New approach to nurse education affects every registrant – but are you ready?

The Nursing and Midwifery Council’s new education standards take a fresh approach to supervision, assessment and the nurturing of nurse leadership

By Lynne Pearce

With fundamental changes to how nursing students are trained coming in September, the effects will be felt across the profession.

‘It’s massive,’ says RCN professional lead for practice-based learning Jean Christensen. ‘This is the biggest change to the way nurse education is delivered, certainly in my memory.’

To help prepare all sectors of the profession for the Nursing and Midwifery Council’s (NMC) wide-ranging reforms, the RCN organised a series of regional workshops in England.

These sessions attracted nursing students, registrants from all sectors including education.

‘We wanted to ask what we could do to support them to implement the standards,’ explains Dr Christensen. ‘This was a very interested and motivated audience, but there was still confusion.

‘A lot of nurses felt the new standards were for students, not them. They didn’t realise they had an impact on every single nurse, midwife and nursing associate.’

Supervision and assessment

In particular, there were gaps in registrants’ understanding of the new roles of practice supervisor, assessor and academic assessor, which form a key aspect of the fresh approach.

This separates support and supervision from assessment, and replaces the existing system in which students were expected to spend 40% of their placement with one trained mentor.

Practically, it means many more registered practitioners will be involved in supporting students.

‘It’s now the responsibility of all nurses, midwives and nursing associates to be a practice supervisor. It’s a really big difference,’ says Dr Christensen.

‘Some people are frightened of these changes, but there’s no need to feel that way.

‘A lot of them will be positive. It’s about understanding what they are and learning how to work with them, gaining the knowledge to be able to deliver well.’

Can staff say no? ‘Lots of people have asked that question,’ says Dr Christensen. ‘It’s in the Code so it is an expectation, but while it’s seen as new, it has always been this way – if you’re a registered nurse, or even a third-year student, you supervise those who have less experience. It’s not an onerous thing that is being asked.’

Non-NHS placements

In the past, lack of trained mentors has been a barrier to students experiencing practice outside more conventional NHS settings. ‘It was difficult for smaller organisations, but now it should be easier to have placements in GP surgeries, care homes and the independent sector,’ says Dr Christensen.

‘Good placements outside the NHS are vital. This should give students a better feel for what it means to be a nurse.’

‘We need to provide a lot of support for staff, helping them to upskill in new proficiencies’

Jean Christensen, RCN professional lead for practice-based learning
For Rachael Palmer, not having a mentor as she goes into her third year of an adult nursing course in September will be a major change. ‘It’s a big adaptation, especially for those of us in our final year, when you’re so close to qualifying,’ says Ms Palmer, who studies at Plymouth University. ‘We’re used to the one-on-one model, where you really get to know someone. Now it will be much more objective.’

Greater depth
‘My last placement was on a busy acute ward and I liked having a mentor, changing my shift to work with her as much as possible. We got to know each other well, building trust,’ says Dr Christensen. ‘There will be differences between those qualifying now and those to come, says Ms Palmer. ‘The new programme and standards have a much greater depth of learning in some areas. Students may have knowledge we don’t, as they are educated to a higher level. It could change the dynamic.’
Lack of mentoring might make students more independent

The new standards won’t be implemented until next year at Bangor University in Wales, but stakeholders, including students, have met to discuss the new curriculum. ‘It will be quite different,’ says Kayte Powell, who completed her adult nursing degree in August.

While she admits she had some reservations, she now welcomes the changes. ‘There is much more learning on the job and assessing clinical skills in practice,’ says Ms Powell. ‘It’s good because that’s where you feel very unsure at first. Most of your clinical skills come from placements.

She also feels reassured she won’t be outpaced by those who qualify after her. ‘At first I thought they’d graduate knowing much more than me. But the same courses are available to us as newly qualified nurses, so there will be much difference.’

Ms Powell is interested in how new students will cope without mentors. ‘In one two-week placement, I didn’t have a mentor. At first, I felt lost, but it made me think about what I really wanted from that placement.

‘I could then find it, getting to work with a wider variety of professionals. It might make you a more independent learner.’

Let’s see how protected time for assessing and supervising works in practice

As a dual adult and mental health nursing student, Amy Fancourt welcomes the emphasis on assessing both physical and mental health, as well as universities being more involved in assessing practice, and the focus on leadership.

Greater expectations

‘Nursing associates are doing much of what we would have been teaching students to do in their first and second years,’ she says. ‘Now there are more expectations on nurses, who have greater responsibilities. Students need to be able to take on roles as leaders from registration. I feel it’s helping us to move nursing forward.’

The university’s current students will finish their degrees in line with the old standards, but they are being kept informed about the changes. ‘We’re trying to upskill them,’ says Ms Seray-Warie. ‘We didn’t want them to feel that the new students will be getting a better deal.’

As a result, third-year students are being taught about venepuncture and cannulation and the university has introduced topics such as care of the deteriorating patient for those in their final year.

‘We are trying to make them more aware, so they don’t feel left out. It’s very easy, when a new programme starts, to forget about the ones that are already running. Some of our students will have two more years to go,’ she says.

At Imperial College Healthcare NHS Trust in London, which employs just under 4,500 nurses, they have already introduced a whole programme of training. The first stage supports existing mentors in the transition to the new roles of supervisor and assessor.

‘Eventually everyone will receive training to be a supervisor,’ says lead nurse for education Jan Goldsmith. ‘The Code is very clear that every nurse and midwife is expected to contribute to student learning. It’s a change, but one most agree is how it should be. This is our future workforce and we should all embrace being part of their learning.’

Training collaboration

In London, there has been a collaborative approach. ‘We have a pan-London practice learning group,’ explains Ms Goldsmith. ‘Higher education institutions and trusts are working together to produce resources and frameworks. Most will be using similar training.’

At Imperial, they are ensuring they have adequate trained staff to help students learn the required procedures. ‘We’ve just done a comprehensive mapping of all the services where we currently place students,’ says Ms Goldsmith.

‘Simulation is going to have a key role in rehearsing some of these skills. We’re working closely with our partnering universities to see where it might bridge some of the gaps.’

Modernisation

Students are excited by the new system, says Ms Fancourt, who is student member of RCN council. ‘The new standards are much more suitable for the modern nurse,’ she says. ‘I’m cautiously optimistic, but as with any changes, there will be kinks that need ironing out.

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