"Raising concerns should be part of nursing education"

As a student nurse I wholeheartedly welcome Sir Robert Francis’ recommendation to embed raising concerns in nursing education. As our training aims to prepare us to care, support and advocate for patients, it seems only natural to include how to raise concerns about any issues that could jeopardise that care.

Many of us have already been exploring raising concerns during our lectures and on placement. Since the beginning of my course, lecturers have informed and discussed the Mid Staffordshire Foundation Trust public inquiry and the 2013 Francis report. We also have competencies to fulfil on placement including upholding the Nursing and Midwifery Council guidelines, challenging situations that put person-centred care at risk, and reporting poor, unsafe or discriminatory practice.

So why is there a need to embed this issue if it is already being covered? The Freedom to Speak Up review published this month is a reminder of the courage it takes to speak out. How to find the courage to do so, however, is something that is far less straightforward to teach.

For example, how easy is it for students to speak out about a mentor if that mentor is the same person signing their placement paperwork and recommending whether they pass or fail? And what happens if students have a concern over a weekend but can’t contact their link lecturer? The theory and importance of whistleblowing is covered during nursing training. However, I suspect a large part of whether students feel able to speak out is down to the practicalities of doing so, the confidence and courage needed, and how supported they feel in their university or placement area.

I am sure all universities already take this issue seriously, so I hope they can take a creative and practical approach to finding solutions. A first step could be to include the students themselves in this conversation, to find out what support or help they need to develop the skills to speak out. Perhaps discussions around case studies could be used more frequently.

Workshops could also be delivered to promote confidence, self-esteem, solidarity and wellbeing – skills that are needed to raise concerns. Or about incorporating time in the placement timetable for students to meet and debrief with each other about issues faced on placement? This, along with clear communication channels for raising concerns would give real value to the topic and help students practise essential skills.

Having started my third year of an adult nursing programme, this new report is even more relevant because in a few months’ time I will be looking for my first job as a qualified nurse. Having worked in a variety of jobs before starting nursing, and feeling supported by my union, I would feel quite confident to speak my mind. However, things will only change when all staff feel they have the skills and confidence to speak out and feel that the culture within which they are working is truly supportive.

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The idea of cancer support groups seems utterly logical. What could help people facing cancer more than the chance to share their experiences with others who will understand? After all, however supportive friends and family may be, most cannot truly understand what it means to have cancer.

This argument had led many hospitals to set up peer support groups for people with cancer, offering social and educational opportunities. However, our research report on page 18 suggests these groups are falling out of favour. Various factors seem to be at play, including the complex, diverse needs of this population and a reluctance to return to hospital, with all its connotations of illness and patient status.

As in so many areas of healthcare, the study suggests providers must find creative ways to help meet patients’ needs – a one-size-fits-all approach no longer works.

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