Supporting Students on Placement: Effective Strategies in Mental Health Nursing Essay Sample

Mental Health Nursing: Rationale Exploring How Students are Supported in Practice

This essay evaluates the role that mental health nurses play in teaching and helping to support students in practice. It assesses the ways in which mental health nurses can do this, and it also considers the strengths and weaknesses that such nurses might have in this regard, and also the opportunities and threats faced in doing so. This is represented in a SWOT analysis seen in Appendix 1 and discussed within the body of this essay. The discussion also examines personal scope of practice and professional development, taking into account the Nursing and Midwifery Council (NMC) Code (2018). The latter is supported with a personal development action plan comprised of SMART goals seen in Appendix 2.

As indicated by the NMC (2018) practice supervisors have a responsibility to help with offering learning experiences that aid student nurses to develop and practice skills. There are a number of different types of opportunities to go about this, according to the NMC (2018), which are not limited to demonstrating and sharing knowledge, observing students, providing feedback on performance, helping students to benefit from learning opportunities, delegating to them and empowering them. Furthermore, the NMC (2018) Code requires nurses to behave as role models that student nurses aspire to. The NMC (2018) Code additionally explicitly states that nurses have a requirement to help students to learn so that they gain confidence and competence. Moreover, as Henderson (2007) postulate, a positive clinical experience working with inpatients can help actively engage students in learning to enable them to achieve their learning goals.

Understanding personal VARK learning styles can be beneficial to learning effectively (Peate et al., 2014). VARK is a model developed by Fleming in 1987, and it stands for Visual, Aural, Read/Write and Kinaesthetic (Peate et al., 2014). Bastable (2017) highlights that visual learners prefer to learn from visual prompts such as process charts and graphs, while aural learners learn best from listening and discussing. Read/write learners are those that learn via the written word and seek other sources of information for their learning, while kinaesthetic learners benefit best from doing and role play, in other words, hands-on learning (Bastable, 2017). Halstead and Billings (2016) explain that research shows that a total of 41% of people have a single preference in learning styles, but 21% use all four styles. Learning styles are important because if the learning styles of others are known and understood, those educating them can develop learning approaches that will work best with a person's specific learning styles (Halstead and Billings, 2016). However, while planning learning sessions would be the ideal, it should be understood that a considerable threat to nurses using opportunities to train students on shift is likely to be staff shortages in nursing. As Shembavnekar and Kelly (2023) highlight, a third of full time vacancies in the NHS in England are comprised of nursing vacancies. While lesson plans to support different learning styles might be an ideal, with staffing shortages at the levels suggested by Shembavnekar and Kelly (2023) it may not be very realistic to expect that mental health nurses can find time for this level of planning for training.

One key point arising from opportunities for mental health nurses in supporting the learning and development of student nurses, is the chance to give immediate (or at least, soon after the event) feedback that is constructive and that can promote learning (Prater and Allen, 2020). One effective way to achieve this, as highlighted by Prater and Allen (2020, p. 414) is to use the so-called 'sandwich method,' where constructive feedback is sandwiched between some positives. Prater and Allen (2020) argue that giving immediate feedback is effective because both parties can clearly remember the detail. As Cant et al. (2021) evidence in their research, finding time to achieve this can sometimes be an issue on a busy shift, but feedback is invaluable for student nurses, and in collaborative learning (Williamson et al., 2020), so time needs to be made. Feedback can come about not just from practice supervisors but also from peers on placement. Indeed, evidence from the literature suggests that peer learning is tremendously beneficial in developing the confidence of student nurses and

supporting their team working skills (Markowski et al., 2021). The findings of Markowski et al. (2021) in particular support the effectiveness of learning between first and third year student nurses. Further supporting this, Hill et al. (2020) indicate that collaboration in learning can drive good learning outcomes too.

Weaknesses in learning on clinical placement do exist, and defensiveness can be one of these (Bifarin et al., 2022). Bifarin et al. (2022) suggest that defensive practices can result from organisational cultures (especially when there is an over-focus on metrics, for example). This can lead to an environment that encourages defensiveness and makes it harder to learn, potentially (Dashtipou et al., 2020). Reading and Webster (2014) indicate that defensiveness is a barrier to good communication, and that cultures where trust is low can exacerbate these types of communication issues. However, Reading and Webster (2014) also provide helpful guidance for addressing these types of barriers, such as use of empathy and respect, which student nurses might draw on to help facilitate their own learning in these sorts of scenarios, potentially.

As highlighted, role modelling is one important element in clinical placement which mental health nurses are expected to do as part of the NMC (2018) Code. It is beneficial for student nurses and might be considered a strength of the clinical environment as a platform for learning, because student nurses can see in practice the desired behaviours. As Crisp et al. (2020) opine, learning from role modelling can drive quite profound effects. Crisp et al. (2020, p. 184) also argue that where culture is suited for learning, “students experience meaningful interactions between staff members and… they will continue to imitate the behaviours practiced by role models they believe to be important.” Furthermore, as Northway and Hopes (2022) pinpoint, where role models are good, this can be very powerful for empowering student nurses. In addition to this, Northway and Hopes (2022) indicate that good role modelling influences organisational culture, improving it. However, as Peate (2023) points out, not all role modelling is necessarily good, and as such it cannot always be relied on for effective student learning. As argued by Leigh and Roberts (2021) student nurses may have significant exposure to a wide variety of clinical role model behaviour which can be

both good and bad. To some extent then, the student nurse is arguably left trying to make sense of which role models are bad and which good, potentially.

Other excellent learning opportunities on clinical placement for student mental health nurses include the chance to get involved in actual care of patients (Henderson et al., 2007) rather than just learning from theory. This is interesting and is shown to provide student nurses with high levels of satisfaction (Henderson et al., 2007). As Selekman et al. (2019) indicate, in practice, student nurses come face to face with real life patients that have comorbidities and complexities that challenge their learning and provide invaluable experience too. Patients are not straightforward, and in addition to mental illness, people in care may also have comorbidities such as cancer, cardiovascular disease or type 2 diabetes, among others (Brunero et al., 2020). From observing nurses addressing these issues, student nurses can learn about a broader range of issues (Henderson et al., 2007) than those they might face in the classroom.

Given the learning opportunities of the placement environment, and an understanding of my own preferred learning style (Peate et al., 2014) (kinaesthetic) I have developed a SMART action plan (Appendix 2) which highlights how I plan to improve my scope of practice and professional development. Within this, I have considered the learning that is possible on clinical placement that has been understood as a part of undertaking the above critical evaluation. Specifically, I have considered how not just learning from my placement supervisor can be beneficial, taking into account aspects such as role modelling, peer feedback and others, all of which can be advantageous to learning, as has been shown. The use of SMART objectives is important in undertaking this, because SMART goals are structured, bringing benefits in terms of likely achievement (Stacey et al., 2017). As Norman and Ryrie (2018) explain, SMART stands for Specific, Measurable, Achievable, Realistic and Time Oriented. When these criteria are met, the goal can be accomplished, if barriers to achieving it are overcome along the way (Norman and Ryrie, 2018).

The areas for professional development identified are improving personal competence in terms of dealing with challenging behaviour, improvement of delegation skills and developing more enhanced organisational skills to ensure that all tasks are taken care of in a timely manner. All three are required of the registered nurse, as outlined in the Future Nurse competencies document published by the NMC (2018). Each will now be considered in turn. Starting with competence with challenging behaviour, specifically, nurses need to be able to operate in challenging situations dealing with behavioural issues as required of them (NMC, 2018). It is acknowledged by the NMC (2018) that challenging behaviour can include agitation and aggression, which can result from mental and emotional distress or be part of the same. At times this can include safe holding and restraint (NMC, 2018). The reality of this, is that it is not something I have experienced much in life thus far, and clinical placement presents real situations where challenging behaviour occurs that mental health nurses must deal with. Walsh et al. (2020) highlights the learning opportunities in the clinical environment in this regard. As well as getting the opportunity to practice in the clinical setting, role play is identified by Wrycraft (2015) as having good learning potential in this regard. Improving my scope of practice depends on my being able to deal with challenging patients, so gaining this support and overcoming threats of time/staff shortages will be important in this regard.

On delegation, it is very clear within the NMC (2018) Code that nurses must be able to do this and be accountable for it. Delegation has been highlighted in the research as a skill that newly qualified nurses see as lacking in themselves, and learning it is an ongoing activity, not a one-off experience (Clarke, 2021). Meanwhile, delegation in practice provides good learning opportunities (Crevacore et al., 2023). Therefore, this is another key area where I can learn both through observing and through putting my learnings into practice in a structured way, under the supervision of my placement supervisor, by delegating to nursing assistants. Finally, I have pinpointed how I wish to improve my organisational skills, so that I can get everything accomplished that I need to, in a timely manner. Again, this, I see as a great opportunity for learning on clinical placement through learning from peers, in particular – both observing them and asking them for tips on how to improve in this area.

This essay has examined the role that mental health nurses play in teaching and helping to support students in practice. It has been demonstrated as part of the NMC

Code that nurses do have a requirement as part of this to provide learning for student nurses. The discussion has examined strengths, weaknesses, opportunities and threats in this regard and has seen that threats such as staffing shortages have the potential to detrimentally impact the quality of the learning experience. Meanwhile, the weakness of defensiveness can impact on good learning opportunities.

However, overall, the clinical environment provides student nurses good potential to learn through observation of role models, gaining feedback and having a chance to observe and practice techniques. Subsequent to analysis of the support that mental health nurses provide to student nurses, discussion of a SMART action plan demonstrates how scope of capabilities can be improved through learning in clinical placement in particular.

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Appendix 1: SWOT Analysis

STRENGTHS	**WEAKNESSES**
The clinical placement presents a strong learning experience for student nurses and chances to put learning into practice, given that there are well trained nurses to learn from. Nurses can learn in a variety of different ways, since all four learning styles may be supported in a placement environment. Student nurses can observe practice and benefit from putting theory into practice in a clinical placement environment.	Defensive behaviour of nurses could lead to students not learning as much / as well as they otherwise might. Where role modelling is not good, perhaps due to organisational culture (in some cases) this can detriment the learning of student nurses.
OPPORTUNITITIES	**THREATS**
The chance within clinical placements to provide timely feedback with examples, in a constructive way to promote growth and development.	Staff shortages among nurses can make it difficult to find the time for nurses to spend with student nurses to train them.

The complexities of actual patients and their comorbidities provides a significant opportunity for extending learning beyond simplistic situations and realities. The opportunity to learn from good role models in effective mental health nurses. The chance to benefit from peer feedback on placement.	If the organisational culture is more focused on metrics than learning, then this can potentially threaten an effective learning experience for student nurses.

Appendix 2: SMART

Specific	Measurable and Achievable	Realistic		Timely
Objective	**Actions**	**Team Member Responsible**	**Resources Required**	**Completion Date**
To improve personal competence in dealing with challenging behaviour to feel confident when faced with this on placement.	To read more theory on dealing with challenging behaviour (5 research articles) and benefit from the learning therein. To observe the behaviour of other mental health nurses in these scenarios.	Myself / my practice supervisor	I will need time to do the relevant reading and to decide on strategies to try in practice. I will benefit from feedback from my practice supervisor to know if I have improved – therefore time from my practice supervisor will also be a needed resource. I will request role play opportunities with my supervisor.	July 2024
To develop my delegation skills so that I feel competent in delegating to nursing	To re-read the NMC guidance on Delegation and Accountability. To observe other mental health nurses and gain learnings from how	Myself/ my practice supervisor.	I will need time for the reading and the observing. I will need to make time to reflect on the delegation of others and see	October 2024

assistants.	they delegate. To practice delegation on shift as the opportunity arises and to seek feedback from nursing assistants on my performance.		what I can learn from it. I will benefit from feedback both from my practice supervisor and nursing assistants – the time of both is needed.	
To improve organisational skills so that records are kept up to date and that this is done in a timely manner.	To observe how others achieve organisation that is more effective than my own. To read up on organisational techniques that can improve timeliness and implement 3-5 of these in my practice.	Myself / peers on clinical placement.	Request support from peers by asking them how they organise themselves to achieve this. This will require a time input from them. Time of mine to read and observe and implement changes.	April 2024