showing learning' was seen as a development of professional self "Came out better than when I went in" • 'It was better than what I had experienced before'

The research participants highlighted their 'key tips' for making the long arm supervision and assessment model work.

Key tips for making the long arm supervision and assessment model work

Placement provider perspective	Long arm Practice supervisor perspective	Long arm Practice assessor perspective	Student nurse perspective
• Relationship and communication between university and learning environment team before, during	• LAPS/PA should be experienced in the role of supervising and assessing student. • Hours allocated to supporting students need to be generous to allow time for building	• Preparation of all involved particularly when the placement is new for all. • Induction of new LAPA	• Communication with all involved at start of placement (possibly before?) to clarify roles and communication pathways to avoid student repeating conversations • Preparation of placement team so they are confident to give feedback in their sphere of expertise

and after the placement. • A key person to link the placement, LAPS/LAPA and student • Preparation of the learning environment team re student nurse learning needs and assessment	relationships and essential communications associated with the role. • Opportunities for LAPS, LAPA, student, and placement provider to meet to discuss progress/achievements/concerns • Opportunities for LAPS, LAPA, and placement provider to meet before student starts to understand learning opportunities • Use a coaching approach • Students must be prepared to gather evidence to share with their LAPS and LAPA. • Open communication channels between LAPS, LAPA and placement team. • Book all LAPS sessions asap and invite learning environment team • Use PAD as a central communication point	• Support/clinical supervision sessions for LAPA and LAPS • A key person at university to organise all of this. • Recognition that not all proficiencies may be achieved in social care placements. • A planned induction to include meeting LAPA. • Systems in place for supporting student e.g., PAD access	• Booked in meetings with LAPS/LAPA • Willingness to discuss how proficiencies can be achieved in a non-healthcare environment • Coaching approach to ensure student central to learning • Non nursing placements must be meaningful-not just used to increase capacity. Used in conjunction with more traditional healthcare settings • Assistance to help students organise spoke placements e.g., a letter from university stating student undertaking a placement with social care.

These key tips have been incorporated into the organisation of the placement of students into learning environments where LAPS and LAPA are required. Other strategies are also required to assist the smooth running and ongoing development of these new care learning environments using the LAPS and LAPA model.

The steps taken to address the challenges raised by the research participants and develop the benefits include:

• The development of a Standard Operational Procedure for student nurse placements with no suitably registered professionals (PNSRP)
• Central person at university co-ordinates preparation of the placement team, preplacement meetings with all concerned i.e. placement provider and team, student, LAPS and LAPA. An introductory email is sent to all these people, prior to the student starting the learning

experience, clearly identifying everyone's role, encouraging communication, and making of arrangements for the initial meeting when the student is attending the learning environment.

- Robust HR processes to ensure mandatory training completed by the LAPS/LAPA and payments made efficiently.

Costs

The long arm supervision model was set up and utilised for the placement of 7 student nurses, on adult, learning disability and mental health fields of nursing, for a total of 50 weeks in the period January 2022-September 2022. The cost of this work was covered by HEE Clinical Placement Expansion Programme (CPEP) funding of £10,000. The University of Huddersfield have agreed to continue supporting the long arm approach to student support. LAPS and LAPA will continue to be paid via the part time hourly paid arrangements. The LAPS are normally paid for 2 hours per week whilst the student is in the learning environment and the LAPA for 3 hours per meeting (normally initial, middle, and final interview). These hours may be increased when supporting a learning environment that has not had students previously or if the student requires extra support for any reason.

Conclusion

At a time when clinical learning environments are at a premium, the long arm supervision and assessment model has been fundamental to opening new and valuable learning environments for student nurses. There is scope for these newly audited environments to take other health care professional students in the future.

This evaluative research, alongside the introduction of the new model of working, has proved invaluable for supporting this approach to student supervision and assessment; for highlighting the potential challenges to the approach and also offering valuable solutions and tips to address the challenges.

This research has contributed greatly to the willingness to sustain this long arm supervision and assessment approach to those rich learning environments where there is not a registered nurse present.

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