Learning on practice placements

Learning objectives

By the end of this chapter you will have:

- Gained an understanding of how adults learn using different styles.
- An insight into the expectations and demands of the placement setting.
- Developed an understanding of a range of learning tools in the practice setting, including learning contracts, practice documents, formative and summative assessment, reflection and reflective journals and the importance of professional portfolios for long-term learning and professional development.
- Developed an insight into the relationship between practice and theory in the process of learning nursing.

Introduction

In this chapter we will discuss how to prepare for, and gain the most benefit from, your practice placements in the mental health setting.

We begin by discussing what adult learning is, and different learning styles, before considering how to prepare for placements in either community or inpatient settings. The chapter will then focus on tools which provide a framework for your learning in practice, and which will generate evidence of your development as a student mental health nurse. These comprise both conceptual approaches and practical methods for documenting and providing evidence of your accumulated learning, and include learning contracts, the practice document, formative and summative assessment, reflection and reflective journals and the professional portfolio. Finally the chapter considers the concepts of practice and theory, and how these can be integrated into your developing understanding of mental health nursing.

In conclusion we will reflect on the issues discussed in the chapter. From these beginnings you can start to develop methods of guiding and planning your learning in the practice setting, consistent with your role as an adult learner.

Scenarios and examples will be presented throughout the chapter to illustrate the clinical and professional complexities involved. Several exercises will help you identify areas of practice which can be developed through further reading and reflection on practice, together with discussions with your practice supervisor, other students and lecturers, to facilitate further lifelong learning.

Before we start, here are two students’ insights into practice placements.

A mental health student says 

Seek out your own learning experiences and prepare yourself for an emotional rollercoaster that will see you burst with pride and cry from despair. The highs and lows of nursing will change you forever.

A mental health student says 

If I had one bit of advice for a new student, it would be that offering to make the tea says a lot about your enthusiasm and should not be seen as an insignificant job!
Preparing for placement

This section will discuss how to prepare for and gain maximum benefit from your practice placement. However, to begin with, it is helpful to identify how adults learn in order to identify skills and the areas in which we need to develop.

What is learning?

Learning appears straightforward and we all do it all the time, yet in fact it is a complex multifaceted process.

For many of us our most familiar experience of learning is from the classroom at school when we were children. However, in adult learning we process information and learn very differently, and need to be taught using other methods (Knowles 1984).

Differences between child and adult learners

- Children accept information without question whereas adults require the importance of the information and relevance of the learning to be made clear (Knowles 1984).
- Adults approach education with a broad and diverse background of life experience which varies enormously between people. The process of learning as an adult involves evaluating whether the new knowledge is consistent with previous understanding or adds a fresh perspective (Bloom 1964; Nicklin and Kenworthy 2000).
- Adult learners are mentally and emotionally mature whereas children are at various stages of psychological growth and impressionability.
- Adults involve their feelings in their learning and assimilate new information and experience not only on an intellectual level but with regard to their values, beliefs and attitudes (Bloom 1964; Nicklin and Kenworthy 2000).

It has been suggested there are three elements to adult learning: the cognitive aspect refers to factual and empirical knowledge; the affective component concerns emotions and feelings; and psychomotor learning concerns actions or practical tasks (Bloom 1964; Nicklin and Kenworthy 2000). Yet most important of all is the capacity to understand, interpret and apply this information effectively in the practice setting in the care of service users. Nursing is a complex mix of cognitive, psychomotor and affective learning which involves the use of a wide range of different skills. As learning is a complex process it is not surprising that people learn in markedly different ways and it is helpful to know how we as individuals learn most effectively. Honey and Mumford’s (1992) learning styles inventory questionnaire, which is available online, identifies four different learning styles: activists, reflectors, theorists and experimental learners. These are outlined in more detail in the next panel.

Honey and Mumford’s (1992) taxonomy of learning styles

- Activists are keen to volunteer, meet new people and engage in different experiences. Activist learners prefer doing, and will get on with the job before receiving all of the instructions. While being adventurous and learning through their experiences they are prone to spontaneity and need to be wary of not finishing what they have started.
- Reflective learners watch and observe others complete a task before trying it out for themselves. When making a decision, reflective learners consider all of the consequences and want to know all the information available. However, they can be indecisive and reluctant to try new experiences.
- Theorists consider problems logically in sequential stages and seek to understand the broad overview or bigger picture. However, they can find individual cases which do not conform to a pattern confusing, and often lack the skills of being able to respond inventively in crisis situations and improvise.
Experimental learners are keen to apply new ideas or learning in practice and are enthusiastic about solving problems, yet become frustrated if the change takes a long time to implement, or there are barriers requiring detailed problem-solving.

People rarely completely embody one learning style. Instead it is advisable to be a balanced or multimodal learner, and in order to achieve this you need to work at areas where you have weaknesses in order to achieve a balanced learning style. Developing a repertoire of different skills and capabilities on which to draw will better equip you for the variety of different situations and challenges you will experience in nursing practice.

Over time our individual profile of learning style can change, depending on study habits, the work environment, the influence of other people with whom we come into contact and our personal goals. It is worth repeating the learning styles questionnaire at regular intervals during your course to monitor how you have changed and developed as a learner.

To illustrate how knowing our preferred learning styles can be useful, two scenarios involving mental health nursing students are provided in the next section.

**Scenario: Julie**

Julie is 37 and has just started the training course. She previously worked as a health care assistant on a general medical ward for a number of years after having two children. She has not studied since leaving school when she was 18.

Julie completed Honey and Mumford’s learning styles questionnaire online. She scored highest in the activist and experimental areas. Julie agreed with these findings but is concerned that her learning styles are more focused on being active and less so on reflecting on information and hence she will not gain as much as she might from her placement. Before starting the placement Julie decided to spend 30 minutes each day reflecting after her shift and writing in a journal. She decided to write the journal on her computer, as she learned to type in the sixth form at school, even though she is not confident with technology. Two weeks into the placement Julie became aware that she had written the journal after the first three shifts, but not made an entry since. She was disappointed and considered the reasons why.

The first reason she identified was the need to care for her children. However, she realized this was an excuse and not the real reason, and with some planning she could have adapted the family’s routine to incorporate her reflective time. The real reason was that she did not really want to carry out the task. When reflecting further she was surprised, as while she is usually very proactive and keen regarding change and new experiences, she was concerned that learning about computers would be complex and difficult and that she would find it boring. She realized she needed to challenge her reluctance to become more computer literate, and asked a member of her group, Andreas, whom she knew had experience working with computers, to help her in the computer lab at the university. After an hour Julie was competent in creating and formatting Word documents and has since developed a routine of reflecting and writing for half an hour after each shift.

Julie is now finding this absorbing and is seeing a great deal in practice she feels she would have otherwise missed or overlooked. In a recent assignment her reflective comments and analytical skills were identified as good strengths.
Scenario: Andreas

Andreas is 25 and in the same student group as Julie. He has no experience working in health care, having worked as an IT consultant after gaining a degree in computing. He took the same learning styles questionnaire as Julie and scored highest in the reflective and theoretical categories. Andreas was very aware of his lack of previous practice experience and concerned he would find it difficult being a student on placement. At a study day at the university two weeks into the placement he told his tutor group that he was disappointed with his progress in practice.

Andreas’s placement is an assessment unit for people over 70 with cognitive impairment and severe memory problems. He explained to his group that he often felt unsure of what to do in the practice setting. Many of the service users on the unit had high levels of need, and while he watched carefully how other members of staff carried out interventions and tried to be involved as much as possible, he was not sure if he was doing it correctly.

In feeding back on his progress Andreas’s mentor was very positive, but Andreas was still not confident that he was really doing things correctly. The other students in his group and the tutor were supportive, explaining that at this early stage of the course the student is not expected to be highly experienced, and in contrast it is best to be aware of one’s limitations of knowledge and experience in a new environment.

Andreas was reassured by this advice and later, when reflecting, remembered that he is often hard on himself and has very high expectations of his own performance. He was glad to return to the placement and surprised how much he had missed it as he had only been there for two weeks.

In his final report Andreas’s mentor remarked that he was very popular with the staff and service users because of his willing and helpful attitude and he often correctly anticipated the care needs of service users; yet he was very discreet and always aware of respecting their dignity.

When you have read the two scenarios, consider the points below.

- When reviewing our learning needs there is often too much of a focus on our weaknesses. We are a mixture of skills and capabilities, and strengths and deficits. It is important to view our needs from a balanced perspective and in context.
- Often we work in complex ways. For example, Julie’s reluctance to learn computer skills seemed to contradict her activist and experimental character but there was a rational explanation.
- To be able to learn it is important to be truthful with ourselves about our motives and to recognize when we are using defences. Not having time to complete her reflective journal because of her children masked Julie’s real reason, which was that she lacked the correct motivation.
- Initiating change is difficult. In the early stages there may be little or no evidence to support continuing with the change and it can be tempting to give up if we are trying new ways of working or different behaviours in which we feel outside our ‘comfort zone’. Instead it is advisable to set intermediate staggered goals and to plan change over time. This also means the change is more likely to last.
- It is necessary to be alert to our ‘external radar’ to detect and interpret feedback from other people for evidence as to whether we are achieving our goals or need to change our actions. Andreas’s mentor and student group were supportive which he found to be useful reassurance and helped to build his confidence. The positive feedback to Julie’s latest assignment suggests she is meeting her goal of developing skills in reflection.
As the Julie and Andreas scenarios demonstrate, adult learners all enter nursing with a wealth of background experience, skills, abilities and talents which often go unrecognized. The purpose of the next exercise is to encourage you to reflect on how your background has prepared you for the nursing course.

Assessing your learning style

- Write down your previous work or educational history, or read your curriculum vitae (CV). What aspects of your previous experiences, knowledge and interests prepare you for your placement?
- Which of the above learning styles, from Honey and Mumford’s learning styles inventory questionnaire, do you feel apply to how you approach work situations?
- What strengths do you identify yourself as possessing?
- What areas and abilities do you anticipate you need to develop?
- What actions can you take to address these issues?
- Write an action plan with specific goals and objectives you need to achieve but which will also develop the skills you already possess. Then list appropriate actions to take and measurable outcomes which will allow you to know you have achieved your goals. What intervals will you place between achieving these steps and why?
- Discuss how you will achieve your learning objectives with your practice supervisor. Include a copy of the action plan in your personal portfolio to refer to later in the course.

Practice placements

Generally your nursing training will commence with a block period of induction when you will be orientated to the university, the library and other facilities before being allocated to your first practice placement. Practice placements are specialist clinical areas where you will be based for a period of time in order to gain experience of nursing care (RCN 2002).

While the long-term focus of mental health services is on care in the community, all placement areas, whether in the inpatient or community setting, form part of a cohesive network of services for people with mental health problems (DoH 1999, 2004). By visiting a wide range of mental health services while on placement you will gain a comprehensive understanding from first-hand experience of the workings of mental health services. The independent and private sectors are also increasingly involved with the provision of mental health care and your university is likely to have study agreements with these organizations.

Your placement experience will provide you with a unique and individual insight into how mental health nursing is carried out in a range of settings, and the opportunity to begin to develop your skills and knowledge under appropriate supervision.
Section 1  Essential information

What to do before commencing placement

- Contact the placement area by phone or in person in advance of your start date to show courtesy to the placement and create a good impression, and so that you are aware of the working hours or shift patterns and can make any necessary arrangements in advance (RCN 2002). To gain full benefit from the experience it is expected that you will work the hours or shift patterns of the placement area. It is also worth asking about any particular conditions which may be relevant to the placement – for example, parking arrangements and access to the premises (some units have secured doors accessed by a keypad).
- Read the student handbook and the practice assessment document thoroughly (RCN 2002).
- Make yourself aware of the policy regarding confidentiality of service user information. All units will have a copy of the trust’s policies and procedures.
- Ask the placement about the dress code. Some areas require the wearing of uniform, while others prefer smart casual wear. If the clinical area specifies smart casual wear, generally this does not include jeans and trainers. Discuss any policy regarding body jewellery and tattoos.
- Before commencing your placement ensure you have the appropriate uniform if required and an appropriate identification badge. The induction process at the university generally has timetabled sessions for measurements to be taken and any uniform can be collected before your placement.
- Some placements will involve travelling quite a distance which may be expensive, so plan in advance how you will afford any additional costs due to travel. If you are on the same placement with others, consider sharing lifts if you are working the same hours. If you are travelling on public transport, student travel cards offer worthwhile discounts. Remember you will almost certainly be working shifts, so acquaint yourself in advance with the times and frequency of the service to and from the placement area.
- Theoretical assignments can often be forgotten when on a busy placement for a block of time. Experienced assignment writers suggest allowing a minimum of six weeks to produce a 3000-word assignment at any level of the nursing course, and to allow additional time for background reading. It is therefore advisable to organize your workload well in advance. Ensure that you are aware of any deadlines and hand-in dates and that these are in your diary and noted on your calendar. Allocate regular study time around your placement hours.
- Time management needs to be prioritized and within practice is regarded as a basic expectation of good professional conduct (RCN 2002).

The practice mentor

While at the university you will have personal tutors to guide your development. It is also a mandatory requirement of the NMC for you to have a clinical mentor from the placement area to support you in your progress as a student nurse (NMC 2006). Mentors are nurses who:

- are on the professional registration in the same discipline of nursing as the students they are mentoring;
- have been on the professional register for at least one year;
- have continued to develop their skills and knowledge during this time;
- successfully complete a recognized mentor training programme;
- are capable of fulfilling the requirements of the role of student mentor and assessor;
- receive regular updates on the mentor role (NMC 2006).

While practice mentors will assess student competence during the course, in September 2007 ‘sign off’ mentors were created. These are mentors or practice educators who have undergone additional training and are responsible for ‘signing off’
students as proficient and safe to practise at the end of their training.

The role of the practice mentor is identified in the next panel.

**The role of the practice mentor (NMC 2006)**

The practice mentor is responsible for:
- organizing and coordinating the activities pertaining to learning in which the student is involved;
- supervising the student when they are engaged in learning activities in the practice setting and providing appropriate and constructive feedback on their performance;
- working with the student to identify realistic goals and monitoring their achievement;
- assessing the student’s competence in skills but also their behaviour and attitudes;
- liaising with other staff including practice education facilitators and university lecturers where there is any cause for concern regarding student performance and agreeing appropriate action plans;
- providing ‘sign off’ mentors with evidence to support decisions made about student competence on completion of the course.

The eight areas outlined below will assist you to gain an understanding of the type of support you can expect from the mentor and the basis of the mentor-student relationship.

The student’s relationship with their mentor is crucial for the placement to be successful and there are obligations and expectations for both parties. It is important to know what is expected of you while you are on placement and to take your time to learn, as the student quoted in the next panel explains.

**The mentor-student relationship (NMC 2006)**

- The mentor will establish an effective, trusting and mutual respectful relationship focused on learning and establishing the placement in the context of the student’s overall experience.
- The mentor will facilitate learning through the use of experience and knowledge to develop appropriate learning strategies to the student’s stage of learning.
- The mentor will assess the student’s performance in accordance with the requirements of professional standards and promote accountability.
- The mentor will evaluate the learning experience and implement change as necessary.
- The mentor will create an environment conducive for learning and identification of learning strategies appropriate to the student which involves the multidisciplinary team, and will act as a resource.
- The mentor will work within the context of practice by establishing and maintaining professional boundaries appropriate to interprofessional care and ensuring safe and effective care through responding to developments in practice.
- The mentor will review and support students to assist them in practising evidence-based care.
- The mentor will demonstrate leadership by acting as a role model, providing appropriate feedback to the student and accessing learning opportunities within the practice setting.
A mental health student reflects on a recent placement...

Although I am enjoying my acute inpatient placement, I began by trying to get involved in as many activities as possible including assessments, care planning, updating risk assessments, giving injections, brief solution focus therapy sessions and basic nursing care. However, now I have a feeling that I was overdoing it. I was trying to prove to myself and others that a second year student can do it all. Instead I should have been learning at my own pace as others seem to. I have a feeling that time is flying and soon I will be qualified and expected to perform at a certain level. But to do it all we need experience, experience, experience.

While the practice mentor is your main contact at the placement, it is not expected that you will work exclusively with them, but also with other members of the nursing staff of all grades and other health care disciplines, in order to gain confidence, knowledge and competence within a multidisciplinary setting. Whatever stage of training you are at, it is expected you will be appropriately supervised at all times by a registered nurse, even if they are not your supervisor, and that you will be supernumary – that is, working in addition to the employed members of staff on the unit (RCN 2002).

When commencing the placement you will receive an initial orientation on your first day regarding health and safety and evacuation procedures in the event of a fire or emergency, which will be provided by a member of the team with whom you are placed. It is important to meet with your mentor as early as possible after commencing the placement to discuss the aims and goals you will achieve.

In the next section we will discuss the practice documents and learning contracts which form the framework and structure for your placement.

Learning contracts, practice documents, assessment and reflection

While on your practice placement you will be expected to complete pre-set outcomes in a practice document. These are mapped onto the standards of the NMC code of professional conduct. There will be increasing expectations of the level of skill, competence and autonomy at each level of progression on the course.

In your initial meeting with your mentor it is important to discuss the practice document and establish learning contracts and action plans to meet your goals for the placement. Due to the variety of different specialist settings within mental health services, and as practice documents are designed to apply to all disciplines of nursing, skills of negotiation and interpretation are required. The student together with the mentor is required to identify appropriate activities which will meet the outcome criteria, and achievement of these is clearly demonstrated within the clinical setting. The box below identifies how the same outcome criteria can be achieved in various settings.
Achieving outcomes: nutrition

In whatever environment nurses work, whether in an inpatient setting or the community, nursing skills ought to be practised and can be learned by student nurses, although how this is achieved will vary between clinical areas.

An example is the nursing outcome of nutrition. On an inpatient mental health assessment unit where staff monitor service users’ dietary intake, provide a special diet, or assist people to eat, the focus will be on a highly interventionist contribution to ensure the need for nutrition is met.

In contrast, in the community there is a greater emphasis on psychosocial interventions, and less on direct physical nursing interventions. Monitoring nutrition is nevertheless an inherent part of the nursing role, regardless of clinical setting, and this outcome can still be comprehensively addressed.

Community-based staff will routinely observe how service users manage and provide for their nutritional needs. This is most evident in terms of monitoring weight loss or gain and meeting the need for hydration. In the community setting different issues may be more apparent in relation to these needs than in inpatient settings. For example, how the service user allocates their budget when purchasing food will be an active factor with regard to the pursuit of a healthy diet, whereas in inpatient settings within the NHS food is provided.

The outcome concerning monitoring a service user’s nutritional needs and intake will be met in a community setting by considering the following.

- The student correctly identifying questions and making observations pertaining to the service user’s patterns of eating and noting any changes.
- Cues such as references to shopping or eating and discreet, non-intrusive observations of the home will provide indications of the person’s patterns of eating.
- From a health promotion perspective, action to encourage appropriate nutrition and self-care is important for the person’s health. Where deficits are identified, it is important to understand the reasons for the service user not meeting their nutritional needs in order to be able to consider suitable remedies.
- Service users who experience deterioration in mood or mental health may lose the motivation to cook or self-care. Often, people do not eat well through a lack of a sense of self-worth or motivation, or loneliness as eating alone is less enjoyable than eating with others. Encouraging the service user to meet with friends for meals, if appropriate and achievable for them, represents a proactive measure.
- Economic factors may also be active if the service user is in receipt of benefits or on a limited budget; supporting the service user to optimize their budget will assist their overall health. Where the service user consumes excessive food of one type, unhealthy food or food which is harmful to health, promoting healthier choices will again benefit their overall health.
- Physical health problems such as diabetes in some cases impose dietary limitations on the person which can be neglected in some instances, where the person may experience deterioration in their mental health.
- Other services can become involved in nutritional issues, for example, occupational therapists, dieticians, day services and independent agencies.

Applying theory to practice

From your experience in practice consider a physical health need which one service user has displayed with regard to an everyday activity of living. Examples might include sleeping, communication, mobility, oral hygiene or elimination.
Learning contracts identify agreed activities the student will undertake to develop their understanding, meet the practice outcomes and achieve their own personal learning goals. The learning contract should proceed logically and have clear goals, actions and objectives. The more specifically individual activities are defined within the learning contract, the easier it will be to plan activities to meet them and to evaluate whether they have been achieved. While more than one learning contract can be devised, in order to allow the student to prioritize learning and to prevent excessive paperwork, it is preferable to keep them to a limited number.

Although it is the mentor’s responsibility to organize and coordinate the student’s learning activities, generally it is expected that students will make contact with individuals and agencies to make the arrangements when it has been agreed that the student will visit them. This is good experience and builds confidence in initiating contact with health care professionals.

How learning outcomes will be achieved will differ depending on the clinical setting, the specific practice outcomes and the student’s own learning needs. While there needs to be signed proof of the student’s completion of the outcomes, unless stated in the practice document these can be achieved through discussion with the practice supervisor, although it is expected that students will be familiar with appropriate theory and policies to support their answers.

**Formative and summative assessment**

A fundamental part of how learning is structured while on placement is the concept of **formative and summative assessment**. In formative assessment the student and practice mentor meet and agree learning needs, the objectives and goals of the learning contract and the means by which these will be achieved using the practice document as a guide for the priorities (Brookhart 2001). It is possible that more than one formative assessment meeting will be necessary, and it is advisable to meet frequently with your practice mentor during the placement to review and discuss progress and ascertain whether the learning contract is still suitable and achievable. If not, then it is necessary to develop an action plan through which the practice outcomes will still be met. Summative assessment occurs at the end of the placement and involves the evaluation and review of evidence collected over time while you have been on the placement and your performance as a student mental health nurse at the relevant stage of pre-registration training (Brookhart 2001; Ecclestone 2001).

The learning outcomes are intended to provide a structure and framework across the duration of the placement and learning is intended to be

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**A mental health student says ...**

The skills I needed did not reflect the placement I was in, so I experienced considerable difficulties in completing the placement book. I now know that in the future I need to network myself out in order to complete skills that can’t be achieved in the placement. That was only something I learnt from experience. As I’ve moved around from placement to placement, I’ve built up contacts and got to know staff, and they have got to know me, so I now know what clinical areas are willing to help me out if I experience difficulties like that again.
incremental and gradual. Therefore, formative and summative assessments are linked and are essential to the learning process.

Where the student is not meeting the expected outcomes of the learning contract, it is necessary to identify and discuss how to improve progress and agree an action plan clearly identifying the specific measures and date(s) for review. At this stage involving the link lecturer from the university is advisable in order to support the student and mentor and to develop an action plan. All clinical areas will have a named member of the university teaching staff who works with that clinical area to support the staff and students.

Use of reflection
While on placement students are expected to develop practical skills and knowledge. The practice documentation provides evidence of meeting the required outcomes, however, crucial to the experience of practice placement is the personal learning gained by the student.

If we never think about our work, how will we ever improve what we do, identify what we have done well, what we need to learn, why things have happened in the way they have, the risks and near misses and how to avoid them happening again? Reflection is the method by which experience is transformed into knowledge, and it is essential to cultivate skills in this area of learning. John Dewey is credited with first identifying the value of reflection in education, regarding it as a process of focusing carefully, thoughtfully and in detail on beliefs or knowledge and the ideas and logic on which these are based, and considering the consequences and implications which might arise (Dewey 1933).

Reflective journals
We quickly forget the fine details of events, and it is not possible to reflect on what cannot be remembered or clearly recounted (Minton 1997). To begin to reflect it is necessary to find events on which to focus, and to keep a record of your experiences in practice, in which entries are made regularly and close to the time when the events are still fresh in your mind.

Tools for reflective practice
- Keep a diary, notebook or computer log using whichever format you find most convenient and make entries at a regular and frequent intervals. A reflective diary is a private record of your experiences as a student, and a method of allowing for the reporting of thoughts, feelings and views, rather than just facts or details (Allin and Turnock 2007).
- Caution should be taken to anonymize the names and details of service users, staff or facilities you mention, because, if you misplace your journal or it is seen by anyone else, any identifying factors might constitute a breach of confidentiality (NMC 2008).
- While in a community-based setting, keep a weekly diary of your appointments and activities to help you appreciate the range of different activities in which you have been involved.
- Nursing in mental health involves working with a range of different disciplines. Make appointments to spend time with as many other health care professionals as you can, to learn about their input at first hand. Make notes of your impressions of the contrasting perspectives of these other health care professionals.
- With permission, collect copies of any written information or advice leaflets that are available, including information for service users. Pay attention to the format, content, design and layout of leaflets in relation to their intended purpose and target audience.
- Again with permission, collect copies of any admission packs, forms and assessment tools. It may be necessary to seek copyright permission or to remove headings or logos identifying the trust from the paperwork. Some clinical areas have particularly innovative or specialist assessment tools that are well worth investigating.
While there are no rules on keeping a reflective journal, if the document is to be a useful learning tool it is important that you find it enjoyable to produce, and that it is an honest account of how you feel about your practice (Allin and Turnock 2007). Reflective journals have numerous uses – for example, providing an account of significant events in your practice experience, as a method of evaluating the placement, and as a way of facilitating your critical thinking and personal and professional development.

Pieces of work from your reflective log can also be used in the professional portfolio to illustrate points of learning and achievements. To allow for personal reflection to occur, and for the journal to be more than simply a diary of observations on practice, it is necessary for the entries to be re-read, and consciously subjected to examination to arrive at a deeper understanding (Dewey 1933). As reflection relates to a situation or event about which we are preoccupied or perplexed, the best place to start is the first thing which comes to mind when thinking about the placement experience, or the period of duty which has just been completed. It may be difficult to understand why the incident is of interest, however, reflection often provides useful explanations as to why we are perplexed, preoccupied, confused, upset or angry and scratches away the surfaces of our emotions to access logical explanations, learning points and – most usefully – positive actions we can take to deal better with the same situation if we were to encounter it again.

A mental health student says . . .

My best advice for new students is: be prepared to question everyone and everything. Never be afraid to question what you do not understand and always be prepared to question yourself.

Models of reflection

Often reflection involves personal feelings which may be decisive factors guiding the choice of the subject to begin with – for example, critical incidents, decisions we do not understand or agree with, differences of opinion or negative outcomes to care, all of which are highly emotive issues. However, these instances create memorable opportunities for learning which can leave a deep impression on the learner. It is necessary when our opinions, values, beliefs and attitudes are involved in a learning experience to apply a framework in order to manage and organize our feelings.

The model developed by Boud et al. (1985) is just one of a number of alternatives. Structured frameworks for reflection support the learning process, but it should not just be a theoretical activity: reflection should be incorporated into practice as a routine way of thinking and the outcomes should produce positive changes and improvements to practice. The process of reflection improves how we understand situations in clinical practice and enhances our self-awareness about the way feelings, views, beliefs and attitudes influence our practice by subjecting real-life situations to scrutiny. To really develop knowledge we are sometimes required to challenge and question the views and values we impose on events and therefore honesty and a willingness to accept other perspectives are essential.

Professional portfolios

The professional portfolio is a collection of evidence supporting personal and professional development and learning. It is not possible to state definitively what ought to be included in a portfolio other than it should summarize learning to date. As a guide on some information which ought to be included, the portfolio should be more than simply a collection of certificates and achievements but reflect the personal meaning and
value of the learning to the individual and what it has contributed to their growth and understanding.

Items which might be included in the portfolio are:

- reflections on practice experience and learning;
- examples of positive practice;
- events which demonstrate the process of learning in contributing to the student’s development and improved understanding with clear outcomes;
- completed assignments;
- case studies.

The portfolio should be regarded as a body of evidence summarizing your whole experience, however, entries should be selected carefully on the basis that they meaningfully contribute to your development rather than amassing an imposing catalogue of evidence. It is possible when seeking employment in the future that your portfolio will be read by your potential employer, therefore ensuring it is well organized and easy to read is important.

Some questions to consider when compiling your portfolio are:

- What have been your main achievements and learning points in practice?
- How are these demonstrated clearly in the evidence you are using?
- What are your strengths as a student nurse and how have these been demonstrated in the practice setting?

Maintaining a professional portfolio continuously will not only ensure success on the course but success in future practice, as it is an expectation of qualified nurses that they maintain a professional portfolio and engage in lifelong learning as a condition of continued registration (NMC 2008).

**Integrating theory and practice**

The elements of practice and theory in nursing education are the subject of differing opinion as to which ought to be more influential in preparing students to become capable practitioners. Theory can be regarded as proposed explanations for events and change with the development of knowledge (Pearson et al. 1996). Practice in mental health nursing is the carrying out of nursing activity in a clinical setting with people who have mental health problems.

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**What is theory?**

- The principles of the nursing profession’s ethics and values (NMC 2008).
- The findings of research and research evidence.
- The statements of policy and strategic documents.
- The views of experts, service users and independent organizations and service user groups.
- Statistics and data – for example, pertaining to prevalence of health conditions, and the results of service audits and evaluations.
- Concepts, theories and models (ideas and frameworks which can be applied to numerous specific practice-based situations).
- The rationales, knowledge and principles for carrying out interventions and procedures.
While there is often perceived to be a theory-practice gap, this has been criticized as a false division (McKenna 1997). Theory and practice are not specific, separate and distinct, but loose collections of widely different sources of information, knowledge and skills. The notion of there being a theory-practice gap is also unhelpful, as students often identify with being better at either theory or practice and neglect the area in which they are less confident to the detriment of their professional development. Theory and practice are better viewed as inextricably linked, and the effective use of practice-based skills involves theory and vice versa, as the scenario below demonstrates.

**Scenario: Nelson**

Nelson is a 33-year-old man who currently lives in a mental health unit in the community. The unit is staffed 24 hours a day by mental health nurses. Elizabeth is a third year mental health nursing student placed with the team and is two months into a three-month placement.

Nelson has a long history of severe mental health problems and spent several years as an inpatient on mental health units. He wishes to eventually live alone in the community and is currently living in a self-contained flat in the unit which is specifically for service users preparing to eventually live independently. The eight residents in the unit often cook meals together helped by the staff and pool their money to buy food. However, Nelson does not join in as he enjoys having his own money and spending it how he wishes, so he eats takeaways or ready meals.

Nelson can be stubborn in his opinions and defensive if challenged. He has previously been physically aggressive towards staff. Elizabeth, together with her mentor, looked up information in books, journals, online and from the local primary care trust and acquired leaflets on healthy eating and the advantages of home-cooked food, and discussed them with Nelson. She also went shopping with him and encouraged him to read the packaging on the ready meals and become aware of the nutritional content of the food he purchased.

From calculating his weekly income, Nelson and Elizabeth estimated he would save money by sharing the cooking with the other residents while also eating more healthily and developing skills for independent living. As a result Nelson joined the other residents in the cooking cooperative, with the result that he had more money to spend on other things while eating more healthily at the same time.
Integrating theory and practice is probably the most significant challenge of the nursing course, and often takes time and thoughtful reflection to achieve. The brief exercise below is intended to encourage you to begin to identify where theory is evident within your own practice.

Theory and practice
To be effective, evidence-based interventions must be appropriate to the need(s) of the service user. Reflecting on your own practice experiences, identify three interventions which you have seen or with which you were involved.
- What is the evidence supporting each intervention?
- Were they successful?
- When you have finished, place your notes in your professional portfolio.

Conclusion
We began the chapter by considering how adults learn and preparations which can be made for practice placements, before considering the role of the practice mentor in facilitating your learning in the clinical setting. The discussion then focused on tools for learning in the practice setting. We considered learning contracts, practice documents and the concepts of formative and summative assessment. In the practice setting it is necessary for the student and mentor to actively engage in negotiating and agreeing the means by which the practice outcomes and learning contract will be achieved, and how learning will occur across the full duration of the placement, rather than assessment occurring at the end of the student’s allocated time in the clinical area.

We then discussed reflection, which serves as a useful tool in translating experience into knowledge. Maintaining a reflective log of practice experience is the first step in beginning to examine practice and provides material which will build your portfolio and provide a personal account of your professional achievement and development during the course. The reflective log will vary in form and content depending on personal preference.

Finally, the chapter considered how the practice-theory gap, when seen from a practice perspective, is illusory. In reality, practice placements provide an opportunity to implement and appreciate theory and practice at work.

References
Section 1  Essential information

Framework for Mental Health – Five Years On. London: DoH.
RCN (Royal College of Nursing) (2002) Helping Students Get the Best from their Practice Placements: A Royal College of Nursing Toolkit. London: RCN.