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**Toolkit to Support Community Learning Environments**

[Document subtitle]

**Toolkit to Support Community Learning Environments**

# Background

In July 2020 a Community Learning Experience Task and Finish Group was developed to look at healthcare students returning safely into community settings following a reduction of capacity in response to Covid-19. Community learning environments are essential not only to the overall capacity provision across GM but also for the students receiving a holistic learning experience. Therefore, it is key that GM re-establish community capacity as soon as possible.

There have been several challenges impacting on recovery plans; social distancing, car sharing and lack of communication technology, which require solutions if community placements are to contribute to the urgent requirement for student capacity across GM. These have been escalated to senior teams, but local escalation needs to continue if students are to return safely.

In support of opening community learning experiences, the community group have produced 5 General Principles which PEFs, Assessors and Supervisors can utilise to support the recovery of community learning experiences.

The ask is now for clinical practice educators to “Think outside the Box” whilst prioritising actions and developing resources for students meet their community proficiencies.

Clearly community services work differently across GM, therefore not one size will fit all. **This document and the examples within it, is a guide only** and is not an exhaustive list and can be amended as new ideas are generated. It is envisaged that these new approaches will not only be used now but will to help shape future learning experiences.

Some examples of how innovation can be developed across GM can be found on pages 9-15 and some shared documents in support of the guiding principles from page 16.

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# The General Principles

1. **Preparation for Practice in the Community**

Preparing students for working differently will assist with managing their expectations and thus enable engagement from day one.

1. **Free up Space**

The need for social distancing in response to Covid-19 has been a challenge. But by freeing up space through flexible arrangements more students may be accommodated.

1. **Utilise Remote Working Efficiently**

Remote working is a way to provide engagement where students cannot be accommodated in a building. With the correct ground rules, it’s a good way of maintaining contact without having to physically meet (universities have been working like this for a while so your students will be used to it may be another).

1. **Engage your Student with Service Delivery**

Your students are the workforce of the future. Initial evaluations from Aspirant Nurses employed in response to Covid -19 appear to have been positive. Being recognised as a colleague rather than a student has had a big impact on confidence and performance.

1. **Communicate Effectively**

Effective communication two-way is the key component to these new ways of working. Defining roles and responsibilities and clear ground rules will be essential for success.

# How the Guiding Principles can be put into Practice

1. **Preparation for Practice in the Community**

* A letter or an information pack sent to the student informing them of the current situation and a need for flexibility throughout their experience
* Reassurance that the student learning experience will be based on the proficiencies which may be achieved by project work, remote working, in-house training or in practice (going out on actual visits may be substantially reduced)
* Make the learning more student led ask them in advance what they need to achieve and how they could do this (this will make the initial assessment easier and an individualised learning experience plan can be made prior to the student arrival)
* Explain to your student you will be adopting a coaching approach together to promote student led learning
* Working remotely may require them to have the resources to do so (it is unlikely they will not a phone, iPad or laptop with headphones)
* Inform them of Covid specific arrangements (e.g. the provision of PPE) to provide the reassurance they are likely to need prior to attending placement
* Inform your students of your current car sharing policy, escalation processes /risk assessments in place and alternative arrangements to accommodate this as per current Government guidance

<https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers#private-cars-and-other-vehicles> (Accessed18/08/2020)

* You should try not to share a vehicle with those outside your household or support bubble. If you need to do this, try to:
* share the transport with the same people each time
* keep to small groups of people at any one time
* open windows for ventilation
* travel side by side or behind other people, rather than facing them, where seating arrangements allow
* face away from each other
* consider seating arrangements to maximise distance between people in the vehicle
* clean your car between journeys using standard cleaning products - make sure you clean door handles and other areas that people may touch
* ask the driver and passengers to wear a face covering
* Processes in place for your student to travel independently (e.g. any local requirements for business insurance and claiming travel expenses through the learning support fund)
* Liaise with the university to ensure they are aware of your current circumstances and ensure all risk assessments are completed. Run your plans for innovation past them for reassurance (HEIs will be open to new ideas to meet student proficiencies)
* A robust induction (face to face if possible) will ensure that expectations of the experience from both the student and the Practice Assessor / Practice Supervisor are clear from the outset. They should be reassured they have all the knowledge they need to know to have their learning experience with you

1. **Free up Space**

* Plan an off duty where all students are not physically in the building at the same time. At times when they are not with you can they be doing distance learning, project, case study, reflection work related to the competences they need to achieve (as long as the activity relates to practice and helps meet the learning outcomes this can be counted as practice hours). NB. The distance learning activity hours MUST NOT exceed the time working/ liaising with the practice setting.
* By having one student in the morning and another in the afternoon for example you are doubling up on capacity or one student for half of the week and the other for the other half of the week
* Use the other teams around you where possible so that your students can appreciate multi-disciplinary working (e.g. management, research, quality, education). Third year students especially need to have management / leadership experience so attending senior meetings eg. Professional meetings; Board of Directors; Workforce Meetings etc will support them to meet their outcomes
* Think about the wider patient journey; are there any socially prescribed areas your student would benefit from being involved with (e.g. charities, self-help groups, health promotion clinics, all of which may be continuing on-line) Think about neighbourhood schemes as resource (MLCO’s Care Navigators, in particular have been really keen to link with students)
* Where face to face visits are not possible could your student develop a virtual case study involving all the care and service deliverers required on the person’s journey?

1. **Utilise Remote working efficiently**

* Join an MS Teams / Zoom Meeting (if your organisation allows this) to have an assessment (could your student demonstrate proficiency of a skill e.g. ANNT this way?)
* Virtually meet with a supervisor to discuss a practice-based project and how this relates to what your student needs to achieve
* Develop a coaching conversation around an issue which may arise in a community setting (e.g. mothers not wanting student midwives into their homes)

* Witnessing a professional discussion with student peers (using a Synergy approach, in uniform,maintaining professionalism even if they are sat on their bed!). The students could arrange this themselves to demonstrate their organisational skill
* Ensure your student has had appropriate Information Governance training and is aware of local policy in regard to confidentially and virtual meetings including shutting down computer screens when not in use

1. **Engage your student with service delivery**

* Do you have an outstanding piece of work e.g. an audit, a case load review to complete which your student can do for you?
* Do you have a clinic which they could support under the supervision of another staff member?
* Could you do a telephone assessment together and your student write it up?
* Discuss with your student ways as to how they can meet their objectives

1. **Communicate Effectively**

* Do you always know where your student is and do you both regularly check in together?
* Are they providing you with evidence of the work you have set together, and have you discussed how this meets their proficiencies?
* Are the PARE meetings all on track and required hours completed?
* Do they know how to contact you / PEFS / HEIS for additional support if required?
* What other resources do you need? Have you escalated this to senior teams?

**Toolkit to Support Community Placements during and Post Covid -19**

# Shared Documents / Resources / Examples in Support of the Guiding Principles

## Example: Self-Assessment to meet the Current Challenges (1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Experiences offered to students Pre –Covid 19**  **(e.g. number of**  **students / programmes of study / clinic, home visit)** | **Current Challenges** | **Short Term Solutions for students to return** | **Long Term Solutions** | **Anticipated outcome of interventions**  **(e.g. Any increase to student numbers / revision of programmes of study / changes to placement models)** | **Support required to achieve outcomes** |
| **Physiotherapy students – Two 2nd/3rd year students (not first placement), four times per year across CPT/Stroke/Falls**  **- One M.SC summer placement**  **- Occasional elective**  **OT students**  **COT – Two students/year**  **Stroke – Two students/year**  **Falls – One student.**  **Community face to face visits with mentor**  **Spokes (mainly stroke) – ward/clinic/other professionals in team.**  **Supervision and training as required** | 1. Office space limited due to social distancing. | Team rota for staff to access offices with students and mentors taking priority. | Increased office space with easing of 2m distancing measures.  Student access to hardware/software. | To enable pre-covid clinical experiences | Virtual/home working of other team members |
| 1. Track and trace/sickness affecting staffing | Emergency replacement educator identified prior to placement. | On- going | To facilitate placements | Support of other team members |
| 1. Communication – Huddle/MDT/supervision etc. conducted on MS teams. Access to iPad to be arranged prior to start of placement. | Student to start and finish at base to access Teams calls via duty therapist/mentor’s hardware if necessary. Students have access to Microsoft teams via university. Temporary student access to be granted via learning hub for Emis training, Students to complete modules prior to commencing placement. Link to be sent to students once details confirmed. | Student access to iPad, mobile phone and MS teams | To enable pre-covid clinical experience | IT  Funding of hardware/software |
| 1. Access to case notes and patient information. | Student to start and finish at office to access desktop computers. Students will likely need to take notes of sessions and therefore access confidential waste bins. | Student access to iPad and EMIS, EPR, graphnet software remotely. | To enable pre-covid clinical experience | IT  Funding of hardware/software |
| 1. Telephone subjective assessments. | Will need private office space for student and mentor to call patient on handsfree/speaker phone to enable observation of assessments for student and mentor. | Student access to iPad and accuRx software for video consultation services. For patients who are unable to undertake video consultations or decline such media, short term measures would need to remain in place until students were confident to complete assessments independently. | To facilitate assessment of patients remotely/change in clinical model | IT  Funding of hardware/software  Access to private office space |
| 6. Driving | Team can accept students who have a full driver’s license, access to a car and business insurance (due to distancing measures and car access) If non car driver student to sit in rear of educator’s vehicle, both wearing face masks and utilising washable car seat covers. | Easing of 2m distancing measures will enable student and mentor to sit in passenger seat. | To facilitate placement in line with social distancing measures. | Student/Uni to fund business insurance  Student access to car |
| 7. Clinical debrief following sessions (usually undertaken in mentor’s car post treatment) | Clinical discussion at end of morning and afternoon at office base or via telephone in cars post treatment if required | Easing of 2m social distancing measures to enable student and mentor to travel together. | To facilitate student learning in line with social distancing measures. | Student access to mobile phone/funding of team student mobile phone for use during placement. |
| 8. Lone working (student travelling in own car) | Mobile phone access to enable buddy system between student and mentor. | Easing of 2m social distancing measures to enable student and mentor to travel together. | To facilitate student placement/safety. | Uni to stagger placements more broadly across the year. |
| 9. Student and mentor well-being (added challenges of waiting lists, reduction in productivity when supporting clinical placement, virtual working, rapid changes in team operational procedures.) | Sharing student between mentors. Emergency replacement mentor identified prior to placement. Regular supervision of student. Comprehensive updated induction information to be emailed to student prior to placement) | Sharing student between two mentors. Emergency replacement mentor identified prior to placement. Regular supervision of student. Comprehensive updated induction information to be emailed to student prior to placement)  Rest between staggered placements for mentors. E.g. one on/one off.  Uni to stagger placements  Uni to increase training of staff to facilitate more student mentors | To facilitate increased student placements | Increased access to student mentor training and study leave.  Support of other team members as mentor’s clinical capacity will likely be reduced when facilitating student placement. |
| 10. Spokes | Unavailable unless with other professional involved with same patient. No access to ward or clinic spokes currently. | Potential access to virtual clinics if hardware and software in place. Easing of COVID measures may allow spokes in the future. | To ensure student and mentor well-being. | Support of other team members to facilitate joint visits with student. |
| 11. Redeployed staff not yet returned to team/staff shortages | Accept effect on productivity, longer waiting list likely | Staff return from redeployment as soon as practical/possible | To facilitate pre-covid student experiences  Effect on service productivity | Staff to return from redeployment. |
| 12. Aerosol generated procedures. Students not to be exposed to patients requiring AGP without sufficient equipment. | Clinically assess appropriate patients for student contact. | Fit mask testing for students. | Create opportunities for clinical experience. | University/trust to fit test prior to clinical placement. |

## Example: Self-Assessment to meet the Current Challenges (2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Experiences offered to students Post –Covid 19**  (e.g. number of  students / programmes of study / clinic, home visit) | **Current Challenges** | **Short Term Solutions for students to return** | **Long Term Solutions** | **Anticipated outcome of interventions**  (e.g. Any increase to student numbers / revision of programmes of study / changes to placement models) | **Support required to achieve outcomes** |
| **Students placement numbers:**  DN teams 6 x 9 =54  Bladder and bowel team 3  Rheumatology 2  Neuro 2 (PD team, 1 epilepsy team)  Treatment room 4  AA team – 3  Bedded areas-10  **Total 79** | Short fall in placements across all areas. Still providing skeletal service. | Work with PEF/trust to identify possible short-term solution and opportunities at the hospital site  Review estates/training rooms, options e.g. Pikes lane. Social distancing rules  Support training internally amongst teams  E.g. ACP to provide training to meet pillars. Needs exploring  Review council services – how to use link with ICP and system wide learning  Review current student programme  E.g. concentrate on clinic-based placements to start  Working with PEF and HEI review programmes. Mix the programme. Extend spoke placements “flip” change spoke to hub as start to training/placements. Blended learning  Ensure adequate PPE available  “Look at nursing homes and residential homes to provide support training/placement options” | Linking with the PEF teams, develop ICS training programme to support new ways of learning. Learning pathways  Review, how can students be supported  Working with PEF and HEI look at different ways of delivering programmes: directed learning, podcasts, assimilation  What technology can be used to facilitate different ways of working – link with GM | Increase student placement capacity safely  Ensure a satisfactory learning experience which meets the expectations of the course  Provide alternative solutions/ learning opportunities to meet the expectations and needs of the course | Financial support with delivering changes  Links with trust strategies |
| Restricted visits/patient reluctance to have additional people in their homes |
| Social distancing requirements, limited numbers of people in the buildings and home visits |
| students that do not drive unable to travel to visits independently  Require business insurance |
| Anxiety amongst staff and students |
| (?) High number of BAME students- check, how supported |

## E- Learning

Could you student complete some e-learning relevant to healthcare in the community and complete a reflection as evidence of learning? The HEE has a number of resources which could be utilised

<https://portal.e-lfh.org.uk/>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Topic** | **Resource** | **Field** | **Community Area** | ?? |
| Adolescent Health Programme | HEE e-LfH Hub | Child | School Nursing |  |
| ASQ 01 - Ages and Stages Questionnaire course | HEE e-LfH Hub | Child | Child Health and Developmental Review |  |
| Alcohol Identification and Brief Advice (ALC) | HEE e-LfH Hub | All Fields | Public Health |  |
| All Our Health | HEE e-LfH Hub | All Fields | Public health |  |
| Asthma | HEE e-LfH Hub | All Fields | Generic |  |
| Autism Awareness | HEE e-LfH Hub | All Fields | Generic |  |
| Cancer in the Community | HEE e-LfH Hub | Adult | District Nursing |  |
| Child Sexual Abuse Awareness | HEE e-LfH Hub | Child | HV and SN |  |
| Child Sexual Exploitation | HEE e-LfH Hub | All Fields | Generic |  |
| Children's Emotional and Additional Health Needs | HEE e-LfH Hub | Child | HV and SN |  |
| Children's Oral Health Advice | HEE e-LfH Hub | Child | HV and SN |  |
| Clinical Pathways for Sick Children (Bronchiolitis, Fever and Diarrhoea and/or Vomiting) | HEE e-LfH Hub | Child | CCNT |  |
| Colorectal Cancer STT | HEE e-LfH Hub | Adult | District Nursing |  |
| Communicating with Empathy – (End of Life Care) | HEE e-LfH Hub | Adult | District Nursing |  |
| Continence and Catheter Care | HEE e-LfH Hub | All Fields | Generic |  |
| Dementia  Introduction to Living with Dementia | HEE e-LfH Hub | All Fields | Generic |  |
| Deprivation of Liberty Safeguards (DoLS) | HEE e-LfH Hub |  | Generic |  |
| Dermatology | HEE e-LfH Hub |  | Generic |  |
| Diabetic Foot Screening - Interactive Assessment | HEE e-LfH Hub | Adult, Podiatry | District Nursing, Adult |  |
| Disability Matters | HEE e-LfH Hub | All Fields, AHPs | Generic |  |
| Domestic Violence and Abuse | HEE e-LfH Hub | All Fields, AHPs | Generic |  |
| Dysphagia | HEE e-LfH Hub | Adult | District Nursing |  |
| Early Developmental Support | HEE e-LfH Hub | Child | HV, CCNT | All Years |
| End of Life Care | HEE e-LfH Hub | Adult | District Nursing | Y3 |
| Essentials in Care | HEE e-LfH Hub | Adult | District Nursing | all years |
| Female Genital Mutilation | HEE e-LfH Hub | Child, MW | HV, SN, MW |  |
| Fetal Monitoring | HEE e-LfH Hub | Child, MW | MW |  |
| Freda’s Fall | HEE e-LfH Hub | All Fields | District Nursing, Physio, OT |  |
| Geriatric Medicine | HEE e-LfH Hub | Adult | District Nursing and AHPs |  |
| Healthy Child programme (HCP) | HEE e-LfH Hub | Child | HV | All years |
| Healthy School Child Programme (HSCP) | HEE e-LfH Hub | Child | SN | All Years |
| Hypertension | HEE e-LfH Hub | Adult | District Nuring | Year 3 |
| Infant feeding |  | Child | HV, MW | All Years |
| Immunisation | HEE e-LfH Hub | All Fields | Generic | All Years |
| Introduction to Mindfulness | HEE e-LfH Hub | All Fields | Generic | All years |
| Maternal Anaemia | HEE e-LfH Hub | MW | MW | All years |
| Mental Capacity Act | HEE e-LfH Hub | All Fields | Generic | All Years |
| Mental Health Awareness Programme - [Mental Health Awareness for Healthcare professionals](https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_36974&programmeId=36974) | HEE e-LfH Hub | All Fields | Generic | All Years |
| Midwifery Continuity of Carer | HEE e-LfH Hub | MW | MW |  |
| Midwifery Identification, Stabilisation and Transfer of the Sick Newborn | HEE e-LfH Hub | MW | MW |  |
| National Bereavement Care Pathway [Bereavement Care after Pregnancy Loss or Baby Death - Learning for All](https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_36974&programmeId=36974) | HEE e-LfH Hub | All Fields | Generic |  |
| National Child Measurement Programme | HEE e-LfH Hub | Child | SN | All Years |
| NHS Antenatal and Newborn Screening Programmes: cross-programme learning | HEE e-LfH Hub | Child | MW, HV | All Years |
| NHS Newborn Blood Spot (NBS) Screening Programme | HEE e-LfH Hub | Child | MW, HV | All Years |
| NHS Newborn Infant Physical Examination (NIPE) Programme | HEE e-LfH Hub | Child | MW, HV | All Years |
| NHS Newborn Hearing Screening Programme (NHSP | HEE e-LfH Hub | Child | MW, HV |  |
| Obesity (BMI) | HEE e-LfH Hub | Adult | District Nursing, Primary care |  |
| Perinatal Mental Health (PMH) | HEE e-LfH Hub | Child  MW | MW, HV |  |
| Safe Use of Insulin (SUI) | HEE e-LfH Hub | All fields | District Nursing, MW, CCNT |  |
| Saving Babies' Lives (SBL) | HEE e-LfH Hub | Child | MW |  |
| Sepsis (SEP) >  Sepsis in Primary care | HEE e-LfH Hub | All Fields | Generic |  |
| Sepsis (SEP) >  Sepsis in Paediatrics | HEE e-LfH Hub | Child | CCNT, HV,SN |  |
| Tracheostomy Safety (NTSP) | HEE e-LfH Hub | All Fields, AHPs | All Community areas |  |
| Venous Thromboembolism | HEE e-LfH Hub | Adult, MW | District Nursing, MW |  |

Case Study Learning Template

This document is aimed at supporting students in the community setting to develop a breadth of understanding of Patient / Client / Service Users in their care. This is a simulated document for students and supervisors to discuss together either face to face or students to discuss as a group. Patient / Client / Service Users should not be identifiable in this document and should be referred to by a Confidential ID throughout.

|  |  |
| --- | --- |
| Patient / Client / Service User Confidential ID |  |
| Male / Female / Other |  |
| Age Range |  |
| Area of Residence |  |
| Housing Circumstances |  |
| Employment Status |  |
| Ethnic Background |  |
| Religion / Faith / Beliefs |  |
| Primary Reason for Community Input |  |
| Patient / Client / Service User Co-Morbidities |  |
| Patient / Client / Service User History / Background |  |
| Interventions / Procedure History |  |
| Current / Past Medications |  |
| Social Prescribing Interventions |  |
| Healthcare Agencies involved with Past / Current Situation |  |
| Patient / Client/ Service User Journey |  |
| Situational Reflection |  |
| Changes Required? |  |
| Interventions suggested |  |

<https://www.diabetes.org.uk/resources-s3/2018-08/Case%20study%20guide.pdf>?

<https://www.mstrust.org.uk/sites/default/files/Top%20tips%20for%20writing%20case%20studies%20FINAL.pdf>

## Blended Learning Example



## Peer Learning and Breakout Activities

These activities may be carried out independently by learners on placement to supplement practice. They may also be used by a group of learners as part of peer & collaborative learning (Synergy model). They can be used in conjunction of one another to form a ‘project’ or a ‘teaching pack’ or used in isolation.

|  |  |
| --- | --- |
| **Patient Teaching Pamphlets** | Develop a research-based educational pamphlet, flyer, or mini brochure related to what it is currently being covered in class and/or placement. Cover all the necessary information that a patient may require in the pamphlets such as: risk factors, signs and symptoms, when to call the primary care provider, treatments, prevention strategies, and online and community resources for further information. Be creative with the design and writing of the piece to make the information engaging and understandable for the patient. |
| **Student Learning Resource** | Liaise with other students and the wider MDT for information to develop a research-based educational learning resource for other students/learners related to what it is currently being covered in class and/or placement. For example, this may be re-writing the Student Information Pack or updating the Student Notice Board with creative material, creating a learning package, a poster, a presentation or even a game on a particular area of interest (e.g. ECGs, diabetes, and public health etc.). Have learners sharing resources by facilitating peer teaching & leaning sessions as part of learner’s development of communication and presenting skills. |
| **Medication / Dressings Evaluations** | Give students medications/ dressings to research. Generic or placement specific. Research indications, contraindications, side effects and interactions with other drugs / dressings. Learners may all cover the same medication / dressing or have each cover something different. Have learners compare and discuss what they experience in the clinical area versus what they read about in research. |
| **Case Studies** | Bring a clinical subject to the center of practice by incorporating case studies. Provide assessment data about a patient and their disease/disorder and encourage students to research the patient’s case and reference medication, diagnostic testing, and care planning etc.  Facilitate for students to share their case studies with each other and discuss varying outcomes. |
| **Research and Reflections** | Assign a particular topic for research related to what learners are currently covering in class and/or on placement. Learners should then reflect on a) three things learned from the research; b) one way that learning might affect them in clinical practice, and c) one question they would like to answer in practice.  Facilitate students to share their research and reflections with each other and at mid and end placement points. |
| **‘Name That Item’** | Use this identification game to familiarise learners with fundamental patient care items they will frequently encounter on the job. Allow learners to access a store room and have them write down what they think the item is, what it is used for, when it should be used/not used and how they would look after and dispose of it. |
| **Virtual Needs Assessments** | On some occasions, students might find themselves on a ‘listening’ visit or consultation (face to face / telephone / virtual) or on an occasion where expert advice is required, and it can sometimes be difficult for the students to fully engage in these visits. Task a learner with an assignment that will help develop for example, their observation and assessment skills.  E.g. Health Visitor/ District Nurse / OPD visit or consultation - learner observes/listens to service user (may require access to 3-way telephone or virtual consultations) and carries out a ‘mini’ risk assessment in their head during the visit/call. Learner and supervisor then discuss or reflect on: a) 1 thing that they think needs to be done immediately to keep service user / patient safe; b) 1 thing that needs to be organized in the next week – e.g. a referral to another agency to offer further support; c) 1 thing to consider for their future needs.  Facilitate students to share their reflections with each other and at mid and end placement points. |
| **Clinical F2F Assessments** | There may often be a number of learners (student nurses, TNAs, student AHPs etc..) in a clinical area at any one time. Peer learning provides the opportunity for learners to work together to carry out clinical assessments. Students of varying years and disciplines can teach and learn from each other by working collaboratively.  E.g. A group of nursing students & TNAs work together under supervision (2:1 or 3:1) to carry out vital observations on a single patient or bay of patients to identify: a) what needs to be done immediately to keep patient safe (consider escalation); b) what needs to be organised in the next 24hrs– e.g. further tests or investigations; c) what to consider for future care i.e. social services input.  E.g. a nursing student and a student physio work together under supervision (2:1 or 3:1) to carry out a stairs assessment on a single patient or bay of patients and work together to identify: a) what needs to be done immediately to keep patient safe (falls risk assessment); b) what needs to be organised in the next 24hrs– e.g. use of equipment; c) what to consider for future care i.e. OT input. |
| **E-learning** | There are many free e-learning resources online which are suitable for learners to supplement practice learning – this may include watching online videos (e.g. YouTube) or using a resource such as [www.e-lfh.org.uk](http://www.e-lfh.org.uk) to undertake e-learning related to what learners are currently covering in class and/or on placement. Supplement e-learning with other activities to provide evidence of understanding. Facilitate for students to share their findings with each other throughout placement and at mid and end placement points. |

Example Week Community Experience (1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Example HV / SN Placement | | | | | |
| Week | Mon | Tue | Wed | Thurs | Fri |
| 1 | Student A WfH  E-Learning related to Practice agreed with Supervisor/Assessor  e.g. Healthy Child Programme  Prior to commencing e-Learning Student(s) to undertake a knowledge check and post completion. This can be used to formulate check in discussion with Supervisor | Student A WfH  Health promotion identified project related to learning outcomes and transferable knowledge and skills identified | In practice training day  ½ day or full day  If ½ day –  AM Student B in Clinical Practice area  AM Student A Practice learning with PEF/Educator  PM Student A in Clinical Practice area  PM Student B Practice learning with PEF/Educator | Student B WfH  E-Learning related to Practice agreed with Supervisor/Assessor  E.g. Healthy Child Programme | Student B WfH  Health promotion identified project related to learning outcomes and transferable knowledge and skills identified |
| Student B in Practice | Student B in Practice | Student A in Practice | Student A in Practice |
| 2 | Student A WfH  e-LfH Infant Feeding | Student A WfH  Case Study re infant feeding  e.g. design a leaflet/post | In practice training day  As above | Student B WfH  e-LfH Infant Feeding | Student B WfH  Case Study re infant feeding |
| Student B in Practice | Student B in Practice | Student A in Practice | Student A in Practice |
| 3 | Student A WfH  Immunisation | Student A WfH | In practice training day  As above | Student B WfH | Student B WfH |
| Student B In Practice | Student B In Practice | Student A in Practice | Student A in Practice |
| 4 | Student A WfH  Early Developmental Support | Student A WfH | In practice training day  As above | Student B WfH  Early Developmental Support | Student B WfH |
| Student B In Practice | Student B In Practice | Student A in Practice | Student A in Practice |
| 5  **MID POINT** | Student A WfH  Children's Emotional and Additional Health Needs | Student A WfH  Case Study | In practice training day  As above | Student B WfH  Children's Emotional and Additional Health Needs | Student B WfH  Case Study |
| Student B In Practice | Student B In Practice | Student A in Practice | Student A in Practice |
| 6 | Student B WfH | Student B WfH | In practice training day  As above | Student A WfH | Student A WfH |
| Student A in Practice | Student A in Practice | Student B in Practice | Student B in practice |
| 7 | Student B WfH | Student B WfH | In practice training day  As above | Student A WfH | Student A WfH |
| Student A in Practice | Student A in Practice | Student B in Practice | Student B in practice |
| 8 | Student B WfH | Student B WfH | In practice training day  As above | Student A WfH | Student A WfH |
| Student A in Practice | Student A in Practice | Student B in Practice | Student B in practice |
| 9 **FINAL** | Student B WfH | Student B WfH | In practice training day  As above | Student A WfH | Student A WfH |
| Student A in Practice | Student A in Practice | Student B in Practice | Student B in practice |

**Example Week Community Experience (2)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Week | Monday | Tuesday | Wednesday | Thursday | Friday |
| 1 | AM  SHH - Student Trust Induction | AM  Virtual – Student to review Student Information Pack against competencies for placement - write list of objectives for placement and map competencies to activities. Discuss competencies mapping and plan how to implement during placement  Complete PARE | AM  Virtual– catch up with supervisor/assessor to discuss plan for the day – schedule visits for PM within walking distance of meeting point. Consider Breakout Activity: **Medication / Dressings Evaluations** related to afternoon visits/calls. | AM  Hub – review week so far and discuss changes to week/ what works well. Student to take part in team /MDT meetings  Consider Breakout Activity: **Name That Item** if there is a store room available or **E-Learning** | AM  Virtual– catch up with supervisor/assessor to discuss plan for the day & look back at week based on student reflection |
| PM  Hub - attend hub for local induction  Provide Student with Information / Learning pack  Discuss plan for afternoon & next day | PM  Hub – student to meet supervisor/assessor at hub or pre-arranged location for visits / clinic within walking distance. Consider Breakout Activity: **Clinical F2F Assessments** or **Virtual Needs Assessments** | PM  Hub - Student to meet supervisor / assessor at hub or pre-arranged location for visits / clinic within walking distance. Consider Breakout Activity: **Clinical F2F Assessments** or **Virtual Needs Assessments** | PM  Virtual –consider Breakout activities: **Research & Reflections** on exposures for the week | PM  Virtual – Public Health project work (individual or with a peer) Consider Breakout Activities: **Patient Teaching Pamphlets** or  **Student Learning Resource** |
| 2 | AM  Virtual - catch up with supervisor / assessor to discuss plan for the day & week. Review progress on Breakout Activities. Schedule visits for PM within walking distance of meeting point | AM  Virtual– catch up with supervisor/assessor to discuss plan for the day. Consider Breakout Activity: **E-Learning** related to afternoon visits/calls. | AM  Virtual– catch up with supervisor / assessor to discuss plan for the day – supervisor / assessor to schedule calls within walking distance of meeting point. Consider Breakout Activity: **Case Studies** related to afternoon visits/calls. | AM  Hub/Spoke – catch up with supervisor/assessor to discuss plan for the day.  – attend clinic if possible or consider arranging spoke. | AM  Virtual– catch up with supervisor/assessor to discuss plan for the day & look back at week based on student reflection |
| PM  Hub – student to meet supervisor/assessor at hub or pre-arranged location for visits / clinic within walking distance. Consider pre-empting Breakout Activity: **Clinical F2F Assessments** or **Virtual Needs Assessments** | PM  Hub – student to meet supervisor / assessor at hub or pre-arranged location for visits / clinic within walking distance. Consider pre-empting Breakout Activity: **Clinical F2F Assessments** or **Virtual Needs Assessments** | PM  Hub - Student to meet supervisor / assessor at hub or pre-arranged location for visits / clinic within walking distance. Consider pre-empting Breakout Activity: **Clinical F2F Assessments** or **Virtual Needs Assessments** | PM  Hub/Spoke – attend clinic if possible or consider arranging spoke. | PM  Virtual – Public Health project work (individual or with a peer) consider Breakout Activities: **Patient Teaching Pamphlets** or  **Student Learning Resource** |
| 3 | AM  Virtual - catch up with supervisor / assessor to discuss plan for the day & week. Review progress on Breakout Activities. Schedule visits for PM within walking distance of meeting point | AM  Virtual– catch up with supervisor/assessor to discuss plan for the day. Consider Breakout Activity: **Medication / Dressings Evaluations** related to afternoon visits/calls. | AM  Hub/Spoke – catch up with supervisor/assessor to discuss plan for the day.  Midpoint interview. Complete PARE and review competencies. | AM  Hub – review week so far and discuss changes to week/ what works well. Student to take part in team /MDT meetings  Consider Breakout Activity: **Name That Item** if there is a store room available or **E-Learning** | AM  Virtual– catch up with supervisor/assessor to discuss plan for the day & look back at week based on student reflection |
| PM  Hub – student to meet supervisor/assessor at hub or pre-arranged location for visits / clinic within walking distance. Consider pre-empting Breakout Activity: **Clinical F2F Assessments** or **Virtual Needs Assessments** | PM  Hub – student to meet supervisor / assessor at hub or pre-arranged location for visits / clinic within walking distance. Consider pre-empting Breakout Activity: **Clinical F2F Assessments** or **Virtual Needs Assessments** | PM  Hub/Spoke – attend clinic if possible or consider arranging spoke. | PM  Virtual –consider Breakout activities: **Research & Reflections** on exposures for the week | PM  Virtual – Public Health project work (individual or with a peer) consider Breakout Activities: **Patient Teaching Pamphlets** or  **Student Learning Resource** |
| 4 | AM  Virtual - catch up with supervisor / assessor to discuss plan for the day & week. Review progress on Breakout Activities. Schedule visits for PM within walking distance of meeting point | AM  Hub – catch up with supervisor/assessor to discuss plan for the day.  – attend clinic if possible or consider arranging spoke. | AM  Virtual– catch up with supervisor/assessor to discuss plan for the day. Consider Breakout Activity: **Case Studies** related to afternoon visits/calls. | AM  Virtual– catch up with supervisor/assessor to discuss plan for the day. Consider Breakout Activity: **Case Studies** related to afternoon visits/calls. | AM  Virtual– catch up with supervisor/assessor to discuss plan for the day & look back at week based on student reflection |
| PM  Hub – student to meet supervisor/assessor at hub or pre-arranged location for visits / clinic within walking distance. Consider pre-empting Breakout Activity: **Clinical F2F Assessments** or **Virtual Needs Assessments** | PM  Hub – attend clinic if possible or consider arranging spoke. | PM  Hub – student to meet supervisor / assessor at hub or pre-arranged location for visits / clinic within walking distance. Consider pre-empting Breakout Activity: **Clinical F2F Assessments** or **Virtual Needs Assessments** | PM  Hub – student to meet supervisor / assessor at hub or pre-arranged location for visits / clinic within walking distance. Consider pre-empting Breakout Activity: **Clinical F2F Assessments** or **Virtual Needs Assessments** | PM  Virtual – Public Health project work (individual or with a peer) consider Breakout Activities: **Patient Teaching Pamphlets** or  **Student Learning Resource** |
| 5 | AM  Virtual - catch up with supervisor / assessor to discuss plan for the day & week. Review progress on Breakout Activities. Schedule visits for PM within walking distance of meeting point | AM  Virtual– catch up with supervisor / assessor to discuss plan for the day – supervisor / assessor to schedule calls within walking distance of meeting point. Consider Breakout Activity: **Case Studies** related to afternoon visits/calls. | AM  Hub/Spoke – catch up with supervisor/assessor to discuss plan for the day.  Midpoint interview. Complete PARE and review competencies. | AM  Hub – review week so far and discuss changes to week/ what works well. Student to take part in team /MDT meetings  Consider Breakout Activity: **Name That Item** if there is a store room available or **E-Learning** | AM  Virtual – Presentation of Public Health project work (individual or with a peer). |
| PM  Hub – student to meet supervisor/assessor at hub or pre-arranged location for visits / clinic within walking distance. Consider pre-empting Breakout Activity: **Clinical F2F Assessments** or **Virtual Needs Assessments** | PM  Hub - Student to meet supervisor / assessor at hub or pre-arranged location for visits / clinic within walking distance. Consider pre-empting Breakout Activity: **Clinical F2F Assessments** or **Virtual Needs Assessments** | PM  Hub/Spoke – attend clinic if possible or consider arranging spoke. | PM  Virtual –consider Breakout activities: **Research & Reflections** on exposures for the week | PM  Final interview. Complete PARE and sign off. |

## Example of

## TELEPHONE NURSING ASSESSMENT – Complex Patients

**(To be used during Covid 19 Pandemic)**

Date & Time of Call: ………………………………………

Call completed by: ……………………………………… Designation: ………………………….

Spoke with: ……………………………………… (Parent/Guardian)

|  |  |
| --- | --- |
| **Covid 19** | Is anyone self-isolating at present? Does anyone have symptoms? Is anyone in the household confirmed/suspected Covid 19? Do you understand the isolating guidance? Is your child off school? |
| **Is the child well at present?** | Any acute concerns? Any pyrexia? |
| **Breathing / circulation:** | Any changes to usual presentation? Any shortness of breath? Any cough? |
| **Eating and Drinking:** | Any nausea or vomiting? Any loss of appetite? Do you have enough feed/supplies at present? |
| **Sleep / Rest:** | Lethargic? Any change to sleep pattern? Sleeping more in the day? Are you all getting enough sleep? |
| **Skin & Tissue Viability:** |  |
| **Medication:** | Requiring additional medication? Requiring antipyretics? Any problems obtaining prescriptions? |
| **Emotional / psychological needs of child and family:** | How is your child coping with not going out? How are you? How are you managing having your child home all day? Do you usually have respite for your child? Has this been stopped/alternative offered? |
| **Toileting / Elimination:** | Do you have enough supplies for cares? |
| **Other** | Do you know how to contact your doctor/health visitor? Have any other services been in contact with you e.g. Health / Social Care |
| **Home Visit indicated:**  **Rationale for visit:** | Yes No |
| **Home visit declined**  **Telephone contact planned:** | Yes No  Date & Time: ……………………………………………….. |
| **Home visit arranged:**  **Named Nurse update:** | Date & Time: ………………………………………………..  Yes No |

## Example Letter: Preparing for your Community Placement

The impact of COVID-19 has been far reaching across all areas of healthcare. In particular the way NHS community health services are delivered many of which are delivering care remotely via the use of technology such as video conferencing and telephone. Some services are not fully operational at this time and in view of these factors your learning experience will be somewhat different than perhaps what you expected.

It is important therefore to prepare you for your experience and to make you aware of recommended national guidance regarding COVID-19 and your responsibility. Currently all clinical areas whether community or acute are adhering to the recommended guidance on the wearing of face masks, travelling restrictions, safe distancing and risk assessments regarding the number of people who can work in an office environment. This means that some community staff such as health visitors, school nurses, allied health care professionals currently have to work from home part of the week to adhere to health and safety stipulations in their area and you may also have to do this?? Other factors you will need to be aware of is the level of anxiety of home visits upon service users who may not allow more than one healthcare professional to visit them.

It is important to acknowledge all these factors as a student when working in these unprecedented times and it is through working together collaboratively with practice partners that we can learn together and be stronger together.

Taking care of your health and wellbeing is a significant element in becoming resilient and key in becoming a health care professional particularly in such times that we find ourselves in. There are some very basic things that you can do to enable yourself to combat any difficulties:

* Eat regularly
* Drink plenty of fluids
* Get some fresh air
* Get enough sleep
* Talk to someone

## Reflective Record of Learning

Name of student: Name of Supervisor

Date: Duration:

Type of learning experience

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

Key thoughts, feelings, issues, themes prior to the shift, teaching session, learning event:

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

Key thoughts, feelings, issues, themes at the end of the shift, teaching session, learning event:

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

Action Plan

…………………………………………………………………………………………………………………………………………………………….

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…………………………………………………………………………………………………………………………………………………………….

Outcomes for future development

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

Signed Student Signed Supervisor/Assessor

**Reflective Record of Learning**

1. What method of learning have you agreed with your Supervisor/Assessor to develop your knowledge and skills(s) to meet your outcome(s)?
2. Which learning outcomes does this learning experience enable you to meet?
3. Before undertaking this activity what did you know about this area?
4. What do you know now?
5. Can you identify any gaps in your learning having completed this activity?
6. If you have identified ‘gaps’ in your knowledge/skills who or what can help you close them?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
| No skill, no knowledge | Basic knowledge and skill | Some knowledge and skill | Acquired majority of knowledge and skill | Confident and competent in knowledge and skill |

Use the scale above to rate your knowledge and skills against your required competencies for your stage of training.

**Reflective Record of Learning**

Ask yourself the following questions as you are rating yourself:

What tells me I’m at this stage (what it the evidence to support this?)

What do I need to move forward and meet a 5 (what are the gaps in your learning re knowledge and skill)

What will a 5 look like?

What will be the change in my behaviour when I meet a 5?

## Risk Assessment for students returning to practice learning environments where there is a risk of unexpected changes to the configuration of learning environments due to Covid-19

**Title:** To capture some identified risks as a result of unexpected changes within clinical practice due to Covid-19 for those student nurses in community learning environments across GM practice partners

**Background:** Following the removal of the NMC Emergency standards (2020) there is a recovery process in place whereby student nurses are returning to learning environments with renewed supernumerary status. The assessment process with planned initial, mid-point and final assessments should continue as per pre-Covid

Additionally:

* Students will need to demonstrate proficiency to staff and gather evidence to support proficiency in consideration any change which has occurred
* The role of the Academic Assessor (AA) has not changed during COVID-19 Pandemic. Academic Assessors provide continuity of assessment and oversight of student progress, in theory and practice to inform student development and progression
* The Academic Assessor will also be a source of support for Practice Assessor (PA) /Practice Supervisor (PS), communication between both will be timely at relevant points throughout the student’s placement
* The support and communication between AA and PA/PS will be particularly important for any student who is struggling to progress.
* Recommendations for progression will be undertaken collaboratively between the PA/PS and AA, based on the students’ performance during their learning experience

**The Risk Assessment:** This risk assessment aims to mitigate forcircumstances within Covid -19 in relation to potential re-configuration (due to service need) of community learning environments, whilst students are on a placement. For some students the risk may be heightened therefore an exception risk assessment / report may have to be generated for an individual student

**The GM Student Assessment in Practice Risk Assessment** generically assesses any potential risks which may impact on the assessment process, the current control measures in place and how if a risk occurs it can be monitored and reported.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Issues and Risks** – Briefly describe the risk/issue and current status | | | | | | |
|  | **Issue or Area of Risk Identified** | **Level of Risk**  **Low**  **Medium High** | **Impact of Identified Risk** | **Current Control Measures in Place** | **Actions and Adjustments Made to Mitigate Further Risk** | **Monitoring Status** |
| 1 | Recovery plans in progress from the 1st wave of the Global Pandemic  COVID-19 | High | NMC Emergency standards (2020) have been removed and a recovery process in place whereby student nurses are returning to community learning environments with renewed supernumerary status | * Students have undergone a HEI occupational health review and risk assessment prior to attending their clinical placements * There is a process in place whereby if there is a change in the students’ health status adjustments to learning environments can be considered * Expertise of HEE / HEI and Healthcare Provider key stakeholders throughout the return to learning environments * Practice Education Teams, supporting with processes for students in practice * Risk assessment of specific associated risks (see below) | * Regular engagement with key HEE / HEI and healthcare provider key stakeholders throughout the recovery back into learning environments * Bi-Weekly student mobilisation meetings with risk assessment as a standard agenda item, to monitor and identify any ongoing risks | * The risk is being monitored by organisations on a continual basis, as the situation and its impact evolves * The risk is discussed on a weekly basis with all GM Leads |
| 1.1 | There are unforeseen changes to clinical areas due to:   * Increased patient activity / Covid-19 patient illness pathology and expected trajectory * Staff sickness reducing the number of practice supervisors / practice assessors      * last minute changes / closure to community areas in response to clinical need and service delivery impacting on the time available to complete student assessments * Transient staff unfamiliar with completing student assessments | Medium | * Students may not receive the level of supervision and assessment required within the NMC Standards for Supervision and Assessment * Students do not have their assessments completed and their proficiencies signed in a timely manner * 3rd Year Students may not complete their programmes as per expected timeframes which could affect workforce requirements * Students may suffer from increased anxiety due to assessments not being completed | * The previous experience of Supervisors and Assessors within clinical areas will enable flexibility within the completion of assessments      * The availability of Practice education Facilitators / educators for support outside of the clinical area in supporting PA / PS to complete assessments * The availability of University Link Lecturers/ Personal Tutors/ Academic advisors to support Pre - Graduate Support Workers and Aspirant Nurses to advice regarding the assessment process * Organisations and HEIs having processes in place for students to escalate concerns regarding their assessment * Students are provided with protected learning time in order that evidence for assessment / assessment processes are completed. * Use of PARE as a resource for documentation of assessment | * HEIs and Organisations will provide a communication strategy in order that students are prepared for sudden changes to clinical areas which could impact on the assessment process | * The risk is being monitored on a continual basis as the situation * Escalation Process for Unexpected changes to clinical learning environments |
|  | There may be a sudden loss of student capacity across GM due to local lockdowns / changes to Covid regulations | Medium | * Students may have to be removed from practice | * GM organisations and HEIs are continuously monitoring student capacity in GM * GM organisations have their own recovery plans which are reported to HEIs to | * HEIs and Organisations will provide a communication strategy in order that students are prepared for sudden changes to clinical areas which could impact on their learning experience | * Escalation Process for Unexpected changes to clinical learning environments |

## Escalation Process for Unexpected Changes to Clinical Learning environments impacting on the learning experience for GM healthcare students



## Frequently Asked Questions

1. *What can I do if my office space is now limited due to restrictions of Social Distancing?*

Review the student’s off-duty, can the week be split to accommodate a blended learning   
approach to include some directed study / project work for part of the week.

1. *My organisation does not allow for students to car share* *what can I do?*

You need to refer to Gov. / your local policy guidance and escalate the situation to your senior team. As car sharing is the biggest community challenge, take the stance that it is not possible and therefore other solutions need to be put in place Could the community placement be based around a Health Centre/ Clinic to enable walking to visits?

1. *Community services have limited access to IT / computers / laptops for students use*, what can I do?

You need to escalate the situation to your senior teams if this is impacting on capacity. Ask about using student Tariff monies to fund this.

1. *Who provides PPE and regulations related to Covid 19 in the community?*

Students will follow your local Covid policies, PPE should be provided by the placements.

1. *Do all students have a risk assessment completed in university?*

Yes. HEIs are completing the Covid Risk assessments, but the student and the placement are responsible for informing the University if circumstances change as per risk assessment

1. *Can community* experiences we made shorter?

Allocations rely on Community settings therefore placements cannot be made shorter, but the weeks can be planned and split using remote working this should help