Creating an environment for learning

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Abstract
This article, the third in a series of 11, provides guidance to new and existing mentors and practice teachers to enable them to progress in their role and develop a portfolio of evidence that meets the Nursing and Midwifery Council’s Standards to Support Learning and Assessment in Practice (SSLAP). The importance of developing a high quality practice placement is discussed in relation to the fifth domain of the SSLAP, ‘creating an environment for learning’. The article provides learning activities and suggests ways in which mentors and practice teachers can undertake various self-assessments, enabling them to gather relevant evidence to demonstrate how they can meet and maintain the requirements of this domain.

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THE DEPARTMENT OF HEALTH (DH) emphasised the need for high quality practice placements within the healthcare sector, as part of its plan to modernise the NHS (DH 1999, 2000, English National Board for Nursing, Midwifery and Health Visiting (ENB) 2000). The Scottish Government and NHS Education for Scotland (NES) (2007) are also committed to developing supportive and challenging learning environments for healthcare practitioners as part of their national approach to mentor preparation.

The Quality Assurance Agency for Higher Education (QAA) (2007) published the second edition of the Code of Practice for the Assurance of Academic Quality and Standards in Higher Education. This document identifies a series of system-wide principles (precepts) relating to the management of academic quality and standards in higher education. Section 9, which relates to work-based and placement learning, provides guidance for the national arrangements for quality assurance in higher education in the UK.

Supportive learning environments are crucial to develop the future workforce, and practice placements are an essential component of the education process (Ripley 2007, Royal College of Nursing (RCN) 2007). Stuart (2007) emphasised that practice placements are as important as theory-based learning. Clinical practice experience is widely acknowledged as one of the most important facets of a student’s educational preparation to become a healthcare practitioner (Glen and Parker 2003, Papp et al 2003, RCN 2007).

There are many factors that contribute to an effective practice placement, and ultimately an optimum environment for learning (Box 1). One major factor affecting learning is the environment in which it takes place (Price 2004a). In a qualitative study, Papp et al (2003) found that practice placements are difficult to control as a learning environment, are constantly changing and are sometimes unpredictable. In their study of nursing students’ views of learning opportunities, Löfmark et al (2008) found that a supportive practice placement is fundamental to students’ learning, but is also important for staff. However, conflicting demands on staff can hinder the quality of practice placement learning.
Creating an effective environment for learning through a practice placement is an important responsibility of mentors (Walsh 2014). The practice placement provides an ideal environment for mentors to ensure students can relate theory to practice (Koh 2002, RCN 2007). For effective learning to occur, the practice setting should embody an ethos that nurtures and supports learning (Walsh 2014). Clear guidelines and best practice should be implemented to ensure students do not have negative experiences during their practice placements (Donaldson and Carter 2005).

This article addresses domain 5 of the Standards to Support Learning and Assessment in Practice (SSLAP) (Nursing and Midwifery Council (NMC) 2008), ‘creating an environment for learning’ (Box 2). Mentors and practice teachers should continually review their practice placement as an environment for learning and identify ways to maintain and enhance it. For in-depth information on the SSLAP (NMC 2008) and its requirements, the reader is referred to the first article in this series (Houghton 2016).

**Identify aspects of the learning environment that could be enhanced**

Identifying aspects of the learning environment that could be enhanced is one of the many responsibilities of the mentor and practice teacher (NMC 2008). There are several ways in which mentors and practice teachers can review practice placements to identify ways to improve them. The mentor or practice teacher could undertake a strengths, weaknesses, opportunities and threats (SWOT) analysis (Walsh 2014) or evaluate the practice placement using one of the many published placement checklists. Table 1 provides a checklist that has been adapted from the RCN (2007) toolkit and the ENB checklist for providing practice placements (ENB and DH 2001). The NES website (www.nes.scot.nhs.uk) and local university websites for mentors, also provide useful information to help create an effective learning environment.

Mentors and practice teachers should review the practice placement regularly to maintain an environment suitable for learning (Box 3). The evaluation of learning will be addressed in detail later in this series. Mentors and practice teachers should seek student feedback on their learning experience during practice placements, and use this information to identify areas for improvement and enhance the learning opportunities for future students (Walsh 2014). Moreover, reviewing the evaluation forms completed by students once they return to university is recommended. In this way, mentors and practice teachers are able to monitor, improve and maintain a high quality learning environment.

**Ways to enhance and create an optimum learning environment for students**

There are various factors that can help create an optimum learning environment and enhance the student’s experience.

**Mentors and practice teachers**

‘Creating a good learning environment is the real substance of mentoring’ (Walsh 2014). Domain 5

**BOX 1**

**Factors that contribute to an effective practice placement**

- A culture that supports continuing professional development.
- Use of evidence-based practice.
- Effective welcome and orientation of students.
- Effective role models.
- Sufficient staffing levels.
- An adequate number of mentors with the essential qualities and skills.
- Appropriate learning resources.
- Time for learning and student support.
- Ward managers and mentors with leadership skills.
- Team mentoring.
- Well-organised practice placements and planned student learning.
- Students are respected and feel they are valued part of the team.
- Students’ supernumerary status is respected.
- Range of experiences provided, relevant to the student’s stage and level of learning.
- Evaluating practice placements using audit tools and evaluation methods to identify areas for improvement and meet any shortcomings.
- Effective links with academic and practice education facilitators in the university.
- Mapping the curriculum to identify learning opportunities.

**BOX 2**

**Domain 5 of the Standards to Support Learning and Assessment in Practice: creating an environment for learning**

**Stage 2: mentor**

- Support students to identify learning needs and experiences that are appropriate to their level of learning.
- Use a range of learning experiences, involving patients, clients, carers and the professional team, to meet defined learning needs.
- Identify aspects of the learning environment which could be enhanced, negotiating with others to make appropriate changes.
- Act as a resource to facilitate the personal and professional development of others.

**Stage 3: practice teacher**

- Enable students to access opportunities to learn and work within interprofessional teams.
- Initiate the creation of optimum learning environments for students at registration level and those in education at a level beyond initial registration.
- Work closely with others involved in education, in practice and academic settings, to adapt to change and inform curriculum development.

(Nursing and Midwifery Council 2008)
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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Action to be taken, by whom and date to be achieved</th>
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<tbody>
<tr>
<td>Does your practice placement have a profile that determines:</td>
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<td>‣ The maximum number and type of students in a placement?</td>
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<td>‣ The stage, level and skills required by the student before beginning the placement?</td>
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<td>‣ The learning opportunities available and the learning outcomes expected from the placement?</td>
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<td>Does the practice placement have a stated philosophy of care that is reflected in practice and supports the curriculum aims?</td>
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<td>Does the practice placement respect the rights of health service users and their carers?</td>
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<td>Does the provision of care respect the privacy, dignity, and religious and cultural beliefs and practices of patients and service users?</td>
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<td>Is the provision of care based on relevant research and evidence-based findings, where these are available?</td>
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<td>Do you have enough mentors to support and assess the students and to observe students’ achievement of the intended learning outcomes over a suitable period of time?</td>
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<td>Do students gain experience as part of a multiprofessional team?</td>
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<td>Is a mentor allocated before the placement?</td>
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<td>Do you name a second mentor or associate mentor in your absence?</td>
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<td>Do you send or email new students a welcome letter before they arrive?</td>
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<td>Do you orientate the student to the practice placement on their first day?</td>
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<td>Do you provide the student with an induction pack that contains:</td>
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<td>‣ Staff profile?</td>
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<td>‣ Contact details and shift pattern?</td>
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<td>‣ Type of placement or specialism?</td>
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<td>‣ Learning opportunities?</td>
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<td>‣ Specialist information?</td>
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<td>‣ Resource list?</td>
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<td>‣ Recommended reading?</td>
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<td>Do you check that the student has received the required mandatory training and updates?</td>
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<td>Do you ensure that you introduce students to the practice placement team in the first week?</td>
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<td>Do you ensure that you undertake the initial meeting with students in the first week?</td>
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<td>Do you establish roles, responsibilities and expectations in terms of standards and attitudes?</td>
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<td>Do you enquire about any additional support needs?</td>
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<td>Do you discuss and agree the midpoint and final meeting dates and note them in relevant documents or communication diaries?</td>
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<td>Do you agree a timetable for working together?</td>
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<td>Do you know the undergraduate programme and establish the student’s level of training?</td>
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<td>Do you establish the student’s required learning outcomes?</td>
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<td>Are you aware of the assessment requirements?</td>
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<td>Do you ensure that the student knows who will be supervising them in the absence of the mentor or associate mentor?</td>
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of the SSLAP (NMC 2008) states that mentors and practice teachers must demonstrate that they can create an environment for learning. Thus, mentors and practice teachers are fundamental to the student’s smooth transition to the practice placement (Baglin and Rugg 2010).

The mentor-student relationship is multidimensional and may be viewed differently by the mentor and student, with each having different expectations (Wilkes 2006). Learning is enhanced when students work with enthusiastic and approachable staff (Gopee et al 2004). The qualities and attributes of the mentor are an important element of the practice placement (Gray and Smith 2000). There is a plethora of research regarding the essential qualities, attributes and characteristics of an effective mentor. For further discussion about effective mentors and practice teachers, the reader is referred to a previous article in this series (Houghton 2016).

Welcome and orientation
The first essential principle in creating an optimum learning environment is to ensure that an effective mentor-student working relationship is established from the outset. First impressions are important. Students like to feel expected and made welcome and this can ease some of their anxieties (Walsh 2014). Advanced planning helps to create a supportive learning environment (Jokelainen et al 2011).

The practice placement should begin with a thorough, well-planned, structured induction and orientation, taking into account physiological and safety requirements. Maslow’s (1970) Hierarchy of Needs identifies that learning cannot take place before physiological and safety requirements have been met. Therefore, the student should be given a tour of the placement area, including the layout, fire exits, important equipment and where it is stored, location of toilets, a discussion of health and safety issues and procedures, contact numbers, start and finish times, and breaks.

An effective welcome and integration of the student into the team will enable them to take advantage of learning opportunities early on in the placement (Walsh 2014). Students who feel unwanted are less likely to perform well (Casey and Clark 2011). It is essential that mentors and practice teachers develop effective working relationships with students. Walsh (2014) stated that getting to know the student is important; finding out about their likes and dislikes, interests and any domestic, childcare or transport issues will help the student feel respected, acknowledged and motivated.

Practice placement culture and leadership style
It is the mentor or practice teacher’s role to ensure that the student experiences a high quality practice placement. However, suitable surroundings for clinical practice are also essential for learning

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<tr>
<td>Do all students receive consistent supervision and support during all practice placements and work at least 40% of the placement time with their mentor?</td>
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<td>Do you ensure that the student spends an additional one hour per week with a sign-off mentor during their final placement?</td>
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<td>Do you ensure that supervision is given by a registered nurse or midwife (as applicable) when undertaking clinical skills?</td>
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<td>Do you agree achievable time frames for meeting learning outcomes?</td>
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<td>Are students’ learning needs, achievements and opportunities reviewed regularly?</td>
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<td>Do you offer constructive feedback on students’ progress at regular intervals?</td>
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<td>Do you contact the practice education facilitator or higher education institute link tutor if the student is not progressing?</td>
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<td>Do you ensure that you complete the practice placement assessment documentation in the final week?</td>
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<td>Is there a learning resource area available in the practice placement environment?</td>
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<td>Does student feedback contribute to the ongoing evaluation of the learning environment and the student experience, and are all stakeholders aware of the feedback?</td>
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(Adapted from English National Board for Nursing, Midwifery and Health Visiting and Department of Health 2001, Royal College of Nursing 2007)
An optimum environment for learning is one in which there is effective co-operation between staff, and where students are appreciated and given opportunities to study. Furthermore, students require support and nurturing to meet their learning needs (McAllister 2001, Burns and Patterson 2005).

As well as being supported, students regard the attitudes and behaviours of staff in the practice placement as an important factor in their learning (Jackson and Mannix 2001, Papp et al 2003, Palmer et al 2005). Practice placement staff have a significant influence on the quality of learning (Pearce 2004). When staff have a negative attitude towards students, it can make them feel insecure and frightened (Morgan 2004). Early studies by Fretwell (1980) and Orton (1981) demonstrated that the ward manager is central to the attitudes of staff towards learning in the placement area. Gerrish (1990) reported that if the ward manager promotes learning, this has a positive effect on the attitudes of other staff. Saarikoski and Leino-Kilpi (2002) also found that the leadership style of the ward manager was an important element in creating a positive ward culture and attitude towards students and their learning needs. Although the ward manager has overall responsibility for student learning and creating a positive learning environment, this is often given low priority (Gerrish 1990). In contrast, Morgan and Collins (2002) identified that some ward managers are committed to, and set the tone for, student learning.

Cultural and organisational factors within the practice placement also influence the student’s experience (Pearcey and Elliott 2004). Effective ward management and a positive atmosphere contribute to the quality of the learning environment (Löfmark et al 2008). Although ward management is important for setting the standard for an optimum learning environment, staff nurses and midwives undertake the role of mentor or practice teacher and are central to facilitating student learning (Condell et al 2001).

Enabling students to access a range of learning experiences

Not only are mentors and practice teachers responsible for ensuring they review ways to maintain, enhance and provide an optimum learning environment, they must also ensure students have access to a range of learning experiences that involve patients, service users and carers, and that students work and learn interprofessionally (Box 4).

Team mentoring

Papp et al (2003) found that being part of the team constituted a successful practice placement for students. Team mentoring is one way to ensure that students are integrated into the team. Students are reported to appreciate team mentoring because they value working with a range of staff (Baldry Currens and Bithell 2000, Caldwell et al 2008). Team mentoring fosters the ethos that the student does not only ‘belong’ to the mentor but also to the whole team (Walsh 2014). Although one mentor is responsible for the student’s learning, and for facilitating and co-ordinating the learning experience, all staff within the team contribute to the student’s learning. Communication is essential and it is important that staff feed back to the named mentor regarding the student’s progress, and understand their role and responsibilities in the student’s education (Caldwell et al 2008).

The use of a team mentoring approach could potentially relieve some of the burden on the named mentor and enable diversity of experiences and teaching styles. In addition, it draws on the strengths in the team to enable students to meet their learning needs and understand the importance of team working (Caldwell et al 2008). Team mentoring could also strengthen the reliability and validity of the student’s assessment (Gopee et al 2004) because it could potentially reduce bias, especially if there are difficulties with the mentor-student relationship (Redfern et al 2002). However, Walsh (2014) stated that care should be taken to ensure that the mentor does not

**BOX 3**

**Learning activity 1**

Review the checklist in Table 1. Analyse your clinical area or practice placement using the checklist questions. Can you identify any gaps within your practice placement? What areas do you think should be improved and how do you intend to do this? Devise an action plan, indicating how you intend to meet any shortcomings you have identified. Set yourself realistic time frames for when you anticipate to complete these actions. Include your completed checklist, action plan and notes in your portfolio and map these against the relevant domains and outcomes of the SSLAP.

**BOX 4**

**Learning activity 2**

Reflect on your clinical area or practice placement as an environment for learning. Note the strengths and limitations of your area in supporting student learning. Which areas do you think should be improved on and how do you intend to do this? Discuss this with your team and university link tutor. Make a list and set goals for how you intend to make improvements. Negotiate with your team and link tutor to make the appropriate changes. Include your reflection and other notes in your portfolio and map these against the relevant domains and outcomes of the SSLAP.
disown the student and that the student does not feel unsupported.

Students might miss out on opportunities and feel unsupported if it is not clear which mentor has overall responsibility for their supervision (Caldwell et al 2008). They might lose confidence in their abilities or might not achieve the required learning outcomes and could fail the practice placement through no fault of their own.

Another role of the mentor or practice teacher is to facilitate personal and professional development of others, and team mentoring can assist with this. This is specifically mentioned in domain 5, stage 2 of the SSLAP (NMC 2008) in relation to the mentor (Box 2), however both the mentor and practice teacher roles involve developing others personally and professionally. This facilitative role is crucial, but may be time consuming. Therefore, effective time management and organisational skills are central to successful mentorship.

**Time and supernumerary status**

Finding time to mentor students is an essential component of an effective practice placement, yet this is often challenging. It is important to help students reflect on their experience. Students have reported that spending time with their mentor enhances their experience and that the opportunity for frequent, short interactions enables them to feel supported during their placement (Walsh 2014). Furthermore, the NMC (2008) requires that students spend at least 40% of their time on placement working directly or indirectly with their named mentor. According to Beskine (2009), the mentor can delegate educationally focused tasks involving patient care to the student; however, it is important not to take advantage of the student and use them as an ‘extra pair of hands’. Students should be released from such tasks to be involved in opportunistic learning.

Mentors and practice teachers should find time to spend with students, either immediately following a patient interaction or for half an hour at the end of the shift. During this time, the student should be given the opportunity to discuss and reflect on their experiences. For students on a community placement, time spent travelling from one patient to the next could be used to discuss the patient’s condition, reflect on learning, and identify any strengths and challenges (Bennett 2003, Price 2004a).

**Other resources**

Other resources are also important for learning. Ideally, students should have access to a quiet room or area where they can locate resources and use them to inform their practice. This area should contain up-to-date journals, books, health promotion leaflets, National Institute for Health and Care Excellence (NICE) guidelines and local practice guidelines, and have internet access.

However, Walsh (2014) cautioned that students should not spend excessive time engaged with these resources as an alternative to being in practice, since access to plentiful resources does not necessarily mean improved learning (Price 2004b). Moreover, these resources require regular review, since service provision can change subtly over time (Ripley 2007).

Within the practice placement there is a significant amount of informal teaching; however, formal structured teaching sessions could be planned and delivered (Box 5). These sessions can be offered by staff within the practice placement that have an interest or expertise in a particular area of practice, or by any other professional who has links with the practice area. A rolling programme over several months could be planned and dates, times and venues, along with topics, could be highlighted in the student induction pack or indicated on a noticeboard so that students are fully informed of the teaching sessions available.

**Using a range of learning experiences**

Although preparing and updating learning resources and organising teaching sessions is best practice, the most valuable learning resources a student can access are patients, service users, carers and other healthcare practitioners.

**Patients, service users and carers**

The valuable contribution of patients, service users and carers should be integral to every aspect of the nursing programme (for example, recruitment and selection, curriculum development and evaluation, student learning and student assessment) and a central aspect of nurse education (Scammell et al 2012). The NMC (2008) emphasises the need for patients, service users and carers to be part of the student teaching, learning and assessment experience. Service users are often willing to put their experiences to practice to support you and what topics they could cover. Can you now plan a rolling programme of structured teaching sessions?

**BOX 5**

**Learning activity 3**

Identify the members of your team that can assist in providing structured formal teaching sessions to students. Make a list of the other multidisciplinary team members who could also contribute to this. Contact these staff to ascertain if they are willing to support you and what topics they could cover. Can you now plan a rolling programme of structured teaching sessions?
themselves forward as a resource for learning (Stockhausen 2008), and patients are usually willing to assist students in gaining the necessary experience to complete their training (Suikkala and Leino-Kilpi 2005).

Many patients, service users and carers have experience of living with particular conditions and have come to terms with their diagnosis or disease. Students can use these experiences to develop knowledge and understanding of living with particular diseases. Involving students in direct patient contact and care enhances student learning (Stockhausen 2008). Teaching approaches that promote service-user involvement and the use of ‘real life’ experiences can demonstrate to students the importance of interprofessional working (Gordon et al 2004). Students value this learning and can develop increased understanding of the patient journey (Gordon et al 2004).

Mentors and practice teachers should explore ways in which patients, service users and carers can contribute to providing an optimum learning environment. Experienced mentors and practice teachers are knowledgeable about patients’ conditions and can identify learning opportunities associated with patients that a student might not have noticed (Stockhausen 2005). Thus mentors and practice teachers should encourage students to engage with patients, service users and carers at every opportunity (Box 6).

**Hub and spoke practice placement model**

The NMC (2008) states that a range of experiences for students should be provided by mentors and practice teachers. Students should be given the opportunity to work with other members of the immediate team and the multidisciplinary team, so it might be helpful to provide a directory of useful contacts (Channell 2002). Failure to provide these opportunities could result in a lack of relevant experiences for students on a practice placement (Beskine 2009). However, staff shortages can hinder these opportunities and consequently affect student learning.

Various healthcare practitioners, such as specialist therapists, can provide valuable learning opportunities for students. The use of the ‘hub and spoke’ model enables students to learn from other professionals to enhance their experience. The hub and spoke model not only promotes a high quality learning environment, but also maximises learning opportunities and exposure to interprofessional practice to broaden the student’s experience.

In a hub placement, the student is allocated to an area of practice and assigned a named mentor (Roxburgh and Bradley 2012). The spoke placement is a secondary learning experience that is related to the hub (Roxburgh and Bradley 2012). The spoke placement can provide learning opportunities linked to the patient’s journey that might not be available within the hub placement. This enables the student to experience a comprehensive view of care. The hub and spoke model provides the student with a meaningful, person-centred learning approach (Roxburgh et al 2012).

The named mentor in the hub placement should arrange for the student to spend time with another member of the multidisciplinary team (spoke placement). This might vary from a couple of hours to a few days. During the spoke placement, the student is supported by a named supervisor who oversees the student and reports to the named mentor in the hub. Mentors can identify the relevant multidisciplinary team members for a spoke placement by reflecting on several patient journeys from the hub practice placement and mapping these against the student’s learning outcomes (Box 7).

By thinking about the speciality within the hub practice placement, a mentor should be able to

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**BOX 6**

**Learning activity 4**

Reflect on the role of patients, service users and carers in nurse education. Consider how you can enable these groups to contribute to student learning, apart from the student being involved in their care. List some of the different ways service users can contribute within your particular practice placement. Can your suggestions be shared with other mentors or practice teachers in your practice placement, or included in the induction pack or student noticeboards so that students can engage in these alternative ways of learning? Include your ideas, notes and suggestions in your portfolio and map these against the relevant domains and outcomes of the SSLAP.

**BOX 7**

**Learning activity 5**

Make a list of the multidisciplinary team members that can provide relevant learning experiences for students and fulfil the role of a spoke placement. How can they contribute to the student’s learning? Look at several patient pathways and list the other members of staff that the patient will encounter during their journey. Add these to your list. Analyse how these team members could contribute to the student’s learning. Devise a directory of relevant staff members and spoke placements that should include staff names, contact numbers and location. Include your notes and directory of useful contacts in your portfolio and map these against the relevant domains and outcomes of the SSLAP.
to identify a number of patient pathways that could become valuable learning opportunities for students. Mcclimens et al (2013) found that patient pathways offered students opportunities for learning, exposed them to specialist and emerging fields of practice, and enabled them to prepare for particular roles after registration. The student can follow a patient’s pathway through the healthcare system to gain knowledge and understanding of the required care and treatment.

**Portfolio development**

Mentors are required to demonstrate that they have met the requirements of the SSLAP stage 2 framework (NMC 2008) through the development of a portfolio. Domain 5 of these standards is creating an environment for learning (Box 2). Completing the learning activities included in this article should provide appropriate evidence towards this domain and outcomes. The experience of facilitating a learner in practice would generate further evidence for the portfolio once the welcome and orientation process for the allocated student has taken place. Provided the student gives consent and ensuring anonymity to maintain confidentiality (NMC 2015), a copy of the student’s university orientation checklist and initial interview, midpoint meeting, and the final meeting documentation can be used as evidence in the portfolio, along with any other action plans devised and completed.

Reflection on how mentors and practice teachers have created an environment for learning and the related learning process may also provide evidence for this domain. The student’s evaluation of their learning experience or placement evaluation form may also be useful, along with thank you cards or student testimonials. This evidence should be mapped and cross referenced against the relevant domains and outcomes of the SSLAP (NMC 2008), since the evidence will not only meet the creating an environment for learning domain, but may also meet the requirements of the other domains (Box 8).

**Conclusion**

Practice placements are essential for student learning, allowing them to relate theory to practice and gain the necessary skills to become competent practitioners. Creating an environment for learning is central to this process and the mentor or practice teacher has an important role in supporting student learning. There are various components involved in creating an optimum learning environment. Establishing effective working relationships is crucial. A thorough orientation provides a positive first impression and helps to relieve any initial anxieties students may have.

Mentors and practice teachers can contribute to providing an optimum environment for learning by reviewing and identifying ways to enhance the practice placement in relation to the support provided, ward culture, team mentoring, planning of learning opportunities and availability of resources.

The next two articles in the series will explore facilitation of learning. **NS**

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**References**


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**BOX 8**

**Domains of the Standards to Support Learning and Assessment in Practice**

- Establishing effective working relationships.
- Facilitation of learning.
- Assessment and accountability.
- Evaluation of learning.
- Creating an environment for learning.
- Context of practice.
- Evidence-based practice.
- Leadership.

(Nursing and Midwifery Council 2008)


English National Board for Nursing, Midwifery and Health Visiting (2000) *Education in Focus: Strengthening Pre-Registration Nursing and Midwifery Education. Section 1, General Curriculum Guidance and Requirements for Pre-Registration Nursing and Midwifery Programmes*. ENB, London.


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