

## Different learning opportunities

Reference: LE3-B Last Updated: 01/03/2019

Students should be provided with a variety of learning experiences across and within learning environments.

There are a number of different learning experiences that can be delivered within a range of diverse and inclusive learning environments, using different methods such as group learning, one to one learning, peer to peer learning, classroom learning, simulation and direct care of people. More information on some of these can be found within the section on practice supervision. We do not specify how learning must be delivered, only that it should be done in a way that upholds public protection, the safety of people and confidence in our professions, and enables all students to meet their learning outcomes.

Learning experiences do not need to be confined within a particular environment, or to a particular episode of care. A learning experience can follow a person's single episode or ongoing experience of care and can involve a student being assigned to a person using services throughout their treatment or care, across a range of environments.

Learning experiences should also have an interdisciplinary and interprofessional learning context, including learning with and from other professions where relevant.

### Simulated practice learning

Simulated practice learning must meet the same requirements as practice learning in any other environments and must therefore be supervised and assessed in line with the requirements of SSSA in the same way as practice learning in non-simulated environments. We have produced new supporting information on [simulated practice learning](#).

### Case study

The focus of this scenario is the shared learning that Tom, a post-registration student on a SCPHN programme, undertook during the first semester of his programme.

Tom is a qualified registered nurse and had worked in a hospital setting for five years before starting his SCPHN programme whilst employed with a new health and care provider.

Tom is keen to gain the required specialist knowledge of public health and community working, and leadership as stipulated within the programme standards.

In university Tom is taught a unit on leadership. The theory sessions are shared with other post-registration students on multiple community nursing SPQ and SCPHN programme routes. The group are taught about the principles of leading multi-agency, interprofessional teams and how these skills apply in community settings together.

Although Tom and his peers are from a wide range of community nursing SPQ and SCPHN programmes, they are all able to gain additional knowledge around leadership for the specialist qualifications and roles they are seeking to gain. The group can reflect on their previous experiences as nurses and midwives and gain deeper insight of different leadership styles often seen in public health and in the community through the post-registration student peer group. Then in turn they take this knowledge into the context of specialist public health nursing and specialist community nursing practice when developing their specialist practice

Tom heard how his peer Emily, who is on a community nursing SPQ programme, had experienced a safeguarding concern in her community practice area. Emily shared with the group how she had witnessed her practice supervisor lead the care and refer the concerns about the person in their care to an adult social care team. Both Tom and Emily could identify how this situation could relate to any area of practice and the leadership skills they would need to lead and coordinate interagency effectiveness to ensure safe and effective care was provided to manage the needs of this person within a community setting.

Another student on the District Nursing SPQ programme, Salma, discussed with the group how she had learnt through her previous role how to ask colleagues about how they liked to organise their day to meet the needs of the people in their care and in delivering the service rather than being an autocratic leader and delegating work without recognising the expertise within the team, their input, and how this had been beneficial to the team's efficacy and staff presented happier.

When Tom returned to his practice area, Tom and his practice supervisor discussed what Tom had learnt in university and were able to consider how leadership is relevant to Tom's learning and practice journey. Tom was able to identify the leadership knowledge and experience Tom already had gained in his five years as a registered nurse and be in a position to identify clear learning objectives that build on his previous experience with his practice supervisor. Inevitably his needs focused on the differences that public health community environments placed on ways of working and it was good that he had worked through his specific needs.

Together they decided that Tom would start to lead a few people in the team such as the early years practitioner, student nurse and a support worker. Tom would help to coordinate and plan the work for this group for the day taking account of the needs of the children and families in their care and the levels of support and supervision needed for students. This would allow Tom to gain confidence of managing and leading in a community public health setting before he started to take on accountability or responsibility for the wider team.

During Tom's practice learning he was able to articulate to his practice supervisor how he would support the staff he was allocated and what evidence base this represented. Tom as a post-registration student could recognise that shared learning with others helped to widen his knowledge and provide him with insight into a deep range of experiences.

When next in university Tom and other students on his programme met in smaller groups with their tutor. Tom and his peers were guided to apply the relevant evidence to their practice learning and encouraged to consider how they could continue to develop their leadership and management skills and meet specific objectives for their academic assessment as well as the overall programme standards.

## Relevant NMC standards for this section

[Standards framework for nursing and midwifery education](#)

**R3.4:** are enabled to learn and are assessed using a range of methods, including technology enhanced and simulation learning appropriate for their programme as necessary for safe and effective practice

[Standards for student supervision and assessment](#)

**R1.8** ensure mistakes and incidents are fully investigated and learning reflections and actions are recorded and disseminated

**R1.9** ensure students are supported and supervised in being open and honest with people in accordance with the professional duty of candour

**R1.10** ensure the learning culture is fair, impartial, transparent, fosters good relations between individuals and diverse groups, and is compliant with equalities and human rights legislation