

ALLOCATION

**GUIDE LINES FOR DEVELOPING PLANNED
PROGRAMMES OF EDUCATION AND
TRAINING FOR STUDENT AND
PUPIL NURSES**

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King Edward's Hospital Fund for London

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Allocation Workbook

GUIDE LINES FOR DEVELOPING PLANNED PROGRAMMES OF EDUCATION AND TRAINING FOR STUDENT AND PUPIL NURSES

prepared by members of a workshop
by invitation of
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Introduction

The impetus for setting up the workshop and preparing this document was *Nurse Allocation**, an MSc thesis by Ian Banks. The workshop aimed to work out how the basic principles of a planned programme, as set out in the thesis, might be made available for wider discussions in hospitals and schools of nursing.

Anthony Davis, who worked with Ian Banks on the problem of allocation of nurses and who is still so engaged, helped us to begin. We considered planned programmes from first principles, discussed the benefits which flow from a well-designed programme and settled on the objectives to be met by the programme design.

Arguing from first principles and pooling our experience of designing plans we arrived at a statement of objectives essentially similar to that of Ian Banks. Where we diverged was in assigning different priorities to those objectives. We felt strongly that it was impossible to achieve all the stated objectives and that, since we were considering planned programmes for learners, the educational requirements had to be given priority.

This is not to suggest that a planned programme should be designed without reference to service requirements. If students and pupils cease to meet specified service needs in a predictable way the vital opportunities afforded to the learner to learn in the clinical areas could well be lost. It is as important to the training of nurses that learners should provide service as it is to the clinical areas

*Available for study at the libraries of the Royal College of Nursing and National Council of Nurses of the United Kingdom, the Department of Health and Social Security and the King's Fund Hospital Centre.

that learners should be available for service. A planned programme, however, must focus first of all on the learning needs of the students and pupils and must protect them from unscheduled movements introduced to meet staffing crises. As Ian Banks so clearly demonstrates, short-term policies devised to meet today's crisis not only upset the training of individuals or groups moved to meet the crisis, but put the whole training of other groups of learners in jeopardy.

In the past, allocation policy has been directed primarily to meeting service needs and has only met the educational needs of learners as and where possible. The approach by Ian Banks attempts to maximise the satisfaction of both service and training needs. We have adopted as a fundamental principle that the programme of training must be arranged on educational grounds. In so doing, the flow of students and pupils into clinical areas can be predicted in such a way that staffing can be organised in relation to the numbers and types of learners to be accepted; anticipated shortfalls of learners can be dealt with, not by moving other learners, but by mobilising trained and untrained staff.

Only when such a principle is accepted will learners get a properly organised programme of clinical experience, and staffing policies be modified to take account of training needs. It is, we submit, the only way of ensuring that we have trained staff for tomorrow as well as a labour force for today.

We believe this workbook will be useful in training courses for nurse teachers, in management courses and to nursing officers in charge of allocation.

We hope that people who find it useful as an initial approach to training plans and allocation will

move on to study Ian Banks' thesis and make use of the valuable insights into the problems and pitfalls of planning which he discusses. Nurse training is never static. New programmes have to be designed to meet new situations and new philosophies of training but the principles of a planned programme cannot be abandoned.

The King's Fund Hospital Centre is always prepared to try to assist people in planning programmes and in nurse allocation. Please direct any enquiries to **Janet B Craig, The Hospital Centre, 24 Nutford Place, London W1H 6AN (telephone 01-262 2641)**, stating the exact nature of your problem. Miss Craig is in a position to refer to the other members of the workshop as appropriate.

WHAT?

1 What is a planned programme of training?

A training plan is a frame of reference which allows one to construct a programme of nurse training and education. A planned programme of training is the result of reference to this framework, and is a proposal for the movement of student and pupil nurses between areas of clinical experience and service, study periods and holidays during the total length of their training.

WHY ?

2 Why you need planned programmes

- 1 to give advance notice of movements to all those in training, to all nurses responsible for training and for the service given by the learners in the hospitals, and to the appropriate group and hospital officers
- 2 to meet statutory requirements laid down for training students and pupils
- 3 to provide a base line for the implementation of change
- 4 to help forecast the availability of students and pupils for service, and to allow for the deployment of trained and untrained staff to meet shortfalls in the service areas
- 5 to provide a structure within which the system of nurse training can be interpreted, and a convenient starting point for the communication of policy so that the allocation of learners to clinical areas is not wrecked if the allocation officer is absent

WHAT?

3 What objectives you set out to meet

A planned programme must meet the following main objectives :

- 1 fulfil statutory requirements for training students and pupils
- 2 provide situations in which nurses in training may learn and give patient care
- 3 predict the number of learners available for particular clinical experience and service
- 4 make provision for exceptional and specific requirements of individual students and pupils

The formulation of these objectives entails a significant departure from the current practice in which the main objective of the allocation policy is to meet staffing needs from among the learners. A planned programme must give priority to the educational requirements of the learners. Because nursing can only be learnt by working in practical situations, it is never our intention to suggest that learners are supernumerary to the staff in the areas in which they are obtaining clinical experience, except where they are allocated for short periods of observation.

WHO ?

4 Who is to design the programme and carry out the allocation?

- 1 The responsibility for designing the programme must reside with the principal nursing officer in the education division, in consultation with the other principal nursing officers involved.
- 2 A programme cannot be designed unless time is specifically allocated to the development of the plan. The person who designs the plan must have time set apart to work on it. The person who is to carry out the allocation should be involved in the development of the programme at an early stage.
- 3 A specific person must be designated as 'allocation officer' for the learners. Where this person is located depends upon local conditions.

Consultation is the keynote.

Tutorial staff and staff in the clinical areas must be engaged in a continuing process of discussion.

5 Limitations

Any planned programme has to be prepared within the framework of existing limitations ; the development of a plan may lead to modification of some of these limitations.

Among the limitations which may have to be taken into account are :

- a** finance and establishments
- b** distance, transport and residential accommodation
- c** physical conditions of the school of nursing, including classroom space and tutorial rooms
- d** availability of tutorial staff and specialist lecturers
- e** numbers of student and pupil nurses recruited and the variability of the numbers from intake to intake.
- f** requirements for different groups of learners concurrently following different trainings
- g** identification of possible areas in which there may be too little clinical experience for the number of students, (eg in paediatrics) or too few students to meet service requirements (eg in geriatrics)*
- h** maximum number of learners of particular types acceptable in particular clinical areas
- i** secondment policy, including secondment of learners from other hospitals
- j** night duty policy

*Banks refers to these situations as 'training bottlenecks'.

6 Tools

ESSENTIALS

- a** fourths quadrille paper or specially prepared duplicated sheets obtainable from The Hospital Centre, see p33 (Please quote THC/67/251 when ordering. Price 15p (3s) for 50.)
- b** pad of tracing paper
- c** five-year calendar
- d** coloured pencils or felt pens, ruler, india-rubber or Shopake (a white covering fluid which will take ballpoint or lead pencil and can be typed over), pencil sharpener
- e** large working surface or drawing board

ALTERNATIVES*

- f** Metal Graphdex board (a metal shelf or the side of a filing cabinet can be used) ruled with a grid, or covered with thin paper on which the grid has been ruled, and strips of magnetic tile. Graphdex board is obtainable from Remington Rand Division, Sperry Rand Ltd, 65 Holborn Viaduct, London EC1. ECLIPSE Magnetic Tile, PVC covered, is obtainable in 6in squares or in $\frac{1}{4}$, $\frac{1}{2}$ and $\frac{3}{4}$ in tapes, 10ft long, from James Neill and Co (Magnets & Steels) Ltd, Napier Street, Sheffield S11 8HB. Wax pens are required for use on the tiles.

*We are grateful to Miss M E Roberts, College of Education (Technical), Chadwick Street, Bolton BL2 1JW, for her help in bringing our attention to the items in this section.

- g Plastic sheet, backed with board or card, and plastic strips which adhere to the sheet, similar to a flannelgraph. Plastigraph is obtainable from Matthews, Drew & Shelbourne Ltd, 78 High Holborn, London WC1V 6NB. Wax pens are required for use on the strips. Transparent Contact or Libra-film can be used for the basic sheet.
- h Aids similar to those above are available from Twinlock Sasco Visual Planning, 36 Croydon Road, Beckenham, Kent, and from Scientific Teaching Apparatus Ltd, Albert Road, Rushden, Northants.
- i Any self-pioneered aid which combines ease of alteration with visual impact.

You will not need all of these unless you are teaching about the planning of programmes. The metal Graphdex board and Plastigraph are alternative tools, either of which may be used in combination with specially prepared programme blanks.

HOW?

7 How you design a programme

A programme has to be designed for a specific situation. It is possible to learn a lot from playing with other people's programmes but it is not possible to take over a programme designed for other situations. The principles of a good study and holiday programme may be abstracted from an existing programme, but the actual programme to be used must be designed in consultation with those who will be affected in particular hospitals and particular clinical areas and within the limitations of the local situation. Ian Banks gives many useful hints on 'playing the allocation game'.

A programme has to be presented diagrammatically so that the sequence of movements is visually clear, and the availability of sets for service and experience clearly demonstrated.

Produce an initial plan

If necessary, shelve it and Do it again
Show it around to whoever will look

If necessary, scrap it and Do it again
Show it to tutors
Show it to ward sisters
Show it to students and pupils

Test for errors as far as you can at the design stage – it will pay off

A stepwise progression

Step one
Mark in the final state examinations.
This is the first fixed point.

Step two
Decide on the dates of the introductory courses. These dates are calculated back from the dates of the final examinations. Mark in the dates.

Step three
Identify any fixed points which are determined by statutory requirements in relation to completion of theoretical instruction. Mark in these points.

Step four
Mark in the periods of theoretical instruction.

Step five
Mark in holiday periods which should be arranged fairly.
Holidays attached to study periods reduce the number of moves.
A well-designed study and holiday programme is basic to the total design as it aids the flow for the clinical experience and service.

Step six

Identify by name the clinical areas available for training and decide which are suitable for training purposes.

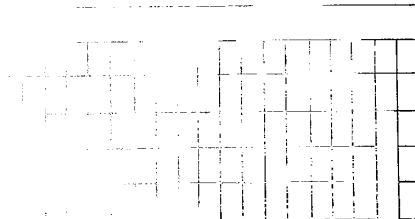
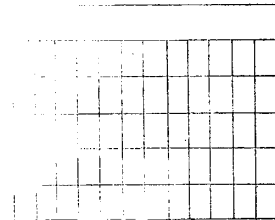
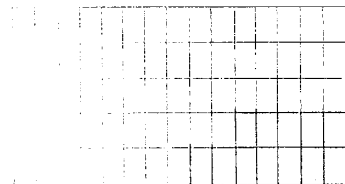
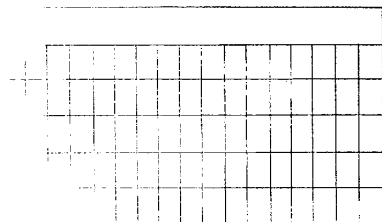
Decide at which stage in training sets are to be allocated to areas of clinical experience, taking into account any regulations about secondments.

Mark in periods of clinical experience and secondments.

One of the aims of the planned programme is to predict the flow of learners to clinical areas. It is advisable to replace students and pupils of one level of seniority by others of similar seniority because permanent staffing arrangements in the clinical areas will be geared to the acceptance of learners of specific levels. Changes in modes of managing patient care and nursing education may make this constraint of less importance in planning programmes in the future.

None of this is as easy as it sounds. The designer of the plan must be prepared to reject any number of trial plans after consultation with others before a workable plan is decided upon.

**8 An example of specially
prepared paper**



PROBLEMS

9 Problems to overcome

- 1 Some problems cannot be catered for within the planned programme and have to be met by short-term suspensions of the programme and by a properly organised pool of staff whose function is to fill *unexpected* gaps in the service.

A programme might be suspended in the event of a major external emergency or internal epidemic. This is not the same thing as a modification which is a *permanent* change to the programme and which will have long-term repercussions throughout the entire system.

By 'pool' we mean a group of nurses who, having no fixed assignment for a limited period of time, can be used to cover shortages in wards and departments throughout the hospital(s). The pool may vary in content at times, but it should consist mainly of trained and auxiliary staff, and the number of learners should be as low as possible.

Some examples of problems :

- a absenteeism
- b leave of absence (compassionate grounds)
- c sickness
- d medical contra-indications for working in specific clinical areas
- e epidemics among staff
- f epidemics among patients
- g short-term fluctuations in the number of patients requiring 'specialling'
- h transport breakdowns
- i winter weather conditions

The first resource should be the pool. The second should be trained and auxiliary staff. Only as a last resort should learners be moved.

- 2 Some problems arise because changes are made in other parts of the system without enough prior consultation for an intermediate programme to be introduced or because of poor communications with people operating other parts of the system.

For example

- a changes in the utilisation of beds
- b closure of wards (temporary or permanent)
- c changes in the policy of management of patients
- d changes in policies of admission of patients, and failures in the admission programme giving rise to large-scale fluctuations in bed usage

With proper consultation these become problems which can be dealt with in a planned way. Without proper consultation such problems can cause a severe strain on the programme and may lead to its premature abandonment if not identified for what they are.

- 3 Some problems arise from fluctuations in the numbers of learners recruited. Once learners have been recruited the effects of fluctuations in total numbers and in set size can be predicted, the service areas alerted and plans to meet shortfalls in service or to deal with congestion can be put into operation. THE EXISTENCE OF A PLAN MAKES IT POSSIBLE TO ANTICIPATE SUCH PROBLEMS AND TO DEAL WITH THEM.

If there are noticeable trends in the *total* numbers of learners recruited, the areas designated for clinical experience have to be modified. Changes in the size of the autumn intake (usually the largest) need watching carefully as

these may be the first indications of such trends. A reassessment of clinical experience in relation to the number of learners has to take place in response to changes in the total number of learners. This has to happen just as certainly if the trend is towards larger numbers as if it is towards smaller numbers.

The variability in the size of sets between one time of the year and another can be dealt with to a large extent within the programme.*

The withdrawal of learners from training can also be dealt with to some extent within the programme. In most training situations there are more first year than second year learners, and more second year than third year learners.

Where fluctuation in the size of sets caused by drop-outs is predictable it can be handled within the programme. The unpredictable will have to be met by moving trained and auxiliary staff.

Fluctuations in numbers of learners can never be completely predictable. Account must be taken of known factors in planning the programme. Adjustments must be made in time to prevent crises and there must be a pool of nurses to meet shortfalls in the service.

*Banks outlines various approaches to this problem which should be studied in detail.

PITFALLS

10 Pitfalls to avoid

- 1 tinkering with the plan by the allocation officer or by others in response to immediate demands

What appears to be a simple, isolated change may cause movements through the entire system. These will gather momentum and could wreck the plan.

- 2 failing to anticipate the consequences of changes in service demands and training requirements

- 3 being too generous in dealing with individuals

Precedents can easily be set which undermine the programme. A flexible programme which allows for some element of free choice, say of allocation of holiday time, is to be preferred over a rigid one in which people feel constrained and have to start pleading special need.

- 4 failing to monitor the programme in operation
- 5 failing to evaluate the programme soon enough
- 6 rejecting the programme before it has had a fair trial

A planned programme can only state where students are *expected* to be at a given point in time. It can be completely sabotaged by borrowing and lending learners on an informal basis, or by service staff sending learners to areas other than those designated in the programme.

Introducing a planned programme will not stop this. Setting up a pool will help but the unscheduled movement of learners can only be brought under control when everyone recognises that it is detrimental to both learners and patients.

11 Implementation

However good your planned programme, it will not work unless other people are fully consulted and the plan is properly explained and introduced.

Steps in implementation

- 1 preparing all those involved
Continuous *informal* consultation with everyone who is likely to be affected.
- 2 circulating a basic document
A basic document stating that a planned programme is to be introduced (or modified) and requesting cooperation must be circulated widely. This document should include a statement of:
the *principles* on which the plan is based,
the *objectives* the plan is designed to meet,
the *priorities* accorded to individual objectives.
- 3 sending out a MASTER DIAGRAM and accompanying explanation
This master diagram must be available in sufficient numbers for distribution to new members of staff who have not been involved in initial planning and implementation.
- 4 distributing specific programmes (sub-programmes) to tutors, clinical staff and learners
Details to be included will differ depending on what the recipient needs to know.
It is possible for learners to have individual programmes which cover the whole of the training period and which include *named* assignments for at least 12 months in advance.

It is also possible to produce similar programmes for those receiving learners on clinical or tutorial assignments.

5 preparing and circulating 'movement control' materials

A considerable amount of documentation will be involved in ensuring the smooth running of the programme. Procedures have to be agreed on and suitable forms or cards designed. Decisions have to be taken about what kind of information has to be included on such documents. Decisions about the timing of changes and notification of moves have to be taken and the requisite procedures introduced.

Whether a programme is to be introduced for the first time or whether a new programme is being introduced to replace an existing one there will need to be

AN INTERMEDIATE PROGRAMME

OR

A CONTINGENCY PROGRAMME

This is necessary to safeguard the training of learners who are not on a planned programme or who are on programmes which are being phased out, and to ensure that the flow of learners into clinical areas is predictable.

12 Evaluation

There is no agreed method of evaluating a programme but there are a number of indicators which will help you to decide whether the programme is a good one.

1 Does it meet the objectives ?

- a Are the training requirements fulfilled according to the plan or are learners still chasing round to meet specific requirements at the end of the training period ?

The allocation officer must keep records of special requests made by students or by tutors. These will give some idea of the shortcomings of the programme.

- b Do students and pupils get the periods of clinical experience which are on their programmes and the study periods which they are scheduled to have ?

Feedback from the students and pupils is important. They can initial their own programmes and return these to the allocation officer at agreed intervals. The content of allocations and study programmes is bound to be raised, and information collected over a period of time can be useful in making planned changes in the programme for future groups of learners.

Feedback from tutors, clinical teachers and ward sisters must be sought.

- c Do students and pupils arrive in the designated clinical areas as expected, and are they available for teaching when expected ?

The allocation officer must have feedback from ward sisters and tutorial staff to know at what points the programme fails or creates difficulties in clinical areas and for teaching.

- d Has the programme allowed for specific requirements to be met?

What kinds of requests have been made to the allocation officer? How have these been dealt with? What repercussions has the attempt to meet specific needs had on the attainment of other objectives?

- 2 Do allocation crises occur? If so, how often and where? Are these the result of failure of the plan, or failure of the service areas to fill the *predicted* shortfalls in service requirements?
- 3 What is the actual number of movements (changes) made by an individual learner in relation to the number predicted by the plan?

Difficulties arise over the definition of movement/change. This will have to be discussed in the local situation.

The evaluation of the programme will lead to modifications in future plans. The programme and sub-programmes must be evaluated at the *end* of the period for which the plan is designed.

13 Suggested reading

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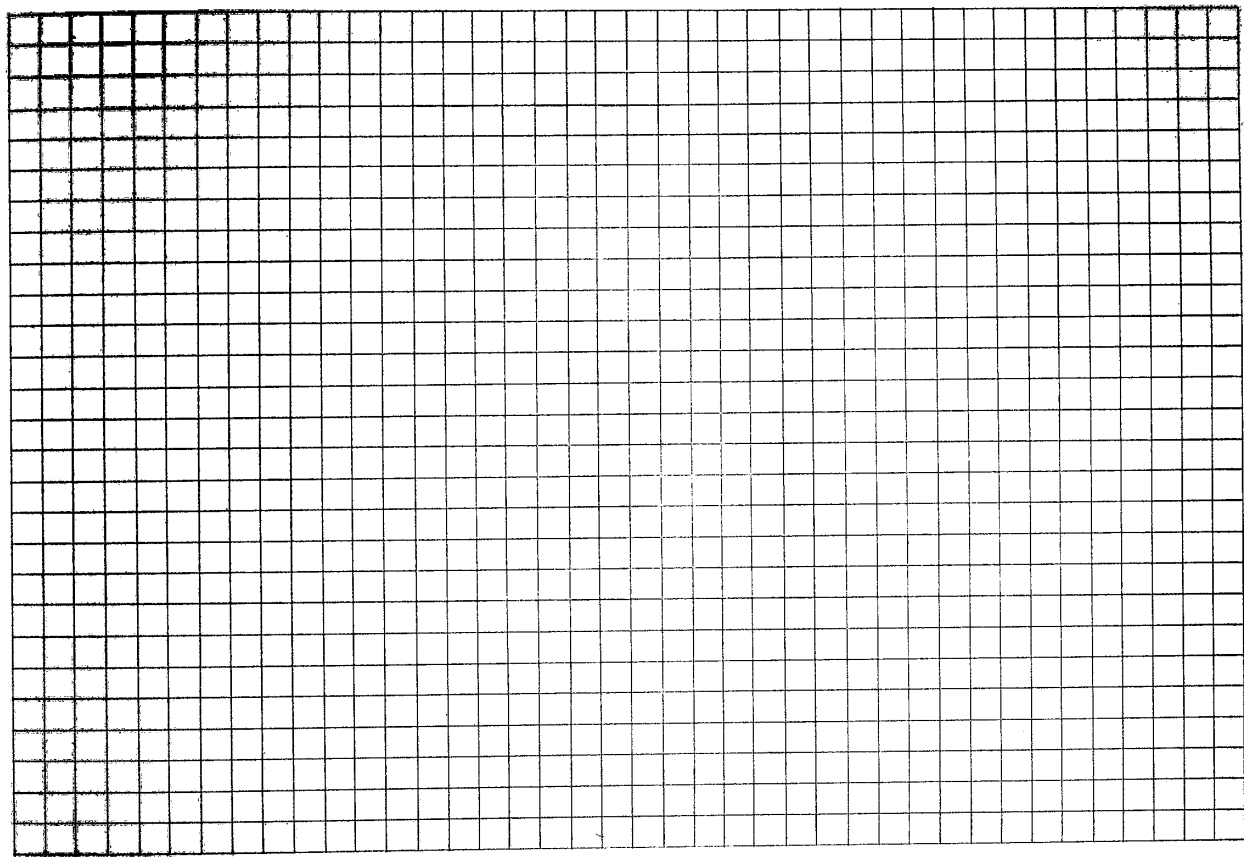
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