"Smiling with your eyes": HEIW student survey summary report

NOVEMBER 2020

RESPONSES TO A HEIW SURVEY CONCERNING HEALTHCARE STUDENT EXPERIENCE OF DEPLOYMENT DURING THE FIRST PHASE OF THE EMERGENCY PERIOD

"Smiling with your eyes": Health Education and Improvement Wales (HEIW) Student Survey Summary Report[1]

Survey issued: 25.07.20. Closed: 01.09.20.

1. Introduction

Following publication of a *Joint statement on expanding the nursing workforce in the Covid-19 outbreak* (19.03.20.) from the Nursing and Midwifery Council, Chief Nursing Officers, Council of Deans for Health (UK) and professional bodies, and subsequent NMC *Emergency standards for nursing and midwifery education* (25.03.20.), the nature of programme arrangements for pre-registration nursing and midwifery students was altered to allow contracted student deployments into practice settings.

Those students in their last six months of their final year could opt to be placed on Band 4 contracts (37.5 hours) for a period of six months, with the end date of contracts facilitating movement to substantive posts through the NHS Wales Shared Services Partnership (NWSSP) Student Streamlining Scheme. Those students in their first six months of their final year and students in their second year could opt to undertake Band 3 contracted deployments for a period of three months, with an 80:20 split between practice hours and academic studies.

A number of joint communications (*Student Support Guide; Briefing paper for Practice Partners and Education Leads*), issued by HEIW, Welsh Government, Council of Deans of Health Wales, the Royal Colleges and Trades Unions, informed students' decision-making and choice to opt in or out of revised programme arrangements.

Those students opting in were asked to register with a NWSSP 'COVID-Hub' set up to initiate the process for generating student contracts in liaison with local Health Board Workforce and Organisational Development Teams. For consistency, following a Welsh Government recommendation (04.05.20.), students deployed on contracts began to receive payments from 27.04.20.

Subsequently, HEIW was keen to evaluate student experience of deployment under the emergency period. A set of Likert scale statements and two open-ended questions were developed by an internal survey planning team. HEIW also engaged with Health Education England and Council of Deans UK to discuss the parity of HEIW survey design compared with a similar exercise being undertaken as part of the RePAIR project in England ('Reducing Pre-registration Attrition and Improving Retention').

The survey (using Microsoft Forms) was distributed on 25.07.20. to all healthcare students who had opted into deployment contract arrangements. The survey closed on 01.09.20.

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[1]"Smiling with your eyes" is taken from a survey response concerning the importance of interpersonal communication and how this may be compromised when wearing Personal Protective Equipment.

2. Sample and response rate

NWSSP COVID-Hub deployment data confirms there were 2,346 students deployed during the first phase of the emergency period *(based on Wales wide ESR data of students paid at extraction on 04.08.20).* There were 1,041 responses to the survey (overwhelmingly from nursing and midwifery fields of practice), reflecting 44.5% of students deployed. The survey was intended as a service evaluation so findings and implications should be seen in these terms. The survey was also targeted towards those students who registered with the NWSSP COVID-Hub and did not include individuals who were unable or had chosen not to opt into revised programme arrangements.

3. Demographic information

The first section of the survey included demographic information of the University the student was attending, their field of practice, stage on the progamme, Cohort entry, and Health Board (or other setting) to which they were deployed:
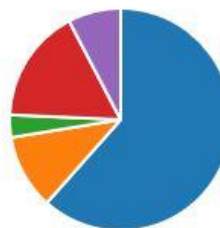
1. Which University are you attending?

More Details

🔵 Bangor University	163	
🟠 Cardiff University	272	
🟢 Swansea University	326	
🔴 University of South Wales	274	
🟣 Open University	5	
🟤 Glyndwr University	1	
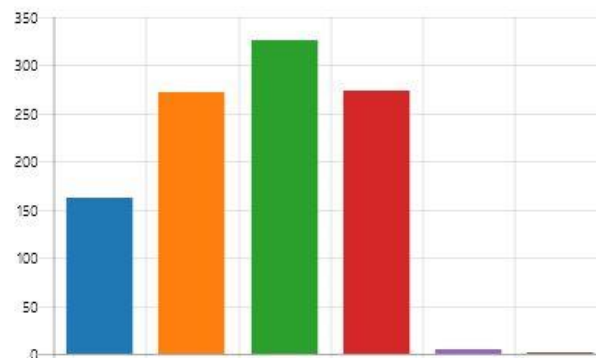
2. Which course are you studying?

More Details

🔵 Adult Nursing	641
🟠 Child Nursing	113
🟢 Learning Disability	34
🔴 Mental Health Nursing	173
🟣 Midwifery	80

3. Which year are you in?
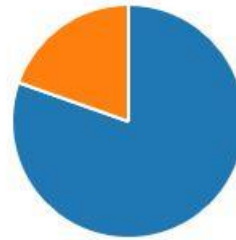
More Details

🔵 Year 2	529
🟠 Year 3	512

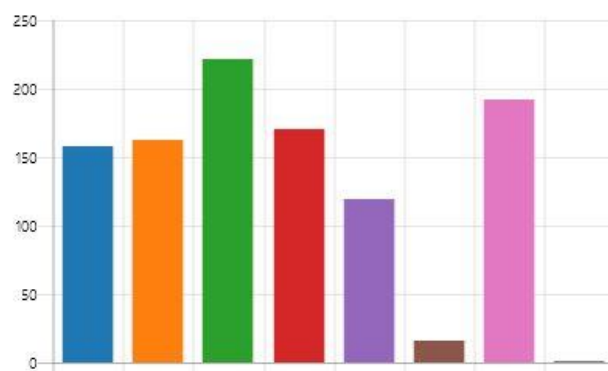4. Which intake of the course are you in?

More Details

● September   837
● March   204

5. Which Health Board are you working in?

More Details

● Aneurin Bevan   158
● Besti Cadwaladr   163
● Cardiff and Vale   222
● Cwm Taf   170
● Hywel Dda   119
● Powys   16
● Swansea Bay   192
● Velindre   1

4. Survey statement ratings

Question 6 formed a significant part of the survey and asked students to rate responses of either 'strongly agree,' 'agree,' neither agree or disagree,' 'strongly disagree,' or 'strongly disagree' against a series of 15 statements relating to the contracted deployment period.

Statements focused on students' sense of welcome and belongingness within the deployed area, their ability to work towards achievement of practice learning outcomes, opportunities for skill-development, perceptions of working within the limits of their competence, their coverage of induction and orientation to the practice setting, and access to an infrastructure of support.

The HEIW survey statements and question set were considered in terms of their relevance to the terms of student deployment contracts and their applicability given the context and requirements of the Nursing and Midwifery Council *Emergency standards for nursing and midwifery education* published in March 2020. Final statements were also compared with the Health Education England survey following cross-country discussions.

Table 1 provides numerical data on student survey responses.

Table 1. Numerical statement rating responses.

Q6. For each statement please select the answer that most closely matches your experience

	Strongly Agree	Agree	Neither Agree/ disagree	Disagree	Strongly Disagree
I was welcomed as part of the placement team.	641	302	57	32	6
Staff shared their expertise to enhance my learning experience.	601	315	74	38	10
The placement learning opportunities available enabled me to work towards achievement of my practice outcomes.	474	324	115	92	33
My supervisors recognised that under the terms of my student deployment I must continue to learn and work within the limits of my competence.	522	293	107	84	32
I am satisfied with the induction and orientation to the placement environment I received.	484	327	108	90	29
I am happy with the overall level of supervision I received during the placement.	493	314	113	74	44
I felt supported in the placement.	546	304	92	65	31
The culture of the practice learning environment supported inclusive, equality and diversity practices.	550	358	93	24	13
I found it easy to adapt to the nature of the work I was asked to undertake.	538	402	54	36	8
I had access to on-line learning and university support in order to continue the academic component of my programme.	328	455	154	63	38
I am confident I would have been supported by my supervisors if I needed to raise a concern.	503	359	104	56	16
I received regular feedback from placement staff.	427	379	111	85	36
I had access to personal support from my university during the deployment period.	315	428	167	84	44
Person-centred, values-based care was evident during my deployment placement experience.	532	421	61	19	5

4.1 Visual representation of survey statement responses with indicative scoring
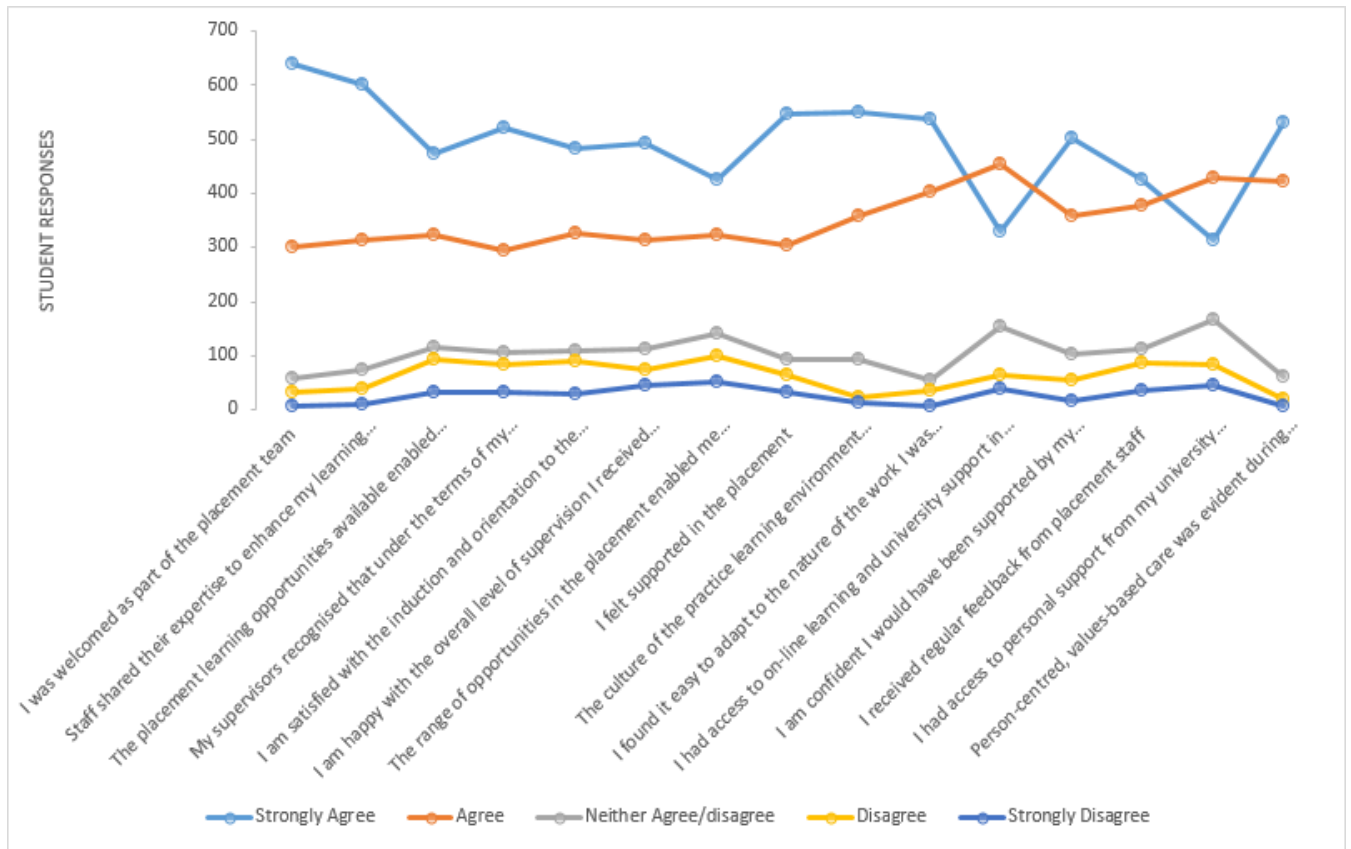
All statements attracted majority positive ratings of 'strongly agree,' or 'agree' in all categories. When aggregating 'strongly agree' and 'agree' scores together as a general indicator of how responses were positioned, these data were as follows:[2]

– 91.81% of respondents rated person-centred, values-based care as being evident within the practice setting.

– 71.58% said they had access to personal support from their University during the deployment period.

– 77.65% received regular feedback from placement staff.

– 83.04% were confident they would have been supported by supervisors if they had needed to raise a concern.

– 75.43% stated they had access to on-line learning and university support in order to continue the academic component of my programme.

– 90.56% of respondents found they were able to adapt to the nature of the work they were asked to undertake.

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[2] These data should be considered in relation to the contrived combination of categories rather than any claims to statistical significance.

- 88.33% reported the culture of the practice learning environment supported inclusive, equality and diversity practices.

- 81.89% said they felt supported in the placement.

- 77.75% were happy with the overall level of supervision they received during the placement.

- 78.15% were satisfied with the induction and orientation to the placement environment they received.

- 78.52% said supervisors recognised that under the terms of deployment students must be supported to work towards learning outcomes and work within the limits of their competence.

- 76.88% stated available placement learning opportunities enabled students to work towards achievement of practice learning outcomes.

- 88.25% said staff shared their expertise to enhance students' learning experience.

- 90.85% of respondents said they were welcomed as part of the placement team.

4.2 Summary of rated statements

It is worthy of note, given the nature of student deployment in pandemic conditions, that being welcomed as part of the placement team, an ability to adapt, and respondent observations that person-centred, values-based care were evident within practice settings all scored highly. Likewise, cultural inclusivity, equality and diversity, feeling able to raise a concern, and the willingness of staff to support students and share their expertise were also positively evaluated.

Similar positive ratings were indicated in terms of the overall level of supervision respondents received during deployment, the extent of pre-deployment induction and orientation to practice settings, support for students to work towards practice learning opportunities, regularity of feedback, access to on-line learning and academic support, and recognition by practice supervisors of the limits of students' competence given the non-supernumerary and remunerated terms of deployment.

The overall tone of the report is reflective of the significant positive findings.

However, the smaller response numbers where students rated the statements as 'disagree' or 'strongly disagree' are no less significant. The nuance of these scores is indicated in the qualitative data and thematic analysis ('student communications' section) and incorporated within the conclusions and implications for stakeholders.
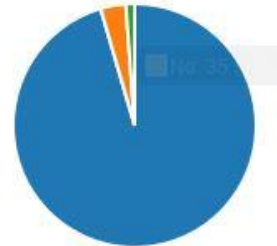
5. Personal Protective Equipment and COVID-19 testing

The next survey section concerned the provision of Personal Protective Equipment (PPE) and information and access to COVID testing.

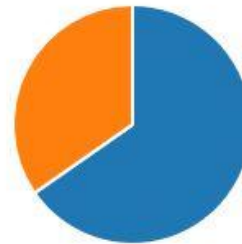7. Were you provided with PPE that was suitable for your placement area?

More Details

●	Yes	994
●	No	35
●	Not required	12

8. Did your placement area inform when you should, and how you could access a test for COVID 19?

More Details

●	Yes	680
●	No	361

9. If you accessed a test for COVID 19 was the process quick and easy?

More Details

●	Yes	283
●	No	26
●	I haven't taken a test	732
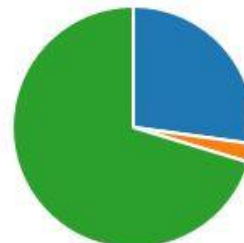
Q8 is noteworthy in that 34.68% of respondents stated they had not been given information by the placement area on how to access coronovirus testing.

6. Impact of COVID-19 on students' continuation on programme.

The next section of the survey concerned respondents motivation to continue on their programme since the start of the pandemic. Respondents were asked a 'Yes/No' question (Q10) followed by an invitation to expand on their decision-making with open text responses (Q11). These qualitative data were examined to identify common themes.

10. Since February 2020 (the start of the pandemic) have you ever considered leaving the course/training programme?

More Details

● Yes		343
● No		698
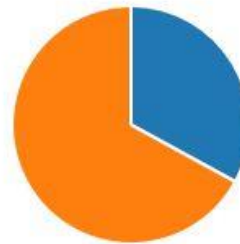
Open text qualitative data

11. Can you expand on your answer?

Question 11 refers to factors influencing students' considerations of whether they had thought about leaving their programme since the start of the pandemic. This elicited numerous open text responses, which were interpreted using thematic content analysis. Responses were further developed into broad categories of understanding.

These data are presented under themed headings, summarised in Figure 2, and further illustrated using various respondent extracts. The headings described in this report ('personal determination,' 'communication issues,' 'support infrastructure'), were developed from initial coding of responses using an interpretive approach.

Thematic content analysis (including internal team review and 'sense checking') led to the development of several concepts and broad categories of understanding. These data are arranged and presented as a thematic framework (Table 2). The representativeness of the open text data (*n=553*) should be viewed in terms of the interpretive approach adopted and in relation to the overall student survey response rate (*n=1041*). The service evaluation methodology did not allow filtering of fields of practice, so the data reflects student responses overall.

Respondent considerations about opting into deployment arrangements reveal several personal and professional challenges and organisational support issues. At the same time, notwithstanding adverse circumstances, student responses are also framed by a personal determination to continue to work towards achievement of programme requirements and an ambition to contribute to healthcare services during a period of healthcare service history.

Table 2. Factors influencing students' considerations of whether they had thought about leaving their programme since the start of the pandemic.

Concepts	Categories of understanding	Topic
Sense of duty	**Personal determination**	**Influencing factors on students' considerations of whether they had thought about leaving their programme**
Being a part of something		
Resilience		
Career consolidation		
Placement relocations	**Student communication**	
Role uncertainties		
Ambiguous messaging		
Contract issues		
Academic demands		
Conflicting concerns	**Support infrastructure**	
Working through anxieties		
Belongingness		
Active participation		

6.1 Personal determination

Respondents decision-making on opting into deployment arrangements is highly influenced by a sense of duty, being part of an important period of healthcare service history, recognition of a need for resilience, and being able to experience enhanced learning opportunities during pandemic conditions.

6.1.1 Sense of duty

Willingness to opt in is prompted by students' sense of personal and professional responsibility to assist service delivery in pandemic conditions. Numerous respondents report that where students' circumstances allowed, there was a sense of obligation to be a part of healthcare services, despite challenging circumstances:

> *"I saw this pandemic as an opportunity to stand up to the challenge and be part of saving lives and supporting the health care system."*

"I feel that I am committed to be a healthcare professional and what it entails, therefore I felt that it was my duty to care and to continue providing support to the NHS during the pandemic."

"The pandemic represents a challenge the NHS is currently facing and may likely continue to be challenged by. I felt that as a future health care professional, I had a professional and moral obligation to do my bit to help ease the burden this situation has placed on our health service."

"I would have opted in without payment as part of continuing study and placements."

6.1.2 'Being a part of something'

Opting into deployment contract arrangements is also influenced by being a part of a moment of healthcare history. There is a sense of recognition the pandemic is a significant episode impacting on care services and that student deployment is integral these efforts:

"I enjoyed my student role and felt privileged to be a part of something. I felt proud to be supporting the NHS during this pandemic."

"Although I was nervous to be working during the pandemic, I would not change it. I was eager to get out into practice to help the NHS as much as I could in these harsh times."

"I felt that it was a privilege to stand up and to be non-supernumerary. I was supported and was still a student, however I was very much part of a team."

"I felt that working on an extended placement throughout the Covid-19 pandemic was a once in a lifetime opportunity."

"I felt reassured by my colleagues and that as experienced members of staff, they were open and honest about what they did not know during these times and what they needed to learn in order to provide an effective service throughout the pandemic. This made me feel that I was not alone."

6.1.3 Resilience

Balanced with a sense of obligation, respondents are also conscious of drawing on personal reserves to negotiate their way through difficult circumstances. There is a recognition that healthcare work before, during and beyond a pandemic requires a sense of personal resilience:

"I won't be able to leave my job during a pandemic when I'm a registered nurse, so I didn't want to leave the course as a student nurse for the same reasons. It's been an eye-opening experience."

"I never considered leaving the nursing programme, although it has been some of the most stressful and uncertain months of my life. I was scared for my family and for myself, but I still wanted to work during the pandemic and remain on the course."

"There is always an element of risk working as a nurse, and there is also some personal sacrifice. If I could not handle that level of responsibility as a student, then to me I would not have been ready or even suitable to become a registered nurse."

"As a future nurse this is what I am signing up to do. I wanted to finish my course and gain experience for the future. Although at times it was extremely challenging, this did not affect my passion and determination to become a registered nurse."

6.1.4 Career consolidation

Respondents also refer to the value of personal and professional experiences during the deployment period influencing their decisions to remain on the programme. There is a view that emergency pandemic conditions can also result in valuable learning opportunities:

"I decided I wanted to be a nurse and I don't feel a pandemic would change that. Things are always changing in health care and although this was an unsettling time it was a really good learning opportunity. If anything, I feel more eager to learn and help those in need."

"I have not and will not consider leaving the course because to me it is a call to learn more in theory and in practice, and how best to provide assistance to support the humanity of care, especially for those who are vulnerable."

"This is my chosen career and I wanted to be able to help where I could. Also, this was a good learning experience in a time of crisis."

"I never feel like I have to step back from placement or studies. I am happy that working with the staff during a pandemic gave me more confidence and made me think I can do this."

"I have never wavered in my determination to become a midwife. Pandemics happen and the learning experiences gained during this time have been so valuable."

6.2 Student communication

Whilst personal determination was a key driver for students' continuation on their programme, some respondents' decision-making on opting into deployment arrangements was also influenced by several communication issues between organisations and students.

This included anxieties about deployment allocations and subsequent placement relocations, perceptions of what was expected of students, role uncertainties in practice, ambiguous organisational messaging, deployment contract issues, and academic demands:

6.2.1 Placement relocations

Doubts about opting in are affected by perceptions of a short lead in time prior to deployment, limited information on deployment venues, uncertainties around commencement dates and the high alert atmosphere at the beginning of the pandemic.

The closure or re-designation of practice settings as COVID-19 areas and the impact this had on some students' relocated deployments is a further area of concern affecting respondents' decision-making:

> *"There were a few weeks of not knowing what was going on. At this point the virus was at its peak and anxiety was high. There was still so much uncertainty about our placements with dates continuously changing and I was getting more and more anxious about everything."*

> *"As my placement area was regularly closed, I was reallocated to different wards. The lack of continuity and uncertainty of what was expected of me in different areas increased my stress levels and anxiety within my role."*

> *"I wasn't sure about what would happen if we were not to opt into an extended placement, which left a lot of us not knowing if we would have to leave the course if we opted out."*

> *"I have a family and was home schooling and I was using public transport to commute. My placement was changed before we began, then I was allocated to a placement I had already been in. If it wasn't for the amazing team that supported me, I would have suspended my studies."*

6.2.2 Role uncertainties

Opt-in decision-making is also influenced by role uncertainties once students are deployed to practice. Some students' concerns are prompted by unease about the terms of their deployment and uncertainties concerning student status:

> *"I feel I could have just worked on the bank as a health care support worker during this time. It is not my placement areas fault at all, they have tried very hard for me to do more of a nursing role but, being part of the numbers makes that difficult."*

> *"I felt I was counted in the Healthcare Support Worker numbers too often and there were too many shifts where it didn't seem like there were enough trained staff on."*

> *"Due to having a placement within my own workplace I found that I was deployed more as a Healthcare Support Worker rather than as a student, whereas other students who don't normally work within the department were allocated with their supervisors."*

6.2.3 Ambiguous messaging

Respondents made several references to a lack of clarity from their university about deployment circumstances that had a negative impact on students' immediate and longer term planning:

> *"I felt communication was difficult between the University and students as well as between the university and the Health Boards regarding the expectation of the student nurse role. Although attempts were made by some members of staff to gain clarity for us, the length of time it took meant that we were already half-way through the placement when we had information we needed."*

> *"Sometimes there was too much information and contradictory guidance from the university and other parties involved. It caused a lot of unneeded stress and anxiety for many students, and it has made me think twice about my career."*

> *"I understand it was unprecedented times but there was massive uncertainty **about what was happening and the** support from the university left me feeling a bit let down."*

> *"Felt we were not given clear instruction as to where we were going and what we were doing. Felt as though we pushed all our year 2 learning to year 3 and have now extended the course to fit it in which has affected my plans."*

6.2.4 Contract issues

Following the opt-in offer to healthcare students in Wales and the set-up of the NWSSSP COVID-Hub for registration of these intentions, there was a view that lack of clarity about contract arrangements also impacted on students' anxieties:

> *"It has been an increasingly stressful time for everyone, however as a student I feel I was not given adequate information or updates regarding the start or end dates of our contract. We are on Band 3 contracts and some students have had delayed payments."*

> *"It was a challenging time with lots of new policies to follow. When we became Band 4 workers and started getting paid there was confusion over whether we should be Healthcare Support Workers or whether we remained student nurses."*

> *"For me, it wasn't a choice to opt out. There was very little usual healthcare bank work, so it felt like it was either opt in or take a year off with no financial support or income."*

> *"It would have been useful if we had a specific contact to work out contract payments. I was waiting for a payment for a while."*

6.2.5 Academic demands

For some students in their second year or first six months of their final year who were deployed on an 80:20 practice/academic ratio arrangement, there is a sense the continued academic expectations associated with their programme were problematic and influential to their deployment experience:

> *"Although there was support available, I found it extremely tough between working in practice, keeping self-motivated and then working on the online learning, especially when I have children off school who also required support. On times I felt this was impossible."*

> *"I feel as though more could have been done to ease the pressure on students by easing the burden of demands regarding the theory requirements of the course such as altering dates for submissions. I found it difficult to juggle the placement and theory workload."*

> *"The academic work that was expected often took a lot longer than the 20% academic time allocated as part of the contract. During the course we had never previously been studying at the same time as a placement and I was constantly chasing my tail and feel like I have fallen behind."*

6.3 Support infrastructure

Factors influencing students' considerations of whether they had thought about leaving their programme also focused on the extent of personal and professional infrastructure around them. This relates to the added anxieties of conflicting concerns, feeling able to work through personal issues, a sense of belonging within practice, and being supported to actively participate in learning experiences during exceptional times.

6.3.1   Conflicting concerns

Several students were undertaking deployments whilst balancing particularly conflicting personal concerns:

> *"I lost my father to COVID-19, and I seriously considered leaving the course due to the immense uncertainty of it all and what was expected of me."*

> *"My parents disagreed with me for opting in and I had my own mental health issues. But I didn't want to give up on nursing."*

> *"I was anxious as to how the pandemic would affect my learning. I was also anxious as to how it would affect my health if I were to contract COVID."*

6.3.2   Working through anxieties

Whilst the effects of conflicting concerns add to student anxieties about deployment, there is also a view that these feelings are alleviated through the opportunity to invest in care delivery and team-working. Several students commented on how a supportive infrastructure enabled them to work through personal anxieties and contributed to their decision-making about continuing their programme:

> *"During the pandemic I did feel vulnerable out on placement at times, but my anxiety was eased through more time working on the ward and feeling like a colleague."*

> *"I was happy to keep studying and working as I thought it would have been a good experience for me and because of the support I've had it actually was."*

> *"Although I was really anxious, I feel as though this pandemic was a blessing in disguise to reignite my admiration for nursing and give me a purpose."*

6.3.3 *Belongingness*

There was also a sense that pandemic conditions reinforced a feeling of professional affiliation and camaraderie. There is a view amongst several respondents that support from staff teams enhanced their feelings of belongingness within practice settings:

> *"I felt completely supported and couldn't have asked for anything more. I would love to go back, even if another pandemic was to hit."*

> *"I felt that the pandemic brought nursing staff closer together. It made me realise that in difficult circumstances we are also able to adapt, communicate and support each other."*

> *"I have absolutely loved my placement and I think it was down to the constant support I had form the ward as a team. I was considered part of the team and they were really flexible during the pandemic constantly ensuring I was okay and that I was working to my learning objectives."*

> *"My time in placement exceeded my expectations. I was always with members of staff who were happy to help and support me. I achieved a number of my competencies and expanded my learning."*

6.3.4 *Active participation*

The extent of concerns, sometimes considerable, were also mitigated by students' experience of a supportive personal infrastructure. There is a sense of pragmatism about the pandemic and that students' active participation during deployment was also inspiring:

> *"I am undertaking this course to become a nurse. Obstacles such as this will inevitably be part of my future profession and are therefore something which should be taken in my stride and be used to aid professional development and learning."*

> *"I feel the COVID-19 pandemic has been a good experience during my training and I'm glad that i had the opportunity to opt into an extended placement."*

> *"Learning to be a nurse during a pandemic is an exceptional learning experience and if we were already registered nurses we would be expected to work. No difference in my mind."*

> *"This opt in opportunity has given me an insight of what it is like to be 'in the blue' uniform. It was a great opportunity to step up to the mark and become part of the NHS."*
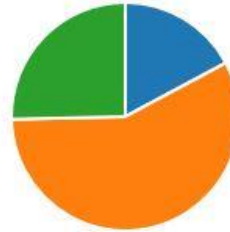
7. Career impact

Question 12 asked about the impact of COVID-19 on students' future career. A significant number of respondents said they felt anxious at least once a week (57.44%), if not daily (17.2%).

12. How often are you anxious about the impact of COVID-19 on your future career?

More Details

●	Always (once a day)	179
●	Sometimes (once a week)	598
●	Never	264

8. Student self-reported areas of skill-development during COVID-19

Q13. What skills are you learning through COVID-19 that will be of benefit once qualifying?

The next section of the survey (open text response) focused on the skills respondents said they had an opportunity to develop during their deployment. The variety of student self-reported skill-development areas is listed in Figure 3.

Large numbers of students reported developed levels of confidence in their practice as a result of their deployment including an increased sense of resilience, self-awareness, and adaptability when working under pressure. Respondents referred especially to skill-development in relation to 'procedural skills,' 'professionalism' and 'interpersonal communication.'

Figure 3. Skill development during deployment

- Professionalism
- Interpersonal communication
- Confidence
- Critical thinking and reflection
- Resilience and leadership
- Team working
- Procedural skills

8.1 Procedural skills

Respondents reported a wide range of skill-development associated with infection prevention and control including 'donning and 'doffing' of protective equipment and face mask fit testing. The importance of awareness of COVID-19 transmission routes, and minimisation of risk was also widely reported. This included students' involvement in implementation of pandemic procedures, re-designation of COVID ward areas, triage assessment, and admission and discharge processes.

Practice of Aseptic Non-Touch Technique (ANTT), hand hygiene, COVID testing, health and safety issues and associated regulation, policies and procedures were also highlighted as areas of respondents' skill-development in COVID impacted practice settings.

The pathophysiology and skills associated with individuals' respiratory care are also widely referred to in a COVID-19 context including co-morbidity issues, continuous positive airway pressure (CPAP) treatment and other non-invasive ventilation, related PPE and aerosol generating procedure considerations, monitoring of patients for deterioration, resuscitation, management of breathlessness, and end of life care.

Respondents also referred to skill-development in relation to the prioritisation of care including treatment and escalation plans, monitoring of vital signs, NEWS recordings, swabbing procedures, decision-making on prioritisation of movement of patients, and sepsis pathways.

Several respondents highlighted how pandemic conditions had provided closer insights in relation to policies and procedures for raising concerns, healthcare legislation, and measures to safeguard vulnerable individuals.

8.2 Professionalism:

Respondents made numerous references to the need for professionalism in rapidly changing circumstances, not only in witnessing changes taking place, but understanding and acting on their significance. This sense of adaptability was a characteristic that respondents recognised in their colleagues but also as having implications for students as a result of their involvement in care delivery within a multi-professional team. Change could occur at an individual or macro level as a result of re-designation and relocation of service areas.

Keeping up to date with information, policy and procedures in pandemic conditions was listed as a key aspect of students' appreciation of professionalism. However, there was also a wider acknowledgement of professionalism and skill development in relation to flexibility when working with unknowns, recognising the limits of individual competence as well as the need to "step-up" and build confidence, and to develop an "ability to get on with things" particularly where there was fluidity of staff team changes as a result of COVID19.

Skill development in terms of problem solving was also widely reported with a need for critical thinking particularly when assessing clinical priorities, managing several health acuity issues at the same time, following care pathways, delegating work to others, and understanding how clinical decisions are made.

Another area of skill-development in relation to professionalism was recognition of a need for personal stamina and perseverance, and the importance of supervision in maintaining stability and health. Students' appraisal of their personal and professional support infrastructure and the experience of being guided through reflection and mindfulness techniques, had a direct impact on their reported sense of well-being in this respect.

One further area of skill-development widely reported, was the emotional impact of maintaining professionalism when caring for others in pandemic conditions. Respondents highlighted a tension between needing to demonstrate a professional commitment to patient/client care, at the same time as having anxieties about the expectations this raised for them as a deployed student.

For example, there were numerous references to students being asked to respond to COVID-19 health related questions by patients/clients or take telephone calls from concerned relatives, where students needed to be measured in what they said, ensure they checked out information they were unsure of with colleagues, all at the same time as not appearing dismissive.

8.3 Interpersonal communication:

Respondents made several references to the importance of non-verbal communication, especially given the limitations of wearing face masks and personal protective equipment. Accentuated reliance on eye contact and gesture, or a need for *"smiling with your eyes"* as one student described this, was a common feature of responses. Respondents were challenged to consider the difficulties of *"close communication at a distance"* that necessitated alternative methods of communication.

Respondents provided examples of where communication was challenged by wearing PPE equipment such as conveying attentiveness and empathy during mental health crisis assessments, situations where it was necessary to deliver unpalatable news to patients/clients and relatives, needing to explain health status in a clear and straightforward way for people with learning disabilities or individuals who had a sensory impairment.

There were also numerous references to students being conscious of needing to respond to individuals they may not have readily encountered in their chosen field of practice outside of pandemic conditions. A further aspect of interpersonal communication skill-development concerns the impact of COVID-19 on patients who were hospitalised and separated from their family networks. Respondents highlight their involvement and appreciation of the conflicts involved where physical separation was required to limit viral transmission.

Examples include maintaining a one parent visiting policy on a children's ward, supporting women during labour, discussing the health status and potential discharge of older people to the care home sector, and updating next of kin family members on individuals' health status.

9. Motivation to deploy again

The final question 14 concerned students' motivation to deploy again if asked. 69.72% of students indicated they would be willing to opt into a student deployment arrangement again, with 23.15% saying maybe and 8.07% stating they would not consider this again.

14. If asked, would you be willing to opt in to a student deployment arrangement again?

More Details

● Yes	716	
● No	84	
● Maybe	241	
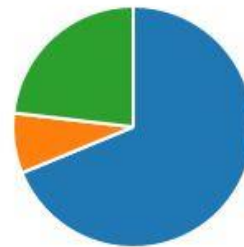
10. Conclusions and implications

This summary report has presented responses to a Health Education and Improvement Wales student survey issued on the 25.07.20. and closed on the 01.09.20. The survey was directed to students who registered with the NHS Wales Shared Services Partnership COVID-Hub and were deployed to healthcare service settings under revised programme arrangements.

Survey responses were analysed, and data presented accordingly. Findings highlight that this pandemic has impacted negatively and positively on healthcare students' experience of contributing to healthcare services during pandemic conditions. Some implications surrounding students' ongoing support and well-being are identified:

   i.   ***There should be a review of measures in place across stakeholder organizations in Wales to mitigate student anxieties should there be a reintroduction of deployment arrangements.***

   At a macro level, provision of timely and accurate information has implications for UK-wide contact and intelligence sharing concerning advanced intentions of professional regulators. Also, should emergency standards be re-introduced, a national stakeholder reference group should be set up to review and respond to deployment issues arising in relation to:

   - Any future contract arrangements
   - Advanced student communications
   - COVID-19 related FAQs

ii. *Professional regulators, AEIs and Placement Providers should take account of the compromising effects of deployment status on student health and well-being, supervision and assessment, given future policy decision-making and student support arrangements during pandemic conditions.*

Q.6 (Table 1): Whilst all quantitative statements received majority positive evaluations, there were also significant numbers of students who rated statements as 'disagree' or 'strongly disagree.' Stakeholder organisations should use the general survey findings to benchmark against local student placement evaluation data and relevant organisational arrangements.

Q.12 (See section 7): Significant numbers of students said they felt anxious at least once a week about the impact of COVID-19 on their future career, reinforcing the need for proactive opportunities for students to discuss their experiences and the need to be informed about organizational support mechanisms available.

iii. *There should be recognition of the positive support provided by AEIs and Placement Providers in enabling continued student learning and programme progression during pandemic conditions.*

iv. *HEIW should seek further assurance from AEIs and Health Boards concerning information provided for students on COVID-19 testing procedures.*

This is in relation to survey Q.8 (see section 5) where 34.68% of students said they were unsure how to access a test for COVID-19.

v. *There should be explicit acknowledgement of the unusual circumstances of healthcare students' participation in the delivery of healthcare services during pandemic conditions (and ongoing placement experience), including students who were unable to deploy or who chose to opt out.*

On-going monitoring of student health and well-being should be increasingly sensitive to the enduring impact of working and learning during pandemic conditions. The concept of 'post-traumatic growth' may have relevance (Lusher et al. 2020), where individuals are galvanized by their immediate experience of 'comradeship' as a result of working in COVID-19 services, yet psychological issues and emotions emerge over the longer term.

vi. *AEIs and Placement Providers should note the areas of skill-development identified in this report to benchmark against COVID-19 content both within curricula and during practice learning.*

vii. *HEIW should engage with the NHS Wales library Service and other key stakeholders to ensure a legacy bank of Welsh research activity carried out during the pandemic period which focus on the impact of COVID-19 for healthcare education.*

References

Lusher, J., Murrell, A., Mafuva, C., Awire, E. (2020) Covid-19 pandemic and the surge of panic attacks among NHS nursing staff: An ethnographical perspective. *Journal of Advanced Nursing* 76, 2970-2971.