

Increasing Placement Capacity of Student nurses and Staff Knowledge and understanding of the Collaborative Learning in Practice (CLiP)

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Background and Introduction

The Collaborative Learning in Practice (CLiP) is a placement model originally from Holland that uses the coaching method as opposed to the traditional 1:1 mentoring technique. The learners are divided into smaller groups of 1 – 3 students, from all year groups, who are supervised by a coach to deliver holistic care to their patients, thus increasing placement capacity without increasing the workload of staff and simultaneously providing efficient and quality placement for students and other learners such as Student Nurse Associates, internationally-trained nurses and T-level students. CLiP falls in line with the long term plan of the NHS to recruit healthcare personnel. For any trust to attract newly-qualified staff, it has to open its doors to welcome more students.

For CLiP to succeed in any given clinical area, staff should be trained on how it works so they can support students; the clinical area should also have the right number of Practice Assessors (PA) and Practice Supervisors (PS) in order for it to be successful.

Aim

To increase placement capacity of student nurses by 10% and to train 80% of staff on CLiP on pilot site over a 12-month period.

Outcome Measures

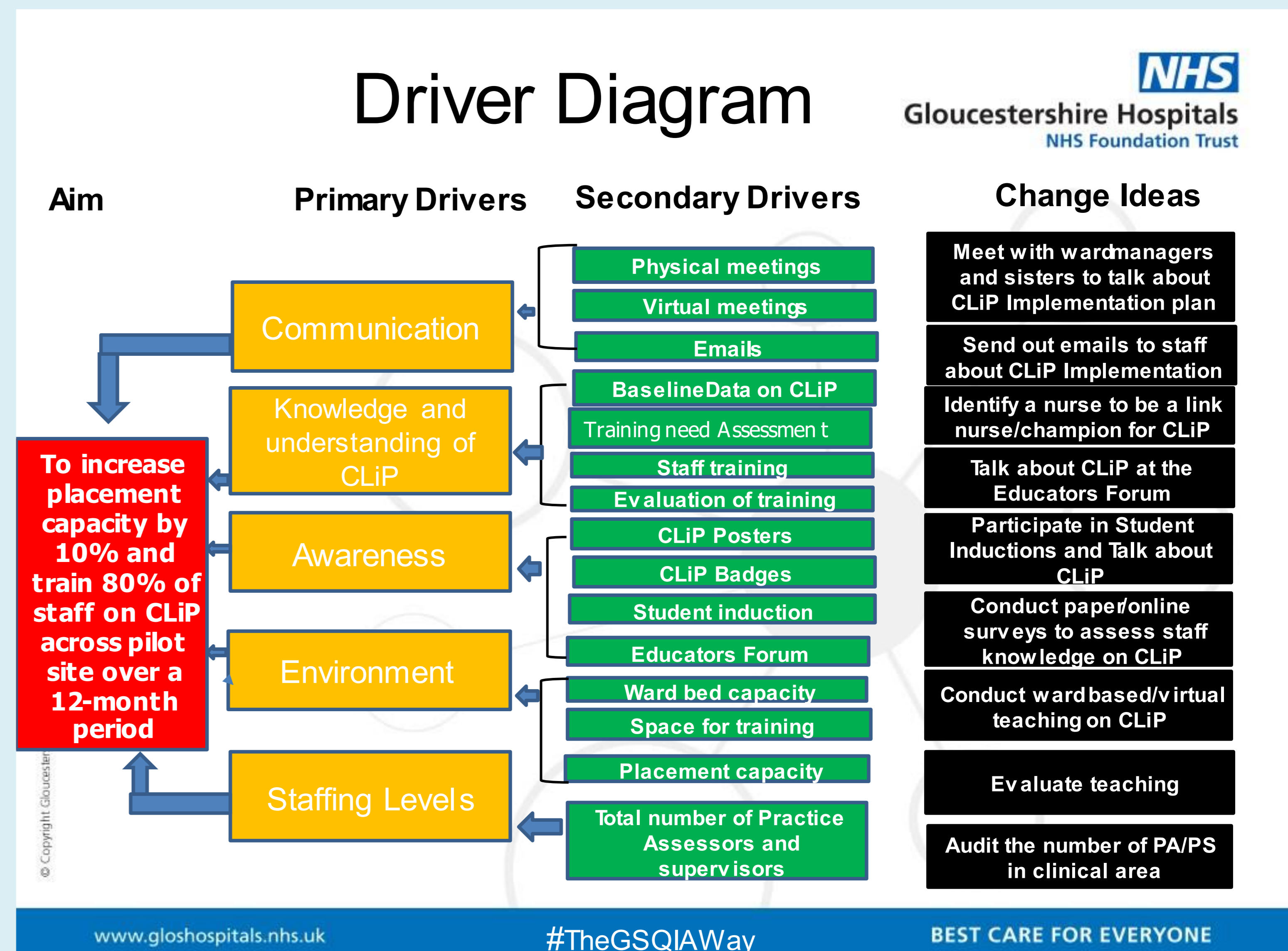
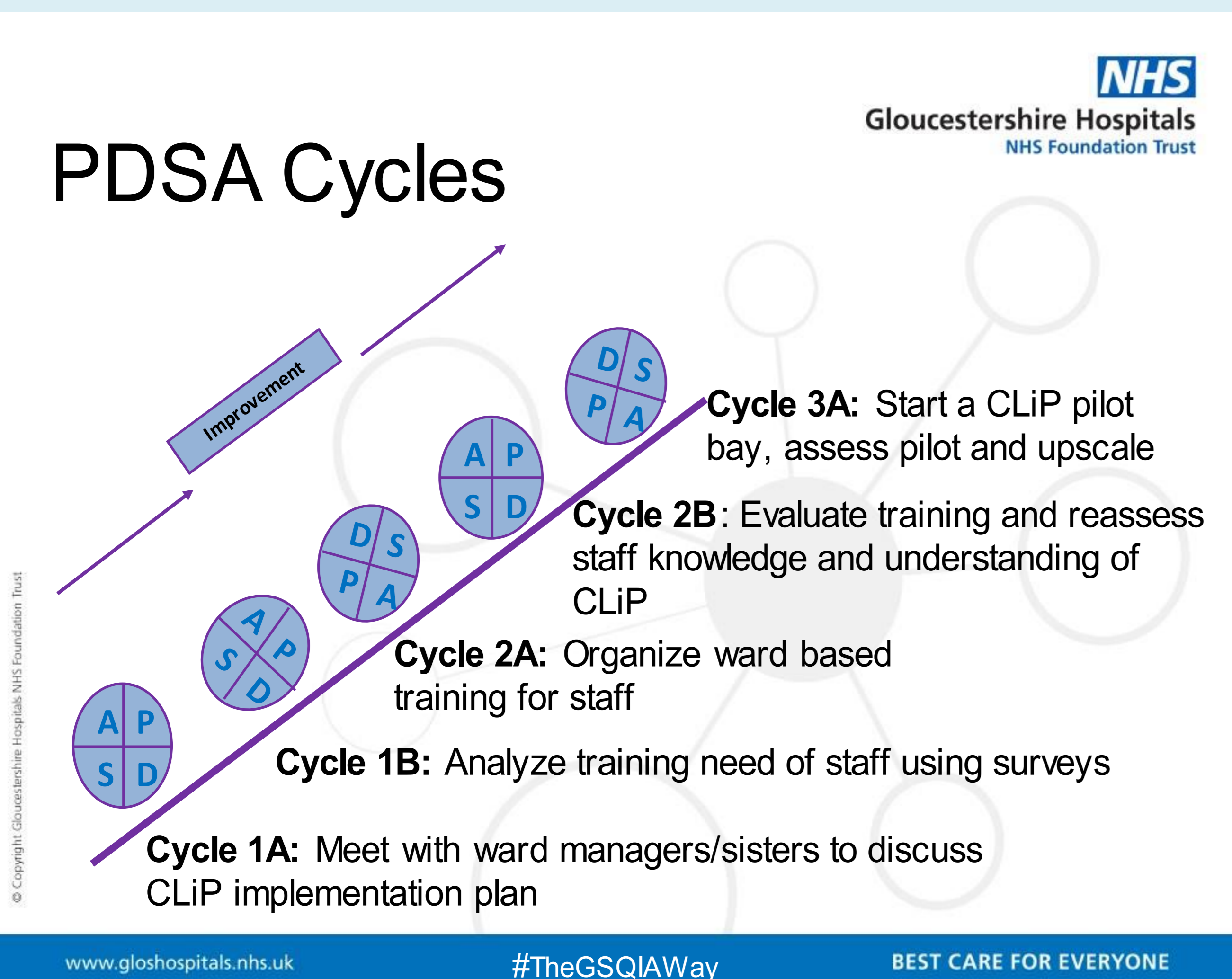
Placement capacity of pilot sites
Level of knowledge of staff and students of the CLiP model

Process Measures

Number of universities and ward managers working with the Professional Education department to train ward staff and subsequently increase placement capacity

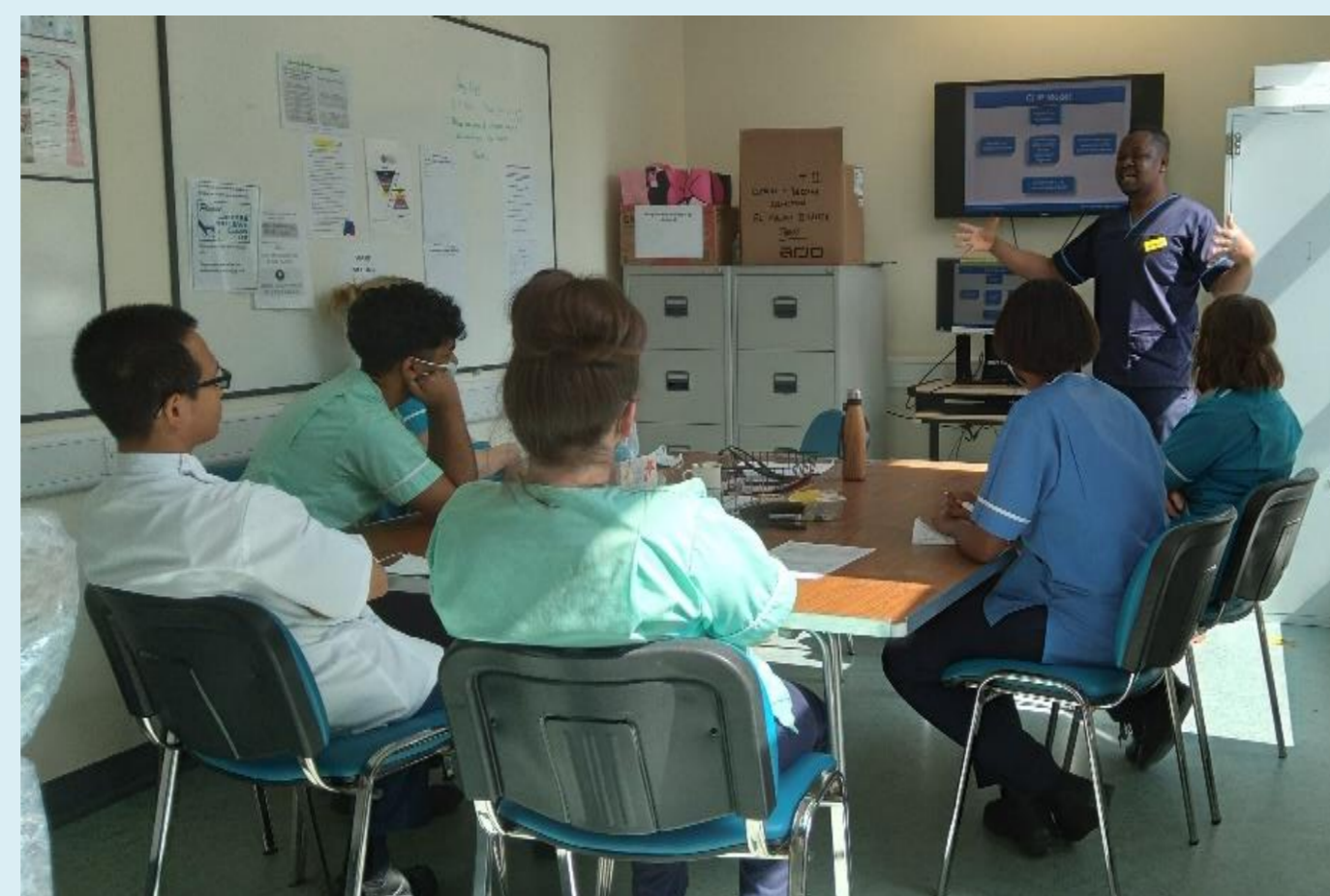
Balancing Measures

Time required away from patient care to attend training
Number of nurses and HCAs available on the ward
Workload of staff due to increase in placement capacity
Number of cover staff required whilst colleagues are in training



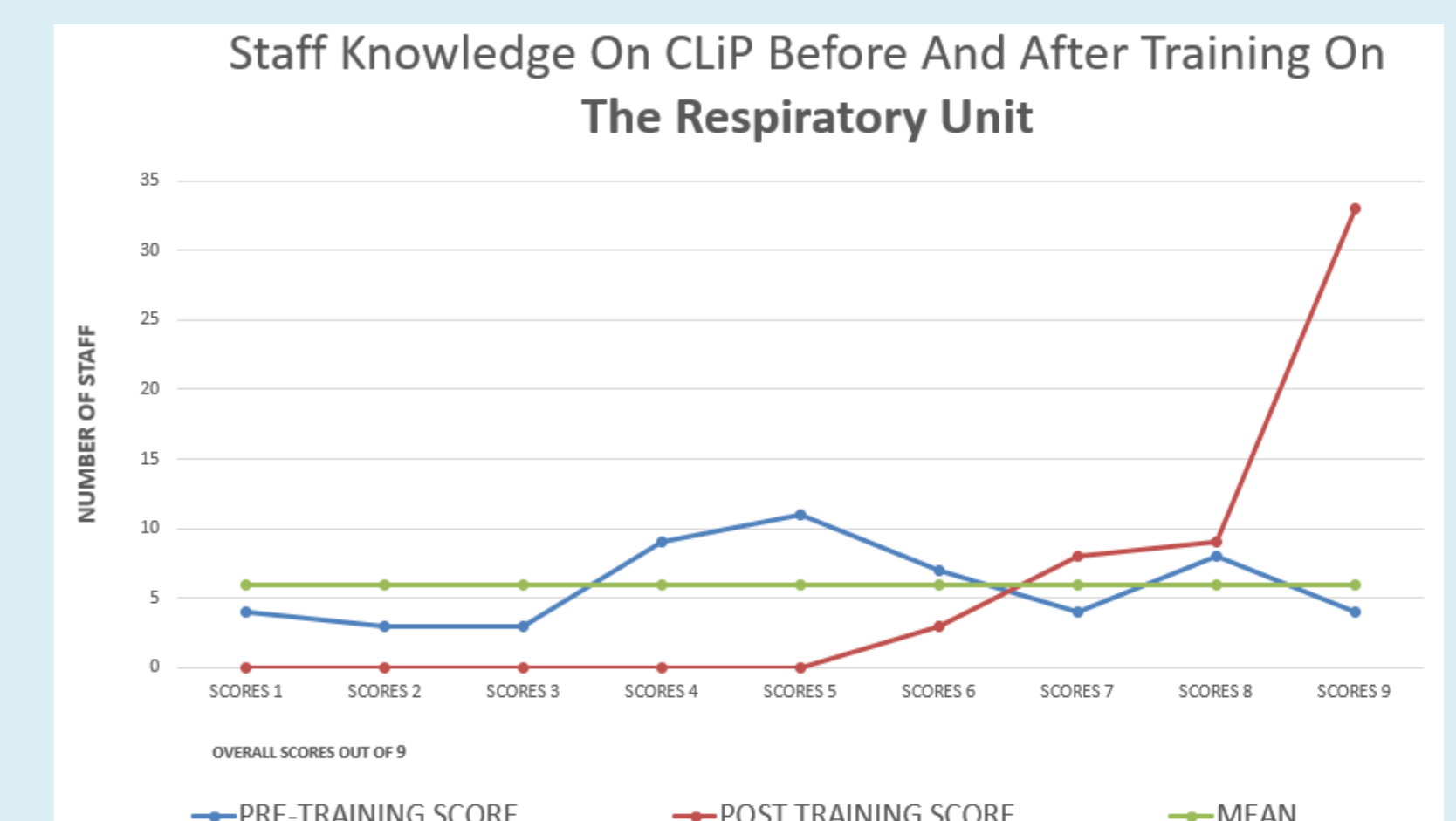
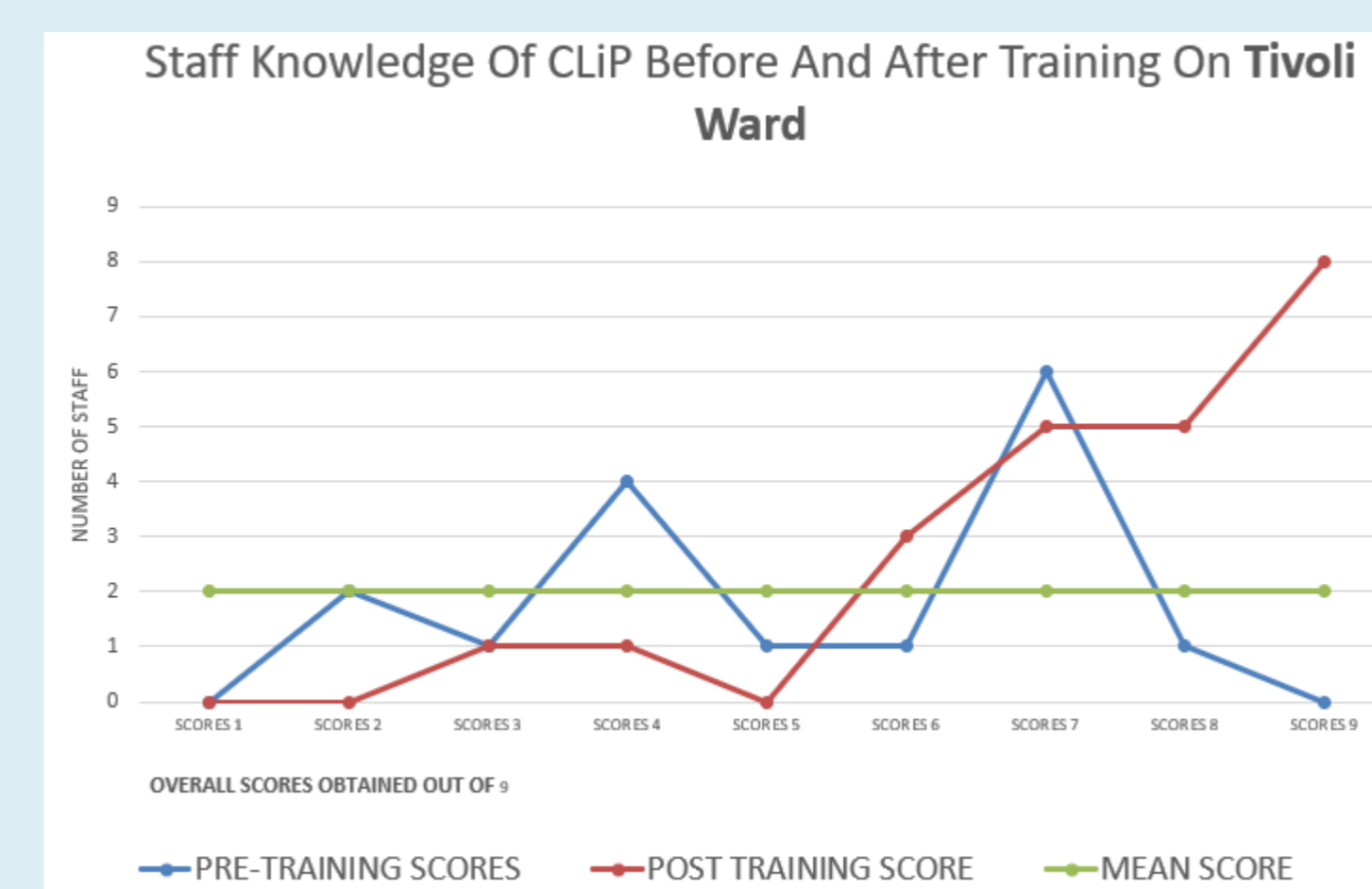
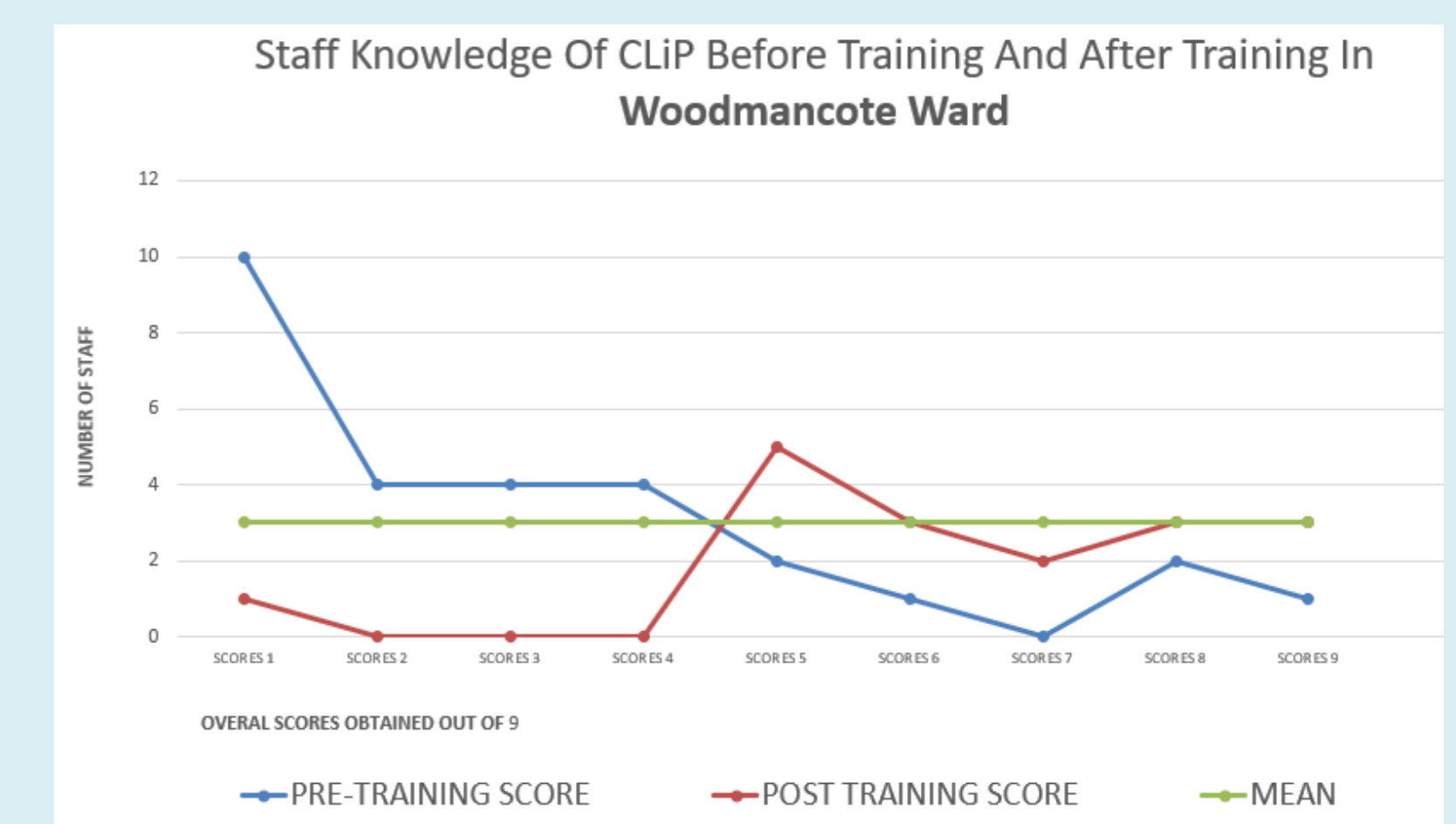
Method:

1. Conducting surveys to identify knowledge gap of staff and discuss with ward managers on how to fill them.
2. Creating awareness on the new placement model called CLiP using the Educators Forum, and other platform
3. Engaging students on the new model through placement induction.
4. Liaising with Higher Education Institutions on the model and to work collaboratively for it to succeed.
5. Assess the placement capacity of wards and the number of Practice Assessors and Supervisors in each area and refer them to have their PA/PS training done
6. Micro and ward-based training of staff on the CLiP model (see image).



Results

- placement capacity to be increased by 10% in the next placement cycle in October on Tivoli Ward.
- 80% of all staff on three CLiP pilot sites have been trained on CLiP
- staff surveys indicate a tremendous increment in knowledge and understanding of staff on CLiP
- visibility of CLiP and awareness of this model among students and staff through staff engagement in various for a, such as the Educators Forum, student induction etc.



Lessons Learnt

- a. Most clinical areas especially areas with high staff turnover are less likely to support CLiP as training has to be constantly ongoing and new staff may not be confident enough to support students.
- b. Some staff are resistant to change and more engagement is therefore needed to help them understand CLiP as well as the benefits to nurses, students and above all patients.
- c. Ward moves do not augur well for CLiP.
- d. Some wards had CLiP running in the past but it was established around a few individuals (who were not trained to run it) on a pilot basis. The rest of the staff who are not trained either, have all concluded that CLiP does not work and are thus, resistant to it. CLiP worked well in areas that never had this initial trial than areas that started it without any training.

Next steps

- a. A permanent staff or team to lead the trust-wide implementation of CLiP on a permanent basis
- b. "Running a CLiP Bay" should be considered a criterion for auditing wards' performance. This will garner interest and encourage senior managers' interest in CLiP and its sustainability.
- c. Clinical areas should be willing to provide the right environment for staff to be trained on the new model.
- d. Continuous collaboration and learning sharing with HEIs and trusts that are already running CLiP will promote peer support and implementation of best practice.