

# **The Experiences of Practice Educator Facilitators and Academics Supporting Adult Nursing Students Completing a Paid Placement During the COVID-19**

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## **Abstract**

The first phase of the COVID-19 global pandemic had a significant impact on nursing students studying in the United Kingdom, heralding changes to every aspect of their lives. Practice Education Facilitators (PEFs) and academics had to respond quickly and work in close collaboration with their wider system partners, Health Education England (HEE) and the Department of Health (DH). Changes in emergency measures implemented by the Nursing and Midwifery Council (NMC) provided nursing students in their final six months of study with the opportunity of completing a paid placement. The objectives of this study were to explore the experiences of academics and PEFs supporting the nursing students and to identify examples of good practice. A phenomenological approach was used seeking to understand the lived experience of PEFs and academics within one case study site. A purposeful sample of ten participants was chosen using semi-structured interviews and focus groups to collect the data via a virtual platform. The results highlighted three themes: communication, innovative learning opportunities and the importance of support mechanisms. PEFs and academics reported how they had increased their competence and confidence in using virtual platforms. They suggested that changes they implemented during the pandemic to support staff and students would become embedded in their future practice. This study provides insights into how PEFs and academics transformed their practice to support students and clinicians during the COVID-19 pandemic. Having robust virtual platforms for the development of continuing learning opportunities and enhanced communication approaches across health and academic environments was essential to this success.

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**Keywords:** *COVID-19; phenomenology; student support; virtual learning*

## **Introduction**

The COVID-19 global pandemic has changed the world's perspective on a myriad of issues. It has had a profound impact on health education resulting in immediate changes to the placement component of nursing degrees. The most striking of these changes was the emergency measures implemented by regulators ([Nursing and Midwifery Council, 2020](#)) and the government ([Department of Health, 2020](#)), which provided nursing students in their final six months of study with the opportunity of completing an extended paid placement. In response, Practice Education Facilitators (PEFs) and academic staff had to respond quickly and work in close collaboration with their wider system partners, Health Education England (HEE) and the Department of Health (DOH) to ensure these changes were implemented. This presented significant challenges for learners, universities and placement providers ([Ford, 2020](#)). Academics and PEFs had to be mindful of student safety and their welfare needed to remain a high priority ([Lapworth, 2020](#); [Hayter & Jackson, 2020](#)).

This study explores the experiences of PEFs and academics who supported students during their final clinical practice placement during the pandemic as well as identifying examples of good practice.

## **Background**

The COVID-19 pandemic has changed the world's perspective and it has put the nursing workforce under stress in many parts of the globe. In the United Kingdom, final year nursing students were provided with the opportunity to undertake an extended final work placement in hospitals and community trusts to support the delivery of care ([Swift et al., 2020](#)). This approach was not confined to the UK as similar measures were implemented in Spain whereby final year student nurses were incorporated into the workforce ([Collado-Boira et al., 2020](#)).

Nursing students move between their universities and different parts of the health sector when undertaking their studies. Traditionally, the clinical placements of students prioritise their learning needs rather than the operational requirements of service providers ([Cantos et al., 2015](#)); consequently, students are not remunerated, nor considered as part of local workforce establishment. In response to COVID-19 pressures, the final placement had a different focus, as student nurses were not supernumerary, became more integral to staffing rosters and were more accountable for the care which they were paid to deliver ([Hayter & Jackson, 2020](#)).

Universities are central to the facilitation of the student placements and always have a duty of care to learners; however, Hayter and Jackson ([2020](#)) identify that particular consideration should be given to student safety and welfare when deploying those students opting to undertake the extended placement. Traditionally academics and PEF's have various support mechanisms in place to enhance student learning when on clinical placement and include induction programmes, the use of practice assessors, guided reflection activities, pre-briefing and de-briefing. These interventions enhance the learning of the students through helping them to draw meaning from events that happen in the clinical environment, and also allowing the early identification and remediation of any issues that students encounter in the clinical setting ([Naicker & van Rensburg, 2018](#)). However, these models of support are designed to support students completing a supernumerary placement during which they may experience reduced professional accountability.

As a result of the pandemic digital communication was driven forward as a necessity to facilitate inter-professional/student communication and team meetings ([Sacristan-Reviriego, 2020](#)). Higher Educational Institutes (HEIs) and NHS organisations enabled Microsoft Teams (MST) to provide a platform to facilitate multiple participant video conferencing ([Moore et al., 2020](#)). The use of the MST platform across organisational boundaries allowed for all to use it without the barriers of individual IT systems compatibility ([Moore et al., 2020](#)). Face to face meetings were discouraged to minimise or reduce the spread

of COVID-19 and virtual platforms were rapidly implemented and used by PEFs and academics to communicate with students.

Therefore, this study explored the experiences of PEFs and academics supporting students during the period of these exceptional final placements when students were effectively part of the workforce.

## Methodology

### Design

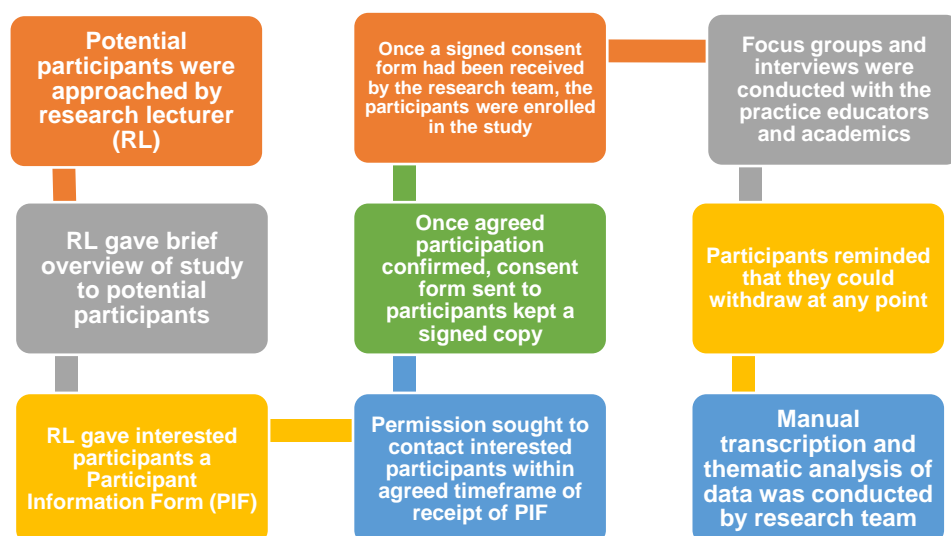
The research approach to this study was one of an ontology of relativism recognising multiple realities (Creswell, 2014, Gerrish et al., 2015), combining an epistemological approach of subjectivity. This resulted in a phenomenological approach that has been used to inform the study's design to gain insight into the academics' and PEFs' lived experience. The focus was to obtain detailed accounts from individuals about their perception of the phenomenon being investigated (Bryman, 2015). Data collection included semi-structured interviews and focus groups. Phenomenological studies use semi-structured interviews and focus groups to gather knowledge by facilitating a free flow of information from participants. Thus, the use of open-ended discourse opens the appearance of information, helping to capture the described lived experience (Ingham-Broomfield, 2015). Therefore, a phenomenological approach was deemed to be the most appropriate for understanding the perceptions of the participants in this study.

### Participants and data collection

The aim in qualitative research is not to generalise findings but to increase understanding of the population of the study (Cresswell & Poth, 2018). In qualitative research studies using descriptive phenomenology, purposive sampling is generally engaged as the participants are within the setting identified and experienced the phenomena been discussed (Gerrish et al., 2015). Therefore, once ethical approval was obtained from a local University ethics committee, a purposive sample of ten participants were invited to participate in this study. These participants were from a local NHS Trust and an HEI who supported students during the pandemic.

Figure 1

### Recruitment and consent process



The participants were sent an initial email providing information on the purpose and design of the study. Eight agreed to participate; this included four members of the academic staff and four practice educational facilitators with ages ranging from thirty to sixty-two years. The flow diagram in [Figure 1](#) illustrates the recruitment and consent process.

Although ten participants were invited to participate, two declined due to illness. Two focus groups were conducted and two participants (one academic and one PEF) were chosen randomly to participate in semi-structured interviews. They all had a role in supporting the students as either lecturers, personal tutors, module leaders or PEFs. A schedule of seven questions based on the aims of the study was used to conduct the focus groups and semi-structured interviews as illustrated in [Table 1](#).

**Table 1**

**Schedule of questions for semi-structured interviews**

1. What is it like supporting students in this final extended placement?
2. What support are you expected to provide during this period?
3. What changes had to be made to make these placements possible?
4. How are the students received in the clinical practice areas?
5. What, if any difference, do you notice in this group of students on their final extended placement, compared to other final placement students on other years?
6. What lessons are you learning from supporting students during this placement?
7. What else would you like to share about your experience?

All the data collection was conducted and recorded via a virtual platform (MST) between July and August 2020.

**Data Analysis**

The analysis of qualitative data is open to emergent concepts and ideas and may produce detailed description and classification, identify patterns of association, or develop taxonomies and explanations ([Bryman, 2015](#)). Data analysis for this study was conducted using the framework developed by the National Centre for Social Research ([Ritchie & Lewis, 2003](#)), designed specifically for qualitative research, and is widely used and advocated in health research ([Gale et al., 2013](#)). All interviews and focus groups were transcribed by the research team and to reduce bias and allow for member checking, all transcriptions were returned to the participants to ensure that they were a true record of the interview/focus group. Minor revisions of the transcripts were made as requested.

A thematic framework was established by the research team by revisiting the aim of the study whilst looking at the emergent issues and identifying any key themes. The interviews' and focus groups' transcripts were

annotated manually by each of the researchers independently. From this process the following overall themes emerged:

- Communication,
- The importance of support mechanisms
- Innovative learning opportunities

### **Ethical Considerations**

The study was conducted by upholding the principles of good clinical practice (NHS Health Research Authority, 2020) and ethical approval was received from a local University Ethics Committee. The researchers adhered to the principles of the General Data Protection Regulations ([European Union, 2018](#)).

### **Findings**

Four PEFs and four academic staff participated in two focus groups, of these one PEF and one academic participated in semi-structured interviews. The interview schedules for both were based on the aims of the study as represented in [Table 1](#).

Following data analysis three main themes emerged: communication, the importance of support mechanisms and innovative learning opportunities; the communication theme was further deconstructed into sub-themes to include all of the context from the transcriptions.

*Please note quotes described below are attributed to either the academic or PEF focus groups as follows. PEFFG refers to the quotes from the PEF focus group and AFG refers to the academic focus group. Quotes attributed to the individual semi-structured interviews are referred to as AI and PEFI.*

### **Themes**

#### **Theme 1: Communication**

This theme represents the perceptions of the PEFs and academics on the different levels of communication that were used to ensure the student placements were implemented. This includes the challenges and opportunities they encountered prior to, during and post the implementation. This theme will be discussed under two further sub-themes, strategic communication and cross-organisational communication.

#### *Strategic Communication*

Many processes had to be continually adjusted by all organisations; both the academic staff and PEFs were central to this and had to ensure there was an agile response in place to protect the safety and welfare of the students.

However, communication was a challenge at various stages. Initially, there was a lot of confusion about the placement of the students as a national portal was introduced by HEE to try to streamline the process. Some found the portal helpful but others said *“it felt like a distraction”* (AI, PEFI, PEFFG).

The other external organisations involved, such as the Nursing and Midwifery Council and the Department of Health (DH), caused different challenges for the PEFs and the academics. *“Placements are usually straightforward but there were lots of hurdles to go through as we had to get our heads around the involvement of other organisations at the start.”* (PEFFG)

They said that on occasions students were contacting them either to complain about where they were placed or asking *when* they would be placed. *“We had to let HEE know what students had opted in and they then organised the placement of the students with our practice partners. Some students were not contacted and we (PEFs) got complaints from them.”* (PEFFG)

There appeared to be general confusion as to who had overall responsibility for the student placements and one of the PEFs said “*We felt like the go between for all those involved; normally we just work with our HEIs which is straightforward to get the placements sorted.*” (PEFFG)

Other external challenges mentioned by the PEFs were the difficulties of working with three different universities, all of whom had different timelines for the completion of the student’s final placement. One suggested “*this created further confusion and much more work for them than usual*” (PEFFG).

### **Cross-organisational communication**

A variety of communication strategies were used to keep in touch, with most using virtual platforms such as Microsoft Teams. Both the academic staff and the PEFs reported how the students were really pleased with the contact they received, and suggested the way in which they approached communication with them during this placement was more personal than usual.

The academic staff said:

*Normally, we had little contact with all students during placements, usually the main focus being on students that were failing, but during this placement they had weekly contact with most of them and this is an area of good practice we hope to continue in the future. (A1, AFG)*

They described how “*during this placement having contact with all students gave us a much more holistic view of how they were coping*” (AFG)

*This is the first time we’ve had such a structured contact with students on long placements; before COVID it would have been on a more ad hoc basis, and from the feedback we have received from the students this is something we need to consider going forward. (A1)*

All the academics said that students told them the communication they received from both their universities and the PEFs was very different to normal and they really felt supported.

There was some confusion and ‘*blurring of the boundaries*’ between the PEFs and the clinical managers about the management of the students.

*Normally, the clinical areas would do the induction for new registrants, but we (PEFs) had to do the induction and all the risk assessments; this was a bit challenging at times but the good thing that came out of it was that we worked much more collaboratively with other colleagues such as human resources. (PEFFG)*

The Trusts’ Human Resources (HR) department were involved in the recruitment process and had responsibility for ensuring the appropriate contracts were signed. The HR teams had to work swiftly and flexibly to ensure the contract process worked seamlessly and were regarded by the PEFs as the ‘*unsung heroes*’ (PEFFG) in the facilitation of these placements.

PEFs agreed:

*The involvement of HR colleagues in student placements was new. Their involvement was due to the students’ employee status; this meant they tried to ensure all students had contracts in place before commencing their placements, although it was a struggle to begin with we soon worked out the smoothest process between us. (PEFFG)*

### **Theme 2: Support Mechanisms**

There are normally very good support mechanisms provided by PEFs and academics during student placements but this extended placement during the pandemic put extra stress and pressure on the individual and the system as a whole.

*Anxiety and stress are two of the first challenges we had to acknowledge and explore during the induction of the student nurses prior to their paid final placement. The first thing we had to do was to address their fear, it was the biggest thing for most of the students, once we addressed that we were able to get on with their practical induction. (PEFFG)*

Induction programmes that were planned in advance by the PEFs had to be completely altered so that the students could air their fears and concerns.

*We had developed the induction day with lots of things planned but we had to forget about the plan and spent the first hour listening to their concerns and answering their questions, then we were able to get on with teaching their induction. (PEFFG)*

PEFs described how they “supported the students from the onset” whilst the academics stated how they contacted them on a weekly basis and suggested that “This is the first time we’ve had such a structured contact with students on long placements; before COVID it would have been on a more ad hoc basis and this is something we need to do in the future”. (AFG)

Many processes had to be continually adjusted by all organisations and this required an agile response to ensure the safety and welfare of the students. The PEFs suggested that the creation of a dedicated space to enable them to relax known as ‘wobble rooms in the clinical area’ gave the students an opportunity to reflect. One of the PEF’s described a “listening project” that was developed in her organisation which enabled all students to attend reflective conversations about their placement on a weekly basis. Initially, these conversations were hoped to be recorded for future teaching and students were asked to consent to this happening, the recordings were not pursued because:

*...at the first session it became clear that the conversations were too personal and there was a lot of emotional fallout, so the recordings were stopped immediately, but these reflective conversations are something we would like to offer to future student groups. (PEF1)*

The PEFs suggested the “emotional fallout” in some cases was “due to students taking on the surrogate role of the relative, especially when caring for patients towards the end of life because their relatives could not visit them this put extra pressure on the students at times.” (PEFFG)

Other challenges that students faced which were noted by both the PEFs and the academics included loss of childcare and isolation.

*There were students who had to cope with several personal things outside of ‘being a student’, as some were isolated from their families because of COVID-19, others lost their child-care provision as family members could no longer care for their children and many were socially isolated. This was one of the main concerns that needed to be addressed on the induction programmes. (PEFFG)*

PEFs also described how teaching them practical skills such as donning and doffing, and enhanced infection control theory helped to alleviate some of their anxieties and both focus group members said:

*The support the students received by the clinical teams was different than previous placements as they (students) said they felt much more part of the clinical team, it would be great to be able to replicate this in future placements for students.’ (PEFFG)*

Another PEF said:

*There were teething problems in the first few weeks especially about the dichotomy of student/employee status in the clinical teams, but once that was sorted the students soon became part of the teams, there was a real feeling of ownership by them. (PEF1)*

However, the change of status from student to employee created some tensions and lead to comments from clinical colleagues to the PEFs which included: “*What am I going to get from this Band 4 student that my experienced Band 2 can't do?*” (PEFFG)

One PEF commented:

*As soon as you pay someone the expectations change, especially from practice colleagues. I kept telling them not to get distracted by bandings but to understand that these staff are still students and needed to be given the opportunities to learn. Don't get distracted by the cash. It is a student in front of you. (PEF1)*

### **Theme 3: Innovative Learning Opportunities**

All the participants reported having experienced different learning opportunities which they would like to take forward within their future practice if possible. They said “*We immersed ourselves in this new virtual learning culture, navigating the online landscape, learning new technologies, teaching methods, and adapting induction programmes to meet the needs of all concerned.*” (PEFFG)

The academic participants described how they:

*...learned to edit and present Powerpoint presentations virtually, streamed online induction programmes, increased virtual contact with students, increased support mechanisms to include a safe space for students to reflect, shared their knowledge of technology to present lectures with other members of the clinical teams, and supported students differently to help them complete their final assessments virtually. This blended approach to teaching and support is definitely the way forward. (AFG)*

The academics said that they felt they had developed “*a more humanistic*” approach to the students whilst maintaining professional boundaries. They described how “*...using virtual platforms for completing consolidation sessions (following final placements) had gone really well and it was something we will use in the future as opposed to having face to face meetings at the university.*” (AFG)

## **Discussion**

The main objective of the study was to gain a greater understanding of the experience of PEFs and academics in supporting the students having a paid extended placement during the COVID-19 pandemic. The COVID-19 pandemic has been reported in the press as having significant physical, mental and psychological impact on people worldwide (Public Health England, 2020) and this has also been evidenced from the participants of this study.

The NHS People Plan (NHS England, 2020) emphasises the need to acknowledge the impact that working in stressful environments can have on individuals and suggests that a coordinated approach needs to be adapted to improve support during clinical practice, ensuring that the health and wellbeing of the staff is a priority. The findings from this small-scale study suggest that the students received enhanced support from several sources which enabled them to deliver appropriate care to patients during their final placement. Communication is one of the most important and essential skills to ensure that appropriate messages are disseminated to all involved in any process. This was never more critical than when dealing with the COVID-19 pandemic and good communication in health and social care can improve patient outcomes and reduce complaints (Ali, 2017; Kissane et al, 2018). The complexity of this final placement meant that there needed to be robust communication processes in place to avoid confusion and to ensure that it was conducted safely, and that changes were communicated within a swift timeline.

However, there were some challenges experienced by the PEFs, academics and students, initially, with the implementation process. Normally, student placement provision is organised by PEFs in local provider organisations and the academic staff at local HEIs, but due to the pandemic a national approach was



developed. This included the development of a national portal to help streamline the process which meant that neither the PEFs nor the academics had direct involvement in student placement. Instead of it achieving a more streamlined approach some said *'it felt like a distraction'*. Most of the PEFs and academics suggested it created a more complex process and caused confusion for students. They described how they were receiving emails and phone calls from students either *'complaining about where they were placed or asking when they would know where they were going to be placed'*. However, once the initial confusion over the student's placements was addressed, they were *'able to get on with supporting them'*.

A variety of communication strategies were used to keep in touch with students during the placement; with the most common platform being Microsoft Teams. Routinely academic staff would have limited contact with all students during placements, with their main focus being on students who were failing, but during this placement they had weekly contact with the majority of them. Participants suggested that the improved communication methods gave an appropriate support system and helped develop resilience in the students which had an impact on their learning. They suggested it also helped them with their transition to registrant; this is an area of good practice which they hope to continue with future cohorts of students ([Gazza, 2017](#); [Ong, 2013](#); [Ong et al., 2019](#)). It also gave the academics a better insight into what the students were experiencing which enabled them to increase support where required.

Stress and anxiety were two of the first challenges the PEFs had to acknowledge and explore during the induction of the student nurses prior to their paid placements. Induction programmes that were planned in advance by the PEFs had to be completely altered so that the students could air their fears and concerns. This was considered vital as the PEFs acknowledged Schwabe and Vogel's ([2016](#)) suggestion that suffering from stress inhibits learning and can hamper the updating of memory in the light of new information. The PEFs' recognition of the anxiety and stress levels in the students during induction suggests an advanced understanding of the challenges of learning while under stress. The participants described how apart from the stress associated with their clinical placement, students expressed concerns about their families' wellbeing. They were concerned about working with *'potentially infected and vulnerable groups'* and taking the infection home to their families. This was addressed on the induction programmes as PEFs described how teaching them practical skills such as donning and doffing and enhanced infection control theory helped to alleviate some of their anxieties.

The NHS People Plan ([NHS England., 2020](#)) emphasises the need for everybody to acknowledge the impact of working in stressful environments and suggests that a coordinated approach needs to be adapted to improve the support for an individual's health and wellbeing. This position is further supported by the work of Le et al. ([2020](#)) who found health workers needed to develop strategies to reduce adverse psychological impacts and psychiatric symptoms during the pandemic. The participants described several different support mechanisms they either developed or enhanced to ensure that the students were supported during this difficult placement.

Many processes had to be continually adjusted by all organisations and this required an agile response to ensure the safety and welfare of the students. Support mechanisms such as making spaces available for colleagues to rest, recuperate and reflect, known as 'wobble rooms', were reported as positively influencing student wellbeing.

Reflective practice is an important component of the nursing curriculum and evidence has shown the relationship between student nurses and their mentors is vital to improve practice ([Barbagallo, 2020](#); [Nursing and Midwifery Council, 2019](#); [Naicker & van Rensburg, 2018](#)). One of the PEFs described a 'listening project' that was developed in her organisation which enabled all students to attend reflective conversations about their placement on a weekly basis. In order for reflection to be effective open-mindedness, courage, and a willingness to accept must be present ([Bulman et al., 2012](#)); the listening project facilitated this to occur. Initially, these conversations were hoped to be recorded for future teaching and students were asked to consent to this happening. However, the recordings were not pursued because at the first session it became clear that the conversations were too personal and *'there was a lot of emotional fall out so the recordings were stopped immediately'*. This emotional fallout was suggested in some cases to be due to students taking on the surrogate role of the relative when caring for patients towards the end of life.

However, the PEF suggested that the lessons learnt by having regular reflective discussions with the students from this project would be embedded in future practice.

There was some confusion about the role and responsibilities of the student as an employee. Some PEFs described the challenges they received from some of their clinical colleagues such as *'what am I going to get from this student that my Band 2 HCA can't do?'*. These incidents and *'moments of hostility'* were reported early on in the placements and were soon resolved.

However, despite the challenges described by the academics and the PEFs in the initial stages about the student/employee status, there was a consensus that the students being paid as an employee for the final placement had many benefits. The PEFs said they observed more ownership of the students within their clinical teams and that students appeared to take more responsibility and accountability for their practice and learning. They reported more shared ownership of the students with universities and practice partners and one of the PEFs gave an example of how there were much improved support mechanisms from clinical teams with one particular failing student. The academic staff stated that there appeared to be a *'more mature attitude from the students to this final placement whether it was due to being paid or whether it was due to the seriousness of the situation'*.

## **Conclusion**

This small-scale study explored the experiences of academics and PEFs supporting final year nursing students who opted to complete their final paid placement during the COVID-19 pandemic. The findings suggest that there were challenges for everybody, initially getting the students risk assessments, induction programmes and placements organised. Both the academics and the PEFs considerably changed the way they worked and communicated with the students. Virtual platforms proved an essential method of supportive communication, academic assessment and reflective discussion. Although the participants observed some anxiety in the students prior to their employee status, they were well supported and were integral to clinical teams. They suggested the students embraced their placements and grew in confidence over time. Students were supported differently by their academics and PEF's during this placement and many of the lessons learnt by them will be continued in the future to support student placements. Overall, they suggested students appreciated being paid for their placement and said it gave them a greater incentive to take more accountability and responsibility for the care they delivered.

## **Limitations of the Study**

This study provides insights into how PEFs and academics transformed their practice to support students and clinicians during the COVID-19 pandemic, however, it only provides the views and the experiences of eight participants in one case study. The data collection, (interviews and focus groups) was completed virtually and it was difficult at times to observe the body language of all participants especially in the focus groups, if conducted face to face there may have been an opportunity to explore some of the responses in more depth.

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