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Partnerships between students, academics and clinicians in co-creating the student experience

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EDITORIAL

Title: Partnerships between students, academics and clinicians in co-creating the student experience.

The necessity to have partnerships to create a responsive and creative student experience is vital. Having attend this year's NETNEP conference in Banff, Canada it was obvious that we academics are interested in the issue of practice placement capacity and the experience of clinical placement for our undergraduate student nurses. We know there is a need to ensure that students have exposure to real world patient care and we know that in some areas of the globe that there is a real shortage of placement opportunities.

Roxburgh has spent the last 10 years researching and evaluating practice placement models that enhance the student experience (Roxburgh 2014 Roxburgh et al 2012, Holland et al. 2010). Where we in the UK tend to fall down is in our National Student Survey results around the student experience. We constantly hear from our students about the inequity of student allocations, the lack of transparency in how students' requests for placement changes are managed and inadequate time of notice to prepare for their allocated placement. Generally speaking the students will target the member of staff who they believe will be the most 'accommodating' of their request. A further complexity in placement allocation is where clinical areas are unable to support the number of students as identified in their practice placement audits. This leads to significant re-work by Higher Education Institutions as an alternative placement is sought. The timing of when students and clinical areas are notified is a significant factor as this can be less than six weeks' notice to the start of placement.

Students need to be actively involved in the co-creation of their experience. This has a number of benefits including a better student experience and students taking responsibility and not being passive acceptors of their programme. We need to mirror developments in the patient experience in which students' involvement is proactive and is not simply tokenism. This was a central element in the project that we implemented. It is also similar to the Kaizen Institutes (2012) process for improving the quality and outcomes of patient experience.

In order to improve students' experience of placement allocations, a Rapid Process Improvement Workshop (RPIW) using Lean methodology to address this issue was held. We believe this approach is ground breaking, as we can find no literature to demonstrate that this approach has been taken before to improve the process of allocating student nurses to clinical placements. Lean originated from car manufacturing in Toyota, also known as the Toyota Production Systems (TPS) (Jones and Womack 2016). Whilst we recognise that our products are not cars, there are similar challenges in terms of 'customer' satisfaction, safety, quality, timeliness and cost. Lean is based on two key principles of removing or reducing waste and increasing value. Note that the term 'value' is value from the customers' perspective. Whilst we had three customers – students, our clinical and academic partners, our critical voice was that of the student. We mapped the current process map of how students were allocated placements and noted the waste inherent in our current system (predominantly extensive re-work when placements required to be re-allocated due to clinical areas unable to take the student, students request to change the placement and administrative errors due to poor data quality). This resulted in 61% of placements having to be re-allocated for one cohort, one placement. We applied multiple lean tools and techniques to ensure standard work and error proofing within our system based on principles of co-design. Finally, we re-designed a process flow

map of the future state to ensure our students are allocated the right placement, at the right time, the first time.

Of course there are benefits for our clinical partners – forward planning with adequate notice of student allocations and clear processes in place when clinical staff feel that they cannot accommodate an allocate student. There are benefits to the University – a more efficient process for staff having to re-allocate students and, of course, ultimately improving our students’ experience.

The hard work has only just begun. Dismantling an old system, re-framing mental models and working in new ways will be challenging for all. We have collected metrics to determine the impact of the changes, including a measure of student experience, length of notice students have for placement allocation, the amount of re-work due to re-allocation and a measure of placement experience etc. In line with the RPIW approach these will be measured at 30, 60, 90, 120 and 360 days respectively. Of course, we do not yet know if we will achieved our targets, but we do know that we are more likely to given that we have co-created the process with the people at the heart of the system – our students.

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