BSc (HONS) NURSING STUDIES/ MSc NURSING STUDIES (PRE-REGISTRATION)

(ADULT, CHILD, LEARNING DISABILITIES AND MENTAL HEALTH FIELDS)

PRACTICE LEARNING HANDBOOK

MAY 2019
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DISCLAIMER
The information contained in this handbook is, as far as possible, accurate and up to date at the time of printing. The express permission of Teesside University must be obtained to reproduce any, or all of this publication, other than for personal use or for those purposes permitted by law.
1 THE PRACTICE LEARNING HANDBOOK

The aim of this handbook is to provide you with information about Teesside University School of Health & Social Care (SOHSC) new Pre-registration Nursing courses, both the BSc (Hons) Nursing Studies and the MSc Nursing Studies, and your role as a Practice Assessor or Practice Supervisor.

This handbook will complement the Practice Assessment Documents (PAD) Parts that students must complete in their course.

The first student intake to these courses will commence in September 2019. BSc students following the 2012 curriculum, commencing Year 3 in the academic year 2019/2020, will continue to follow their existing course. Their portfolios have all the relevant documentation within them.

If you have any questions about the content of this handbook, or if you want to discuss your role in student learning, please contact your Zoned Academic or the Practice Placement Facilitator (PPF) for your area. Contact details for the PPFs are available in Appendix 1.

There is a Practice Learning Support website. This website contains links to all relevant University documentation, policies and procedures including Guidelines for Consent and Confidentiality. The website may be accessed at https://sohsc.tees.ac.uk/sites/practicesupport/

2 INTRODUCTION

The Nursing and Midwifery Council (NMC) published new Standards for Pre-registration Nursing Programmes in May 2018. These standards aim to ensure that nurses are equipped with the knowledge and skills to play their vital role in providing, leading and co-ordinating care that is compassionate, evidence-based, and person-centred. They are accountable for their own actions and must be able to work autonomously, or as an equal partner with a range of other professionals, and in interdisciplinary teams. In order to respond to the impact and demands of professional nursing practice, they must be emotionally intelligent and resilient individuals, who are able to manage their own personal health and wellbeing, and know when and how to access support. Registered nurses make an important contribution to the promotion of health, health protection and the prevention of ill health. They do this by empowering people, communities and populations to exercise choice, take control of their own health decisions and behaviours and by supporting people to manage their own care where possible.

To meet the standards Teesside University's SOHSC have developed a new Pre-registration Nursing framework. Many of the examples of best practice from the previous curriculum, such as the Practice Learning Relationship, the focus upon decision-making and the integrated approach to assessing practice have been maintained. The course is however significantly different and you will notice this as you start to work with new students.
The Practice Assessment Document has been developed in a regional collaboration between Northumbria University, the Open University, Teesside University and the University of Sunderland. The practice proficiencies and benchmarks that have been developed to meet the NMC (2018) requirements are one of the first changes that you will see.

The proficiencies and the benchmarks have been written by a group of clinicians in partnership with academics and student representatives and informed by service user feedback. The proficiencies and the benchmarks have been organised under the seven practice platforms identified by the NMC. These are:

**Platform 1:** Being an accountable professional  
**Platform 2:** Promoting health and preventing ill health  
**Platform 3:** Assessing needs and planning care  
**Platform 4:** Providing and evaluating care  
**Platform 5:** Leading and managing nursing care and working in teams  
**Platform 6:** Improving safety and quality of care  
**Platform 7:** Co-ordinating care  
**Annexe A:** Communication and relationship management skills  
**Annexe B:** Nursing procedures

Emphasis has been placed within the course upon developing students' understanding of the core values of nursing and the requirements of professional nursing practice. This is reflected in the new practice proficiencies and includes the ability to recognise and appropriately challenge poor practice and safeguard the public; the development of personal effectiveness and leadership skills; and the knowledge and skills required to identify and promote service improvement. The provision of high-quality, person-centred, compassionate nursing care is central to the proficiency framework.

Students' practice allocations are organised in a locality and “hub and spoke” placement allocation model. These have been developed to enable students to follow service users' journeys across health and social care provision, develop their understanding of the needs of people who may access their services, and to facilitate the acquisition of practice proficiency. All students graduating from the new courses irrespective of their field of practice are expected to:

"provide leadership in the delivery of care for people of all ages and from different backgrounds, cultures and beliefs. They provide nursing care for people who have complex mental, physical, cognitive and behavioural care needs, those living with dementia, the elderly, and for people at the end of their life. They must be able to care for people in their own home, in the community or hospital or in any health care settings where their needs are supported and managed. They work in the context of continual change, challenging environments, different models of care delivery, shifting demographics, innovation and rapidly evolving technologies. Increasing integration of health and social care services will require registered nurses to negotiate boundaries and play a proactive role in interprofessional teams. The confidence and ability to think critically, apply knowledge and skills, and provide expert, evidence-based, direct nursing care therefore lies at the centre of all registered nursing practice" (NMC, 2018, p3).
Thank You

The course team and School of Health & Social Care would like to thank you for your continued support of the course and taking on the assessor and supervisor roles. The strong partnerships we have with the provider sites, our governance arrangements and the quality of our Practice Assessors and Supervisors contributes significantly to the success of our courses.

3 OVERVIEW OF THE PRE-REGISTRATION NURSING COURSES

The Aims of the Courses

The overall aims of the course are to provide a professional education that meets the requirements for entry to the Nurses’ part of the NMC Professional Register (Adult or Mental Health or Learning Disabilities or Children’s Nursing) (RS.3.1); EC Directives (Adult Field) and the Award of BSc (Hons) Nursing Studies or MSc Nursing Studies from Teesside University.

The Stages of Learning

The courses are divided into Stages. During each Stage students will learn alongside other students from their chosen field of practice and ones from the alternative nursing fields. They will also engage in inter-professional learning with students following other professional courses within the School, such as midwifery, social work, radiography, physiotherapy and occupational therapy.

Students spend time in the University and in placement allocations within each Stage of their course. University contact/non-contact time is designed to prepare students for their practice learning experiences and assessments. Study weeks have been distributed across the Stages to help them prepare for assignment submissions. A consolidation week at the end of each Stage is used to evaluate their learning and prepare them for the next stage of their course/career.

Students are required to work a 37.5 hour week during practice and theory time. Their learning is protected and they are supernumerary within practice allocations. The design of the course enables students to develop field-specific knowledge and skills from the outset. This enables them to focus upon their chosen client group and field of nursing practice within each Stage, together with the generic knowledge and proficiencies required of all nurses.

4 BSc (HONS) NURSING STUDIES

The course is made up of modules of learning. Each module is awarded 20, 40 or 60 academic credits. These credits are weighted according to the academic level required at each Stage. Equal credits are given to theory and practice. There is one 40-credit practice module and one 20-credit practice module in each Stage of learning and the remaining 60 credits are allocated to theory modules.

BSc Course Modules

The diagram below provides an overview of the module sequence for the course. It also illustrates which modules are specific to the nursing field and which modules are
shared with students from the other fields of practice.

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<td>All Fields: Introduction to Personal and Professional Effectiveness in Nursing Practice (20 credits)</td>
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<tr>
<td>All Fields: Experts by Experience the Person’s Voice (20 credits)</td>
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<tr>
<td>All Fields: Biopsychosocial Development Across the Lifespan (20 credits)</td>
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<td>All Fields: Biopsychosocial Approaches to Nursing Care and Decision Making (20 credits)</td>
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<tr>
<td>All Fields: Foundations of Nursing Proficiency: The Professional Basis of Care and Caring (40 credits)</td>
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<th>Stage Two: Academic Level 5</th>
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<tr>
<td>All Fields: Developing Personal and Professional Effectiveness in Nursing Practice (20 credits)</td>
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<tr>
<td>All Fields: Collaborative and Interdependent Working to Promote Health and Wellbeing (20 credits)</td>
</tr>
<tr>
<td>All Fields: Nurse as Investigator and Leader of Change (20 credits)</td>
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<tr>
<td>Field Specific: Therapeutic Nursing Practice in (field) Nursing (20 credits)</td>
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<tr>
<td>Field Specific: Promoting (field) Nursing Proficiency: Developing Evidence Based Professional Care and Caring (40 credits)</td>
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<th>Stage Three: Academic Level 6</th>
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<td>All Fields: Nursing Improvement and Entrepreneurship (40 credits)</td>
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<tr>
<td>Field Specific: Enhanced Person Centred Assessment and Decision Making Skills in (field) Nursing (20 credits)</td>
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<td>Field Specific: Enhanced Therapeutic Nursing Practice in (field) Nursing (20 credits)</td>
</tr>
<tr>
<td>Field Specific: Enhancing (field) Nursing Proficiency: Leading Evidence Based Professional and Caring Practice (40 credits)</td>
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5 MSc NURSING STUDIES

The pre-registration MSc Nursing Studies course is a three-year course. The course is in two Stages. The first Stage of the course, Year 1 is viewed as Advanced Standing in which students evidence through Recognition of Prior Experiential and Certificated Learning (RPECL). This includes evidencing 500 hours of providing care in health and social care setting. The second Stage of the course is modular and consists of 180 credits at Level 7, which is split over two years. The course has equal weighting between practice and theory hours. Of these 60 credits are devoted to practice learning and 120 to theoretical learning.

MSc Course Modules

The diagram below provides an overview of the module sequence for the course. It also illustrates which modules are specific to the nursing field and which modules are shared with students from the other fields of practice.
Year 1 Stage One
Accreditation of Prior Experiential and Certificate Learning (APE&CL) Degree BA/BSc or Equivalent 2:2 or above, 500 hours Practice in a Health or Social Care setting or organisation, caring for different individuals, either paid or voluntary

Year 2 Stage Two: Academic Level 7
All Fields: A Partnership in Care – Valuing the Experts by Experience (20 credits)
All Fields: Contemporary Public Health in Nursing Practice (20 credits)
Field Specific: Integrating Evidence-Based Decision Making in (field) Nursing (20 credits)
Field Specific: Developing a Skilled and Compassionate (field) Nurse (30 credits)

Year 3 Stage Two: Academic Level 7
All Fields: Leading Innovative Evidence-Based Nursing (60 credits)
Field Specific: Biopsychosocial Assessment and Decision Making in (field) Nursing (30 credits)

6 PROFESSIONAL REQUIREMENTS

At the end of the course successful students will be able to register with the NMC. This course therefore requires that they adhere to professional codes/rules of professional conduct or spirit thereof at all times. The School of Health & Social Care has a responsibility to ensure that students following professional education courses are fit-for-practise placements and fit-to-practise at the point of registration with the relevant Professional/Statutory/Regulatory Body on completion of their course. Professional behaviour and the expectations placed upon student nurses are emphasised from the beginning of the course and from that point onwards it will be one of the central components of students’ learning experiences. It is also an integral part of their module assessments and the proficiencies they are expected to achieve within the practice environment. During the pre-registration nursing course students are expected to work to the spirit of the NMC Code (2018) at all times: The Code (2018) Professional Standards of Practice and Behaviour for Nurses and Midwives, Nursing and Midwifery Council London
https://www.nmc.org.uk/standards/code/

In order to help students develop their understanding of the role of the NMC and professional conduct they are also asked to log on to the NMC website within the first few weeks of the course and access:


Becoming a Nurse https://www.nmc.org.uk/education/becoming-a-nurse-midwife-nursing-associate/becoming-a-nurse/

Guidance on Social Media https://www.nmc.org.uk/standards/guidance/social-media-guidance/

7 THE PRACTICE MODULES

Students complete practice modules within each year/Stage of the course. Practice modules enable the student to examine the role of the nurse as leader and champion of high quality, person-centred nursing care developing the student’s personal and professional effectiveness. Practice modules aim to help students develop the knowledge and nursing skills required to meet the physical and mental health needs of service users of all ages; and the application of theory to practice. As the courses progress the practice modules continue to focus upon people’s fundamental nursing needs; however increased emphasis is placed upon the more complex needs of service users within the students own field of practice and the development of leadership and management skills.

Skills workshops are used within the University to prepare students for their practice learning experiences.

Please note that all of the modules prepare students for practice. Those designated as practice modules however include the practice-based assessments. The practice modules are assessed in part by the North East England Practice Assessment Document.

MSc Nursing Studies
Nursing is an absolute privilege and one of the most rewarding careers to enter. This current, relevant, dynamic and inspiring master’s degree will provide the exciting opportunity for independent, motivated and self-directed graduates with healthcare experience to enter the nursing profession via a shortened two-year course. The course will be available in Adult, Mental Health, Learning Disabilities and Child Nursing delivering an evidence-based, transformational education enabling professional registration with the Nursing and Midwifery Council. A blended learning approach will incorporate innovative teaching and assessment strategies used to promote mastery through supported and independent learning. Theoretical evidence and intellectual reasoning will be applied to fundamental, holistic, promotive, preventive, curative, rehabilitative and palliative care across the life span. Governance, leadership and management to the socio-political drivers of local, national and global health care will be considered. This acquired knowledge and understanding will enable students to critically evaluate evidence to inform clinical decision-making and apply analytical and creative problem-solving approaches to complex situations.

Student nurses will gain experience in a diverse range of clinical settings relevant to their field of study enabling them to develop into a confident, competent, compassionate, committed and research-aware practitioner who holds strong professional values, exercises clinical judgement, champions diversity and challenges inequality. To meet the challenges of a changing healthcare environment nurses of the future will to be equipped with knowledge, skills, values and theoretical understanding to deliver individualised, evidence-based healthcare to people with a diverse range of health conditions and acute and complex needs, some of whom will be facing the most challenging life events.

Completion of the course will position the graduate to pursue an accelerated career
pathway towards becoming a future leader, clinical expert or researcher within the nursing profession.

8 THE STUDENTS' PLACEMENT ALLOCATION JOURNEY

The placement structure supports the concept of the service user journey and incorporates nursing in the home, community and in-patient settings, preventative, acute and long-term provision. Students will be allocated to placements in community and hospital care environments in each Stage of the course.

A hub and spoke approach will be adopted to demonstrate the service user journey across services. In all long placements students will be allocated to a designated 'hub'. Shorter 'spoke' placement experiences have been identified for each hub to enable students to appreciate the service user journey across service provision and the contribution of specialist nurses and the multidisciplinary team to their health and social care. For example, a hub placement on a respiratory medical ward may include a spoke experience with for example, an asthma nurse, respiratory nurse specialist or out-patient clinic.

The Placement Allocation journey for each pre-registration nursing course, and each field, may be found on the Practice Learning Support site.

At the end of both Year 1 (BSc) and Year 2 (BSc and MSc) there is a four-week practice period. If a student has referred in their practice assessment they will remain in the hub placement to undertake reassessment otherwise they will be able to negotiate option placements for this period using a two-week plus two-week approach.

The focus of the final year is upon leading and managing care, organisation of care in the community and acute areas, managing a caseload, and developing leadership, management and learning and teaching skills. Thus the final placement must be one which enables students to manage a caseload.

Maternity Care Component
The content for general care in directive 2005/36/EC Annex V.2 (4.2.1) is included in the Adult Field modules and practice experiences. The theory and practice of maternity care is integrated within the course for all four fields. In Stage 1 students are introduced to theory about reproductive anatomy and human development. In Stage 2, students are taught theory to develop their knowledge of ante, intra and post-natal care and multi professional maternity care provision. In Stage 3 students are taught about obstetric emergencies in a key lecture. Students apply theory to practice through simulated maternity care that is enhanced by half a day experiencing the core of women in a local maternity unit in Stage 2.

The evidence for this will be in the PAD Part 2 in the form of a checklist and placement specific documentation.
9 **THE PRACTICE ASSESSMENT DOCUMENT**

Students complete a Practice Assessment Document (PAD) in three Parts for the course overall. This PAD documents their progress towards, and achievement of the designated practice proficiencies. A number of learning tools are incorporated within the PAD as Essential Evidence. These support student learning in practice and identify specific criteria against which Practice Assessors can assess proficiency. They include:

- Practice Supervisor feedback from each supervisory period
- Summative Medication Assessment
- Service User/Patient Assessment of Student’s Interpersonal Skills
- Assessed Episodes of Care
- Written Reflections on NMC platforms
- Certificates for Fire Lecture, Manual Handling and CPR
- Ongoing Record of Achievement

These tools are progressive in nature and enable students to gain feedback to aid their learning. Students complete these in each of their own field placements (long placements) and must undertake the required number of observed assessments. Please visit the [Practice Learning Support](#) website for examples of these tools.

10 **THE PRACTICE LEARNING RELATIONSHIP**

Practice learning teams are used to support students. These are inter-professional and include one NMC registrant Practice Assessor, Practice Supervisors and Skills Facilitators. Skills Facilitators are non-registrants with particular competence.

The nominated person in each ward/department area will allocate the student to a Practice Assessor. Each Practice Assessor is allocated a number of students. This number is identified through placement audit.

Students are allocated to their Practice and Academic Assessors prior to the start of the first placement period. A date will be identified near to the start of the first placement by the Practice Assessor for an initial group meeting. This meeting will include the Practice Assessor, all of the students they are assessing within the same cohort and the Academic Assessor.

The initial meeting will identify the team of supervisors for each student, exploring the specific learning outcomes/proficiencies and experiences identified for the allocation and how these will be facilitated by the supervisors. The meeting will also explore the expected evidence to support achievement of the practice proficiencies.

**The initial meeting may be an individual or group meeting if other students are allocated to the same area of practice. The final meeting must be an individual meeting.**

The student and the Practice Assessor meet at a specified midpoint to review progress towards achievement of proficiencies for that PAD Part. The midpoint
interview with the Practice Assessor will not involve the Academic Assessor unless there is a need for an Action Plan, at which point this will be communicated to the Academic Assessor. The student is responsible for sharing the Action Plan with the relevant Practice Supervisors.

The Academic Assessor will support the Practice Assessor and attend additional meetings if a cause for concern is identified relating to the student’s progress.

At the end of the placement, the student will meet with the Practice and the Academic Assessors to review progress and achievement and identify forward-looking actions to support continuing development. The Practice Assessor will view all the Essential Evidence and reach a conclusion in collaboration with the Academic Assessor as to the progression of the student. After the student has completed all practice placements for the PAD Part, maintaining professional standards and evidence of this has been shown to the Practice Assessor, and all academic results are known, the Practice and Academic Assessors communicate and confirm progression.

It is the student’s responsibility to organise the meetings in negotiation with their Practice and Academic Assessors.

11 THE ONGOING RECORD OF ACHIEVEMENT

The Ongoing Record of Achievement (the ORA) is a document that the student carries with them throughout their course. The ORA contains all the NMC skills annexes:

**Annexe A:** Communication and relationship management skills and
**Annexe B:** Nursing procedures

The annexes have been mapped against each Part of the PAD to determine which is of particular relevance to the student’s Stage in the course. The ORA has a chessboard format, all skills NOT blanked out must be observed to have been performed adequately in the relevant year. The exception to this is those procedures marked with an * which may be achieved in either PAD Part 2 or 3 without affecting progression. Each skill must be performed adequately by the endpoint of the relevant PAD for that element of the course.

Each skill must be demonstrated by the student and this demonstration observed by a skilled Practice Supervisor or Practice Assessor. Some skills may be achieved in simulation in the University or practice and these must be signed by the relevant Practice Supervisor, Practice Assessor or Academic Assessor and indicated with the letter S.

A Practice Supervisor, who has been deemed to possess the relevant skill being demonstrated by the student, will satisfy themselves that the relevant skill has been performed to an adequate level. The Practice Supervisor or Assessor will then sign and date that this skill has been observed.
The ORA is more than a simple checklist. Once an element has been demonstrated adequately, this must be maintained throughout the ensuing PAD Parts of the course. If this is not demonstrated then required progression through the course will be affected.

12 THE RESPONSIBILITIES OF THE DIFFERENT MEMBERS OF THE PRACTICE LEARNING RELATIONSHIP

a) Responsibilities of the student

As a professional-in-training, and an adult learner students have several responsibilities with respect to their own learning and completion of the Practice Assessment Document. They have a responsibility to ensure they demonstrate the core health and social care values and behaviours at all times and uphold the standards expected by regulatory, statutory and professional bodies.

Students should ensure that they prepare adequately for forthcoming placements to facilitate the achievement of learning outcomes. Ensuring that whilst in the placement area, any learning opportunities are maximised and that these are discussed with allocated Practice Assessor/Supervisor.

There is an increasing emphasis on the student as an independent learner and it is the student’s responsibility to seek, receive and act upon constructive feedback from Practice Assessors, Practice Supervisors and Academic Assessors.

Students are responsible for raising concerns with an appropriate member of staff in a timely manner and should alert staff to any reasonable adjustments that may be required to support their learning.

Students should be familiar with University assessment and submission processes for the PAD and contact the academic representative from the University, or refer to the University’s intranet if they require support or advice on specific University procedures.

The ORA is a separate document that summarises achievements in each placement and with the main document provides a comprehensive record of professional development and performance in practice.

Students are responsible for the safekeeping and maintenance of the PAD. It should be available to Practice Supervisors, Practice Assessors and Academic Assessors at all times when students are in placement together with the ORA. Alterations should be made in this document by crossing through with one line, with a signature and date.

Once performed adequately all elements of the ORA are expected to be maintained throughout the ensuing PAD Parts of the course. If this is not demonstrated when required student progression through the course will be affected.

The PAD should not contain any patient/service user/carer identifiable information. Contents must not be disclosed to any unauthorised person or removed,
photocopied or used outside the placement or University. Students have a responsibility to be proactive and actively engage with people receiving care, their families and carers respecting their dignity and diversity; always ensuring they are at the centre of care delivery. Before approaching any patient/service user/carer for feedback students must discuss with their Practice Supervisor/Practice Assessor who will facilitate consent. The University Guidelines for Consent and Confidentiality may be found at the Practice Learning Support website.

b) The Nominated Person
The Nominated Person is a named individual for each ward/department area. The nominated person will be nominated by the ward/department manager as appropriate for the role. The role of the Nominated Person is to provide a link between the ward/department, the University and the Practice Placement Facilitator. They will complete the education audit with the University representative and will oversee development of the placement information/education resources. The Nominated Person has a knowledge of the Practice Assessors and Practice Supervisors current in their practice area. They understand the course and support infrastructure within the practice environment and University setting. The nominated person is the first point of contact for students and offer support and advice for students who have concerns.

The Nominated Person will ensure that students have had an induction to the area, have been allocated off duty prior to the start of the placement and have access to the learning resources available and have been allocated to a Practice Assessor and their Practice Learning Team (including Practice Supervisors and Skills Facilitators as appropriate). The Nominated Person, in liaison with the practice learning team will make students aware of the support and opportunities available to them within the learning environments, thereby ensuring that students are empowered to be proactive and to take responsibility for their learning.

c) A Practice Supervisor
A Practice Supervisor is a registered nurse/midwife or other registered health or social care professional. A Practice Supervisor working with a student on any given day has an important role in supporting and guiding the student through their learning experience. This includes facilitating learning opportunities including any reasonable adjustments the student may need to get maximum benefit from the placement. Practice Supervisors should act as role models, demonstrating safe and effective practice in line with their code of conduct. Practice Supervisors provide formative feedback on student progress. This includes providing qualitative comments on their progress, supporting students to generate evidence, completing formative end of placement student evaluations and signing proficiency benchmarks and/or annexe skills and procedures as being observed to have been performed adequately. The Practice Supervisor role is of key importance in contributing to student assessment. After relevant training, all registered health care and social care professionals can undertake and contribute to the Practice Supervisor role. In most practice areas the student will be supported by a number of Practice Supervisors. The role of the Practice Supervisor supporting a student on a given day is to ensure that:

- Students are orientated to the placement area on their first day and the
placement orientation record is completed

- A learning plan which identifies goals to be achieved is agreed with the student and communicated to the Practice Assessor
- A formative end of placement evaluation is completed, which provides comprehensive feedback on the student’s progress
- Benchmarks and annexe skills/nursing procedures are appropriately identified as being performed adequately as the student progresses through their placement experience
- The feedback offered on the student’s progression must be provided to the Practice Assessor
- Should the student demonstrate adequate performance of annexe skills not formally identified as relevant in a particular PAD Part of the course, this must be documented explicitly in the Practice Supervisor feedback

**Note: Supervision in placement areas where there are no health/social care registrants.**

A range of staff can support and facilitate the student’s experience and have a vital role in student learning and development. These are clinicians known as skills facilitators. Skills facilitators are non-registrants with particular competence. On placements where specific NMC proficiencies are not being assessed a range of staff members are encouraged to support learning and can provide student feedback within the PAD on the Record of Communication/Additional Feedback pages.

d) **The Practice Assessor**
The Practice Assessor is a registered nurse on the same part of the NMC register that the student is working towards joining. The nominated Practice Assessor will be a different assessor for each PAD Part of the student’s course.

The Practice Assessor has a key role in assessing and confirming the student’s proficiency providing assurance of student achievements and competence, signing proficiencies as summatively achieved.

The role of the Practice Assessor includes facilitating learning opportunities including any reasonable adjustments the student may need to get maximum benefit from the placement. Decisions about the student’s proficiency will be informed by feedback sought and received from Practice Supervisors.

The Practice Assessor will observe the student, conduct and record student assessments of medicines management and summative episodes of care. They will conduct midpoint and summative final assessments informed by student reflections, feedback from Practice Supervisors and other relevant people to confirm achievement. This confirmation of achievement will be made in partnership with the student’s nominated Academic Assessor.

When assessing the student, the Practice Assessor should take into account sources of evidence that encompass knowledge, skills, attitudes and the views of those receiving care. Comments should acknowledge those exceptional students who are exceeding expectations for their Stage in practice or who have particularly commendable attitudes, behaviours, knowledge or skills.
If the student is not meeting the required standards this should be highlighted as a development need. If there is a cause for concern or a fitness for practice issue that requires prompt action an Action Plan should be instigated to address specific needs or concerns with a specified timeframe. In the event of this, seek guidance from the Academic Assessor and/or senior practice representative.

e) The Academic Assessor

Academic Assessors have a key role in confirming the student’s progress recording objective, evidence-based decisions on conduct, proficiency and achievement and make recommendations for progression providing assurance of student achievements and competence. The Academic Assessor has an understanding of the student's learning and achievement in practice through working in partnership with the Practice Assessor to gather feedback regarding achievement and progression. A different Academic Assessor is required for each PAD Part.

13 THE ASSESSMENT OF PRACTICE

The assessment of practice is via the Practice Assessment Document (PAD) which spans each academic year. This requires the student to demonstrate practice proficiency across the three years of the course.

The PAD is designed to fulfill the required standards of proficiency that student nurses are required to demonstrate at the point of registration, as outlined by the NMC (2018) Future Nurse: Standards of Proficiency for Registered Nurses. The Standards of Proficiency comprise seven platforms and two annexes:

Platform 1: Being an accountable professional
Platform 2: Promoting health and preventing ill health
Platform 3: Assessing needs and planning care
Platform 4: Providing and evaluating care
Platform 5: Leading and managing nursing care and working in teams
Platform 6: Improving safety and quality of care
Platform 7: Co-ordinating care
Annexe A: Communication and relationship management skills
Annexe B: Nursing procedures

This document makes a major contribution to assessment of progress on the course, and ultimately achievement of the award.

Structure of the Practice Assessment Document

The PAD has several elements. Each NMC Platform has several proficiencies that the student must achieve to progress through the course. Each proficiency has been subdivided into supporting benchmarks that contribute to the achievement of the proficiency. Evidence that is essential to demonstrate the achievement of the benchmarks is prescribed in the PAD.
Informed Consent and the Practice Assessment Document

Students are required to include written reflections as part of the Essential Evidence. They must adhere to the School of Health & Social Care Guidelines for Consent and Confidentiality, maintaining anonymity within their work. The contribution of patient/service user/carers feedback is a vital part of the PAD. Before approaching any patient/service user/carers for feedback, the student must discuss with the Practice Supervisor/Practice Assessor who will facilitate consent. The PAD should not contain any patient/service user/carers identifiable information. Contents must not be disclosed to any unauthorised person or removed, photocopied or used outside the placement or University.

The practice modules are formatively and summatively assessed at specific points in the courses. Formative assessment allows students to be given developmental feedback. Summative assessments assess the student’s achievement at the end of each PAD Part. Students who do not achieve a proficiency and are thus referred in practice may be given one further attempt by the Assessment Board. Non-achievement at this point will prevent the student progressing on the course.

At the designated points of assessment within the practice modules, the Practice Assessor in collaboration with the Academic Assessor will decide whether a student has achieved the proficiencies. The Practice Assessor will make a judgment on the student’s performance in practice. The Academic Assessor will make a judgment on the student’s progress through the rest of the course.

14 THE STUDENT’S PRACTICE EXPERIENCE

Time in the practice area is vital for student nurses to develop, achieve and maintain competencies, and enable them to relate and integrate theory to practice. The student should be empowered to make maximum use of their learning time and opportunities. The sequence of placements for each field across the length of the course, and the formative review and summative assessment points, may be found on the Practice Learning support site at https://sohsc.tees.ac.uk/sites/practicesupport/

Students following the course work a 37.5 hour week if they are studying full time.

All students are supernumerary throughout the course.

Students are NOT expected to work the same shift patterns as their Practice Assessors other than at summative assessment points. Students will work with a range of Practice Supervisors on each placement. Student must demonstrate that they have undertaken at least one week of night duty in each PAD Part (or at least three weeks during the course).

Student's Responsibilities Whilst on Placement

Increasing numbers of student nurses means that many areas within the North East of England are heavily utilised for placements. Often placements are provided despite severe pressures of work. It is vital, therefore, that everybody involved in the placements process plays their part in maintaining excellent working relationships.
with such hosts. To enable School of Health & Social Care staff to provide an effective service to all parties, the student is expected to assist the process by assuming the following responsibilities:

**Contacting Placement Areas**
The student is asked to make contact with their placement area 10-14 days prior to the start of the placement, to introduce themselves and to discuss any arrangements.

**Student Behaviour Whilst in Practice**
Whilst in practice the students must:

- Adhere to the Trust Policy and Procedures
- Work to the spirit of the NMC Code (2018)
- Demonstrate professional behaviour at all times

If at anytime the student's behaviour is unsafe, the Practice Supervisor/Manager must remove the student from practice and inform the Practice Placement Facilitator (PPF) and Zoned Academic/Academic Assessor. This may result in the instigation of the University Fitness to Practice Regulations and/or the University Fitness to Study Regulations.

If a student is involved in an untoward incident the Zoned Academic and PPF should be informed, and the student status should be identified on any documentation.

Any disciplinary procedure will be initiated by the University not the Trust.

**Student Dress Code Whilst in Placement**
Students must always adhere to the policy of the placement area with regard to the dress code.

Please ensure students are made aware of your policy at the beginning of the placement.

If students are required to wear a uniform, they must not travel to and from their placement wearing it.
If a student is expected to wear their own clothes they should be advised to dress modestly and appropriately.

If you have any queries please contact your Zoned Academic.

**15 STUDENT ATTENDANCE REGULATIONS/SICKNESS AND ABSENCE**

In order to complete the Pre-registration Nursing course and to meet the requirements for entry to the NMC Professional Register, students must complete the required number of theory and practice hours.

Students are expected to inform the Student Records Office when they are absent from theory or practice. If the absence is supported by a doctor's note, the note
should be sent or given to the Student Records Office as soon as possible after the period of sick leave commences. If they are absent during a placement allocation they should inform both the School of Health & Social Care Student Records Office and the practice staff in their placement area. If necessary someone may telephone on their behalf.

Within practice allocations students complete timesheets. All sickness and absences should be recorded on the student’s timesheets and duty rota in hours as well as the number of days lost. Students must ensure that there is transparency in how these hours have been achieved. The recording of the student attendance sheet whilst on placement is the student’s responsibility. The record of attendance must be verified by the Practice Supervisor and will be monitored by the Academic Assessor.

Students cannot make up absence/sickness whilst on the placement area. This can only be done during specific periods identified on the course structure or at the end of the course. Time made up in this way will be organised by the Field/Course Leader in negotiation with the student.

Absenteeism, for whatever cause, will be strictly monitored. Students who do not meet the attendance requirement for any module will be deemed to have failed that module. They are expected to arrive promptly for each shift.

Clinical placement attendance requirement is 100%.

**If a student has 21 days' continuous sickness or absence, for whatever reason, they may be automatically interrupted from the course.**

**Similarly if a student's accumulated sickness/absence impacts upon their learning then the Field Leader in conjunction with the Course Leader/Principal Lecturer for Programmes may advise that an interruption is necessary.**

### PRACTICE EVALUATION

Students complete an online evaluation of their practice placement experiences. This evaluation is compulsory and will be fed back to placement areas by the Practice Placement Facilitators.

### CONCERNS ABOUT A STUDENT'S PERFORMANCE OR BEHAVIOUR DURING PLACEMENT ALLOCATIONS

If you have any concerns about a student during their placement you should contact the Academic Assessor, Course Leader and Practice Placement Facilitator (PPF) immediately. The flowchart on Page 18 identifies the process which will be followed. Please note that if the concern relates to safety issues then the student may be withdrawn from practice with immediate effect.

**Untoward Incidents/Accidents Involving Students**
Where students are involved in untoward incidents/accidents, the student status
must be clearly identified on the Datix form. The Academic Assessor and PPF should be informed of any untoward incidents/accidents which have involved students as soon as possible, to enable them to offer student support where needed.

**Cause for Concern**

Cause for concern relates to any concern the Practice Supervisor, Practice Assessor, Academic Assessor or student may have about the student's learning, progress, performance, achievement or their professional attitude within practice. As soon as a problem is identified the individual raising the concern should notify the other members of the practice learning relationship (if the concern arises in practice the Practice Assessor/Supervisor should notify the Academic Assessor as soon as possible) and an additional meeting should be arranged at the earliest opportunity. This meeting will explore the nature of the problem/concern and the evidence that has led to it being identified. This meeting should be documented. An Action Plan will be devised and documented at this point. The Action Plan to address the concern should identify learning needs, methods of achieving them and the evidence and timeframe for achievement. A further meeting will be held to review progress after 1-2 weeks. A further meeting to assess whether the Action Plan has been completed and learning outcomes achieved will be held at the agreed time for completion of the Action Plan.

**If the concern relates to safety issues the student may be withdrawn from practice with immediate effect.**
17.1 FLOWCHART TO ILLUSTRATE PROCESS WHEN A CAUSE FOR CONCERN IS IDENTIFIED

- **Cause for Concern identified**
  - If concern is of a serious nature inform Practice Placement Facilitator
  - Set up a meeting with the Practice Assessor and Academic Assessor to ensure all parties are aware of the meeting

- **Discuss problem and devise Action Plan, with negotiated timeframe for completion**

- **Review 1 - 2 weekly**

- **Final review**
  - Action Plan achieved, student progresses
  - Action Plan not achieved
    - Refer to Chair of Assessment Board

- **If professional concerns, initiate Fitness to Practise Procedure (this does not have to go to the Chair of Assessment Board in the first instance)**
  - NB: This may be initiated at any point in the process
## FREQUENTLY ASKED QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td><strong>What is the Practice Assessment Document?</strong></td>
<td>Students complete Practice Assessment Document (PAD) Parts for each Stage of their course. This is the tool through which they are assessed during placement allocations. The PAD Parts contain the practice proficiencies that must be achieved for each Stage of the course. Records of assessments, Practice Supervisors’ feedback and the evidence the student has collected in order to illustrate their learning and achievements are part of the PAD.</td>
</tr>
<tr>
<td><strong>Who are the main participants Practice Learning for students?</strong></td>
<td>The main participants are:</td>
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<tr>
<td></td>
<td>• The Student</td>
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<td></td>
<td>• The Practice Assessor</td>
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<tr>
<td></td>
<td>• Practice Supervisors</td>
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<td></td>
<td>• The Academic Assessor</td>
</tr>
<tr>
<td></td>
<td>• The Nominated Person</td>
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<tr>
<td><strong>What is the role of the Nominated Person?</strong></td>
<td>The Nominated Person is a named individual for each ward/department area. The Nominated Person will be nominated by the ward/department manager as appropriate for the role. The role of the Nominated Person is to provide a link between the ward/department, the University and the Practice Placement Facilitator. They will complete the education audit with the University representative and will oversee development of the placement information/education resources. The Nominated Person has a knowledge of the Practice Assessors and Practice Supervisors current in their practice area. They understand the course and support infrastructure within the practice environment and University setting. The Nominated Person is the first point of contact for students and offer support and advice for students who have concerns. The Nominated Person will ensure that students have had an induction to the area, have been allocated off-duty prior to the start of the placement and have access to the learning resources available and have been allocated to a Practice Assessor and their practice learning team (including Practice Supervisors and Skills Facilitators as appropriate). The Nominated Person will ensure that students have had an induction to the area and have access to the learning resources available. The Nominated Person, in liaison with the practice learning team will make students aware of the support and opportunities available to them within the learning environments, thereby ensuring that students are empowered to be proactive and to take responsibility for their learning.</td>
</tr>
</tbody>
</table>
### What is the role of the Practice Assessor and who can be one?

The Practice Assessor is a registered nurse on the same part of the NMC register that the student is working towards joining. The nominated Practice Assessor will be a different assessor for each PAD Part of the student’s course.

The Practice Assessor has a key role in assessing and confirming the student’s proficiency providing assurance of student achievements and competence, signing **Proficiencies** as summatively achieved.

The role of the Practice Assessor includes facilitating learning opportunities including any reasonable adjustments the student may need to get maximum benefit from the placement. Decisions about the student’s proficiency will be informed by feedback sought and received from practice supervisors.

The Practice Assessor will observe the student, conduct and record student assessments informed by student reflections, feedback from Practice Supervisors and other relevant people to confirm achievement. This confirmation of achievement will be made in partnership with the student’s nominated Academic Assessor.

When assessing the student, the Practice Assessor should take into account sources of evidence that encompass knowledge, skills, attitudes and the views of those receiving care. Comments should acknowledge those exceptional students who are exceeding expectations for their Stage in practice or who have particularly commendable attitudes, behaviours, knowledge or skills.

The Practice Assessor must have time to observe the student in practice. As a minimum the Practice Assessor undertakes assessment of the student’s medicines management assessment and the summative episodes of Care relevant to the PAD Part for the Stage of the course.

If the student is not meeting the required standards this should be highlighted as a development need. If there is a cause for concern or a fitness for practice issue that requires prompt action an Action Plan should be instigated to address specific needs or concerns with a specified timeframe. In the event of this, seek guidance from the Academic Assessor and/or senior practice representative.

Should a student return to the same placement area they will need a new Practice Assessor, this person will be allocated by the Nominated Person.
<table>
<thead>
<tr>
<th>How are Practice Assessors prepared for their role and how is this maintained?</th>
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<tbody>
<tr>
<td>Practice Assessors will be prepared by undertaking a preparatory three-hour face-to-face workshop which is course specific. The workshop will include:</td>
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<tr>
<td>• Course-specific preparation</td>
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<tr>
<td>• Evidence-based assessment and decision making in relation to student achievement of proficiencies and Stage/course outcomes and the NMC Standards.</td>
</tr>
<tr>
<td>• Understanding assessment criteria and processes.</td>
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<tr>
<td>• Accountability and responsibilities in student learning, assessment and progression procedures and processes.</td>
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<tr>
<td>• Using feedback from supervisors and other members of the learning team.</td>
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<td>• Supporting students who require reasonable adjustments, those who excel and those who are failing.</td>
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<tr>
<td>• Difficult conversations.</td>
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<tr>
<td>• Recording and giving feedback.</td>
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<tr>
<td>• Practice Assessors will be provided with course update/information through the practice support website annually.</td>
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<td>• Every three years (in year of revalidation) they will attend an update workshop which includes a component about making valid objective assessments.</td>
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<td>• A peer review document will be used by the Practice and Academic Assessor, Supervisors and Nominated Person. Its completion will be noted on the assessor database. The Nominated Person will verify this.</td>
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<tr>
<td>This peer review will include:</td>
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<tr>
<td>• Reflection on role and verification as part of the organisations appraisal system</td>
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<tr>
<td>• 360° feedback self, student and partner Practice/Academic Assessor and Nominated Person</td>
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<tr>
<td>• A learning/development SMART Action Plan</td>
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<tr>
<th>What is the role of a Practice Supervisor and who can be one?</th>
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<tr>
<td>The student will be supported on placement by a range of Practice Supervisors. A Practice Supervisor is a Registered nurse/midwife or other registered health or social care professional. A Practice Supervisor has an important role in supporting and guiding the student through their learning experience. This includes facilitating learning opportunities including any reasonable adjustments the student may need to get maximum benefit</td>
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from the placement. Practice Supervisors should act as role models, demonstrating safe and effective practice in line with their code of conduct. Practice Supervisors provide formative feedback on student progress. This includes providing qualitative comments on their progress, supporting students to generate evidence, completing formative end of placement student evaluations and signing benchmarks and/or annexe skills and procedures when these have been observed to have been performed adequately. The benchmarks form part of the evidence required by the Practice Assessor to determine the student’s overall achievement of proficiencies.

The Practice Supervisor role is of key importance in contributing to student assessment. After relevant training, all registered health care and social care professionals can undertake and contribute to the Practice Supervisor role.

In many practice areas the student will be supported by a number of Practice Supervisors. The role of the Practice Supervisor is to ensure that:

- Students are orientated to the placement area on their first day and the placement orientation record is completed.
- A learning plan which identifies goals to be achieved is agreed with the student and communicated to the Practice Assessor.
- A formative end of supervisory period evaluation is completed, which provides comprehensive feedback on the student’s progress.
- Benchmarks and annexe skills/nursing procedures are appropriately identified as being observed to have been performed adequately as the student progresses through their placement experience.
- The feedback offered on the student’s progression must be provided to the Practice Assessor.
- Should the student demonstrate achievement of annexe skills not formally identified as achievable in this PAD Part, this must be documented explicitly in the Practice Supervisor feedback.

<table>
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<tr>
<th>How are Practice Supervisors prepared for their role and how is this maintained?</th>
<th>Practice Supervisors must be identified by the Assessor/Placement Area Manager/Nominated Person as an appropriate supervisor in accordance with students learning and skills development needs.</th>
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<tr>
<td></td>
<td>• They will be identified against set criteria at ward/department level for supporting student learning in accordance with the proficiencies and learning opportunities.</td>
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</tbody>
</table>
A range of staff can support and facilitate the student’s experience and have a vital role in student learning and development. These are clinicians known as skills facilitators. Skills facilitators are non-registrants with particular competence. The facilitator must complete, in the PAD, the verification page titled ‘List of Skills Facilitators’.

On placements where specific NMC proficiencies are not being assessed a range of staff members are encouraged to support learning and can provide student feedback within the PAD on the Record of Communication/Additional Feedback pages.

### Who is the Academic Assessor?

Academic Assessors have a key role in confirming the student’s progress, recording objective, evidence-based decisions on conduct, proficiency and achievement and make recommendations for progression providing assurance of student achievements and competence. The Academic Assessor has an understanding of the student’s learning and achievement in practice through working in partnership with the Practice Assessor to gather feedback.
regarding achievement and progression. A different Academic Assessor is required for each PAD Part of the course. Normally the Academic Assessor will be the Zoned Academic; the lecturer attached to the practice area who will provide support to the student and Practice Assessor/Supervisors. A zone is defined as a specified geographical area where nursing care is provided.
Should a student return to the same placement area they will need a new Academic Assessor, this person will be allocated by the University.

| What happens at the Initial Interview? | The initial meeting may be an individual or group meeting if other students are allocated to the same area of practice. This meeting will include the Practice Assessor, all of the students they are assessing within the same cohort and the Academic Assessor. The initial meeting will:

- Identify the team of supervisors for each student.
- Explore the specific learning outcomes/proficiencies and experiences identified for the allocation and how these will be facilitated by the supervisors.
- Explore the expected evidence to support achievement of the outcomes/proficiencies.
- Clarify that the student’s rota will be organised to coincide with the supervisor’s rota and make sure this is done.
- Develop SMART Learning Contracts.
- This information will be documented and shared with the supervisors through the PAD and discussion in accordance with the NMC Standards.

In addition:

- Opportunities and the process for supervisors to feedback to assessors will be identified and facilitated. This will include written documentation within the PAD and where possible face to face discussion.
- Review meetings will be scheduled with the Practice Assessors at course-specific points to review feedback from supervisors and progress.
- The student will be assessed by the Practice Assessor at the end of the practice assessment period for the PAD Part.

<p>| What happens at the Midpoint Interview? | The student and the Practice Assessor meet at a specified midpoint to review progress towards achievement of the proficiencies for the PAD Part. Summative evidence does not need to be completed by that point but the formative evidence should have been attempted. The Practice |</p>
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<tr>
<th><strong>What happens at the Summative Assessment?</strong></th>
<th>Assessor reviews feedback from the Practice Supervisors at this point. Progress will be reviewed and an Action Plan constructed to bridge any deficits. The midpoint interview with the Practice Assessor will not involve the Academic Assessor unless there is a need for an Action Plan, at which point this will be communicated to the Academic Assessor. It is the students’ responsibility to share the Action Plan with all relevant Practice Supervisors.</th>
</tr>
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<tbody>
<tr>
<td><strong>How do the Practice Assessor, Practice Supervisor and Academic Assessor Communicate?</strong></td>
<td>At the end of the PAD Part the student will meet with the Practice and the Academic Assessors to review progress and achievement, and identify forward looking actions to support continuing development. The Practice Assessor will view all the Essential Evidence and reach a conclusion in collaboration with the Academic Assessor as to the progression of the student. After the student has completed all practice placements for the PAD Part, maintaining professional standards, and evidence of this has been shown to the Academic Assessor, and all academic results are known, the Academic Assessor confirms progression.</td>
</tr>
<tr>
<td><strong>Who is the Practice Placement</strong></td>
<td>The verification of signature pages in the PAD include contact details to facilitate communication. Practice Supervisors are expected to complete feedback sheets within the PAD that are one of the main routes of communication with the Practice and Academic Assessors. They are also expected to communicate by email and telephone to discuss any issues, both positive or developmental, that impact on the student’s progression.</td>
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</table>

The Practice Assessor and Academic Assessor will meet with the student at the beginning of a PAD Part of the course and at the summative assessment point of the PAD Part completing the relevant documentation in the PAD. The summative assessment point for each PAD Part is earlier than the endpoint of the Stage and students will have both periods in practice placement and results of academic work between these two points. The student will engage with the Practice Assessor to allow the assessor to view practice documentation generated during this time that demonstrates the student’s continued professionalism. When these documents have been shared and the results of academic work known the Academic Assessor will contact the Practice Assessor to confirm that all conditions of the student’s progression have been met. The Academic Assessor will then document this in the PAD. |
<table>
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<tr>
<th>Facilitator (PPF)?</th>
<th>of the student's experience in partnership with the University. In addition they offer support and a point of contact for students and Practice Assessors and Practice Supervisors.</th>
</tr>
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<tbody>
<tr>
<td>What is meant by proficiency?</td>
<td>Proficiency is defined as the demonstration within practice of the integration and application of the knowledge, attitudes, skills and behaviours required in order to practice safely and effectively within the care environment. Students must meet the specified standard for each proficiency and demonstrate appropriate professional attitudes and behaviours when undertaking associated nursing care and interventions. Each proficiency has a set of benchmarks which specify what the student should know, understand and be able to demonstrate adequately in the practice setting.</td>
</tr>
<tr>
<td>What is Essential Evidence?</td>
<td>This is the evidence which must be collected or demonstrated in order to illustrate achievement of the proficiency.</td>
</tr>
<tr>
<td>Can service users and carers be involved in the assessment of students?</td>
<td>Yes. The contribution of patient/service user/carer feedback is a vital part of the assessment of students. Guidelines have been developed for Practice Supervisors and students to enable service users and carers to contribute to the assessment of students' interpersonal skills. Teesside University, School of Health &amp; Social Care’s Informed Consent Guidelines must be followed when involving service users and carers in this type of assessment.</td>
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</table>
| What documentation does the Practice Assessor need to complete when facilitating student learning and assessment in practice? | The following documentation should be completed by the Practice Assessor:  
  - The verification of signature page entitled ‘List of Practice Assessors’.
  - The Initial Interview: documenting the learning plan and goals to focus on strategies/opportunities to achieve the year proficiency outcomes and annexes.
  - The Mid-point Interview: the learning plan and goals identified at the initial interview should be revisited at the mid-point of the placement to review progress
  - Action Plan (as required).
  - The summative Medicines Management assessment.
  - The summative Episodes of Care relevant to the PAD part in which the student is allocated to the Practice Assessor.
  - Summative End of Year Assessment (in collaboration with the Academic Assessor). |
| What documentation does a Practice Supervisor need to complete? | The following documentation should be completed by the Practice Supervisor:  
  - The verification of signature page entitled ‘List of Practice Supervisors’. |
| complete when facilitating student learning and assessment in practice? | Practice Supervisors’.  
- On the first day of the placement the student’s Orientation Sheet.  
- The student’s proficiency benchmarks when observed to be performed adequately.  
- Timesheets signed by the Practice Supervisor each shift to verify that the student has completed the hours stated.  
- The Ongoing Record of Achievement when individual skills observed to have been performed adequately.  
- Formative assessment tools such as the infection prevention and control and medicines management assessments.  
- End of Supervisory Period Interview and feedback. |
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<tr>
<td>What is a Supervisory Period?</td>
<td>A supervisory period ranges in length of time depending on the objectives of the period of supervision. It may be that a student is with a Practice Supervisor for a specific skill set, for example with a respiratory specialist nurse. The focus will be on very specific skills and may be only one day in length, or even shorter. Or it may be that a student is with a group of Practice Supervisors for a longer period of several days or weeks.</td>
</tr>
<tr>
<td>What is the End of Supervisory Period Interview?</td>
<td>A Practice Supervisor needs to complete the documentation for the end of each supervisory period. If the student is with a Practice Supervisor for a specific skill set with the focus on very specific skills and with the Supervisor for only one or two days, or even shorter, the End of Supervisory Period Interview expected to be quite short and only cover very specific and relevant feedback. If the student is with a group of Practice Supervisors for a longer period of several days or weeks, the End of Supervisory Period Interview will be more comprehensive and will be the consensus of feedback from all the Practice supervisors involved. Examples of these documents may be found on the Practice Learning Support site.</td>
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</table>
| What is “the Ongoing Record of Achievement”? | The Ongoing Record of Achievement (the ORA) is a document that the student carries with them throughout their course. The ORA contains all the NMC skills annexes:  
**Annexe A**: Communication and relationship management skills and  
**Annexe B**: Nursing procedures. The annexes have been mapped against each PAD Part to determine which is of particular relevance to the |
student’s Stage in the course. The ORA has a chessboard format, all skills NOT blanked out must be observed to have been performed adequately in the relevant year. The exception to this is those procedures marked with an * which may be achieved in either PAD Parts 2 or 3 without affect progression. Each skill must be observed to have been performed adequately by the endpoint of the relevant element of the course.

Each skill must be demonstrated by the student and this demonstration observed by a skilled Practice Supervisor or Practice Assessor. Some skills may be achieved in simulation in the University or Practice and these must be signed by the relevant Practice Supervisor, Practice Assessor or Academic Assessor and indicated with the letter S.

A Practice Supervisor, who has been deemed to possess the relevant skill being demonstrated by the student, will satisfy themselves that the relevant skill has been demonstrated to a competent level. The Practice Supervisor or Assessor will then sign and date that this skill has been observed.

The ORA is more than a simple checklist. Once achieved a skill proficiency must be maintained throughout the ensuing PAD Parts. If this ongoing proficiency is not demonstrated when required progression through the course will be affected.

<table>
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<tr>
<th>What should I do to support students who declare that they have a learning difficulty, disability or health issue?</th>
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<td>Students should be asked whether they have anything that they wish to declare during the first tripartite meeting and this must be recorded. Students must be asked individually and not in a group setting. If a student does make a declaration the Practice Assessor and Academic Assessor must identify whether any reasonable adjustments need to be made in order to support the student. There is a Disability Co-ordinator within the School who supports students and liaises with appropriate services. Where students have disability needs they should present documentary evidence of the support they require to facilitate this process. If you have any questions regarding this type of support please discuss these with the Zoned Academic who will liaise with the Principal Lecturer for Programmes if necessary.</td>
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<tr>
<th>What should student learning focus upon in the practice setting?</th>
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| Within all the nursing fields learning should focus upon:
  - The development of the skills and knowledge required to meet the physical, psychological and emotional needs of service users and their families/carers.
  - The proficiencies and associated benchmarks identified for the allocation/PAD Part. |
• The journey of the person receiving care.
• Integrated team-working.
• The student's specific learning needs.
• The learning opportunities provided by the allocation that the Practice Assessor/Practice Supervisor consider suitable for the student's Stage of learning.
• There is an increasing emphasis through the Stages of the course on the development of the student’s independent learning.

Each course is divided into Stages, and the PAD into three Parts. The focus of students’ practice learning within each PAD Part is given below:

**Part 1: Guided Participation in Care:** Assessing and meeting the fundamental physical and mental health needs of people of all ages; and introduction to own nursing field.

**Part 2: Active Participation in Care with Minimal Guidance and Increasing Confidence:** Assessing and meeting the fundamental physical and mental health needs of people of all ages and the more complex and co-existing needs of people from own nursing field.

**Part 3: Leading and Coordinating Care:** Developing leadership and management skills and enhancing personal effectiveness to safeguard the health and wellbeing of the public.

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<tr>
<th>What does the &quot;hub and spoke&quot; placement model involve?</th>
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<tr>
<td>A hub and spoke approach is used within the majority of placement allocations. This means that for each of the long placement periods in the course students will be allocated to a designated ‘hub’ and a Practice Assessor. Short “spoke” placement experiences have been identified for each hub to help them develop their understanding of service user journeys across care provision and integrated working. These spoke placements also facilitate the development of particular skills sets such as communication with individual client groups.</td>
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The hub and spoke approach ensures that students are provided with opportunities to meet the course outcomes and practice competencies, and have direct contact with healthy and ill people and communities.

Some of the spoke placements will involve short placement visits or periods of time working with members of the multidisciplinary team. These will be organised by the Practice Supervisor working with the student on any given day. Others will be for longer periods of up to three
weeks. These will be organised by the University allocations department. During the course development phase placement areas were asked to identify suitable “spokes” for their particular setting.

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<tr>
<th>How will student learning be negotiated and recorded?</th>
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<td>The hub and spoke placements allocated to the individual student should be discussed at the Initial Interview and the learning opportunities and expected learning outcomes negotiated with the Practice Assessor and Academic Assessor. The development of independent learning will be a focus of this. A record of this should be provided by the student to the spoke Practice Supervisor who may also identify learning objectives. On the last day of the placement the Practice Supervisor will complete the End of Supervisory Period Interview Feedback Form. This information should be reviewed by the Practice Assessor as it will contribute towards their assessment decisions.</td>
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<tr>
<th>Can students work with other members of the multidisciplinary team during their placements?</th>
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<tr>
<td>Yes, this is an expectation of the NMC Standards. Practice Supervisors may be any registered health and social care professional for example a social worker, physiotherapist, occupational therapist, pharmacist, etc. This is a good way of developing understanding of inter-professional working, an integrated approach to care and service user journeys across health and social care provision. The Practice Assessor and Practice Supervisors are responsible for identifying appropriate learning experiences and ensuring that the student is appropriately supervised.</td>
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<tr>
<th>What should I do if I have concerns about a student’s progress, behaviour, or attendance during their placement allocation?</th>
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<tr>
<td>If you have any concerns about a student you must notify the Academic Assessor and instigate the Cause for Concern procedure (see Page 17). Where students are failing to meet the expected standards for their Stage of learning/practice, this should be discussed with them and additional meetings arranged.</td>
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<tr>
<th>What should I do if a student is off sick or absent during their placement allocation?</th>
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<tr>
<td>If a student is sick during a placement allocation they should notify both the placement area and the University. It would be a great help if Practice Supervisors could also let the University know. The contact number for Student Records is 01642 384586. All sickness and absences should be recorded on the student's attendance sheets and duty rota in hours as well as the number of days lost. Students must ensure that there is transparency in how these hours have been achieved. The recording of the Student Attendance Sheet whilst on placement is the student's responsibility. The record of attendance must be verified by the Practice</td>
</tr>
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</table>
### Can a student make time back if they are absent during their placement allocation?

No, students cannot make up absence/sickness at a later date during an allocation. This can only be done during specific periods identified on the course structure or at the end of the course. Time made up in this way will be organised by the Field/Course Leader in negotiation with the student.

### What hours do students work during their practice allocations?

This is a full-time course and students work a 37.5 hour week. They are expected to work the shift pattern that is normal for the placement area.

### Can students do night duty during their course?

Yes, they must demonstrate that they have undertaken at least one week of night duty in each year of their course. If they are unable to meet this requirement in the year it must be carried to the next.

### Are students supernumerary during their practice placements?

Yes, all students are supernumerary throughout the course.

### Can Practice Assessors and Practice Supervisors be involved in University-based teaching and simulation?

Yes, the academic team welcomes and encourages practitioners to be involved in University-based teaching and simulation activities. If you are interested in taking part please discuss the opportunity and commitment with your line manager. If they support your involvement please contact the relevant Principal Lecturer for Programmes, who will put you in contact with appropriate course and module team leaders.

### What support is available for Practice Assessors and Supervisors?

The Academic Assessor role includes support for the Practice Assessor/Supervisor as well as the student. Practice Assessors or Supervisors should contact their Zoned Academic if they have questions or concerns about any aspect of the course, their role, a student's progress, and/or if they have any support needs. The Practice Placement Facilitators are also there to offer support to Practice Assessors and Supervisors.
19 USEFUL RESOURCES FOR PRACTICE ASSESSORS AND PRACTICE SUPERVISORS

The Standards for Student Supervision and Assessment (NMC, 2018) will help inform your understanding of your role. This document can be found on the NMC website at https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/

http://www.practicebasedlearning.org/_contains useful information for anyone supporting students in practice.

The Royal College of Nursing Toolkits is also a useful resource www.rcn.org.uk

The outcomes for all Stages of each course may be accessed on the Practice Learning Support site.
APPENDICES
Confidentiality and Informed Consent Guidelines for Students

Trust, integrity and competence are the hallmarks of a professional and of professionals-in-training. Being a health and social care professional is a very privileged role. The people we seek to serve, our service users, may be in a vulnerable position or state. Health and social care professionals have entrusted to them the most intimate and sensitive information and experiences. The ONLY way that a health and social care professional can carry out their role effectively, efficiently and safely is by not betraying this trust. Confidentiality and informed consent are essential in the health and social care setting, as maintaining confidentiality and gaining consent promotes trust and individual choice for each service user.

Without trust, the work of the health and social care professional is compromised and can be virtually impossible. Service users have an expectation, and a legal right, that anything they entrust to a health and social care professional is used only for the benefit of the service user; to enhance or maintain their health, wellbeing and safety. This right is enshrined in legislation to which everyone as a professional, or professional-in-training, must adhere. Of particular importance are the NHS Constitution (2013), NHS Care Record Guarantee (2011) and the General Data Protection Regulation (2018).

It is essential that as a student you abide by your respective professional code of conduct/codes of practice when gaining informed consent and maintaining confidentiality.

It is important that you are aware that any breach of confidentiality or failure to gain informed consent, in any setting, will be deemed to be unprofessional conduct and may result in the University Fitness to Practise procedure being invoked. By ‘setting’ the School is referring not only to the practice environment but also within the University and a student’s digital presence i.e. social networking.

1 Confidentiality

When a service user/fellow student discloses information to a health or social care professional (including you as a student) it is reasonable to expect that this information is held in confidence. The professional has a duty of confidence not to disclose the information in a form that might identify the individual without their permission. This also applies to information disclosed to you by carers of service users and colleagues (fellow students, academic or practice staff):

Patients entrust us with, or allow us to gather, sensitive information relating to their health and other matters as part of their seeking treatment. They do so in confidence and they have the legitimate expectation that staff will respect their privacy and act appropriately. In some circumstances, patients may lack the competence to extend this trust, or may be unconscious, but this does not diminish the duty of
confidence. It is essential, if the legal requirements are to be met and the trust of patients is to be retained, that the NHS provides, and is seen to provide, a confidential service.

**Department of Health (2003) p7 Confidentiality. NHS Code of Practice**

You must treat information about service users as confidential. You must only disclose confidential information if: you have permission; the law allows this; it is in the service user's best interests; or it is in the public interest, such as if it is necessary to protect public safety or prevent harm to other people.

**Health & Care Professions Council (2016) - Standards of Conduct, Performance and Ethics**

As a nurse or midwife, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

**Nursing and Midwifery Council (2018) The Code: Professional standards of practice and behaviour for nurses and midwives**

1.1 **Maintaining Confidentiality in the Practice Setting**

Students must not hold any personal information about service users on any electronic or digital resource e.g. memory sticks, PCs. The specific exceptions to this have been agreed at course approval and include the Postgraduate Diploma/MSc Cognitive Behavioural Therapy and the Postgraduate Certificate/UCAPD Low Intensity Assessment and Intervention Skills for Psychological Wellbeing Practice where this data is stored on an encrypted Ironkey or equivalent.

Documentation must not include service user information, i.e. care plans, assessment forms, prescription sheet, psychometric testing. The specific exceptions to this have been agreed at course approval and include the Postgraduate Diploma/MSc Cognitive Behavioural Therapy and the Postgraduate Certificate/UCAPD Low Intensity Assessment and Intervention Skills for Psychological Wellbeing Practice.

i. To maintain anonymity of service users/carers use generalised terms, young, middle aged, office worker etc.

ii. Information that by its very nature could identify the service user/family/carer/staff members/students or colleagues, i.e. demographic details, unusual circumstances must not be used.

iii. Documentation that identifies the workplace/practice setting must not be submitted if it is not in the **public domain**. In this sense public domain refers to those documents or information that may be accessed by any member of the public whether through a website, by email directly to an organisation or by written form. While these documents are not considered to be confidential care needs to be taken as these documents linked with other detail could identify the individual. This would then constitute a breach of confidentiality.
All School issued documentation, Trust and organisation documentation which is included to authenticate attendance at workshops, fire lectures, study days etc. and supervisors’ testimony are permitted.

iv. Maintain anonymity of members of the workforce. (Signatures of staff in the workplace who sign students’ official documentation is the exception)

1.2 Maintaining Confidentiality in Other Settings

i. Confidentiality must be maintained at all times and not just for practice. Remember you are expected to abide/work within the spirit of your code of conduct/practice at all times.

ii. The University is supportive of methods to promote learning and therefore permits students to record all taught sessions unless instructed otherwise by their tutors. The recordings must be for your sole use. You are not permitted to share your recordings with others (other than with a transcriber to accommodate an identified disability need) or to put recordings in the public domain in any manner. However, many sessions within the School involve student discussions where students may disclose personal information. If this is the case the student must either not record or stop recording to maintain their peers’ confidentiality. You must inform your tutor at the beginning of a session that you will be recording the session to ensure they can give appropriate guidance during the session.

iii. Be careful when using social networking sites e.g. Facebook, Twitter, as sharing information about fellow students may result in confidentiality being breached and a fitness to practise procedure instigated.

iv. Breaching confidentiality, i.e. giving any service user information to a third party that has no right and need to know this information will result in the instigation of a fitness to practice procedure.

2. Informed Consent

It must be emphasised that the concept of consent is twofold with respect to the health profession students. Firstly there is consent to deliver care and secondly consent to share information not directly relevant to care delivery, i.e. for educational purposes.

The guiding principle when working with a service user/fellow student is that they have a right to determine what happens to them, it is a fundamental part of good practice. Legally and ethically an individual should give valid consent before any intervention commences. In a health or social care context where a professional does not respect this principle they may be liable to legal action by the individual or action by their professional body.

For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in
question (this will be the patient or someone with parental responsibility for a patient under the age of 18, someone authorised to do so under a Lasting Power of Attorney (LPA) or someone who has the authority to make treatment decisions as a court appointed deputy). Acquiescence where the person does not know what the intervention entails is not ‘consent’.  

You must explain to service users the care or services you are planning to provide, any risks involved and any other possible options. You must make sure that you get their informed consent to any treatment you do carry out. You must make a record of the person's decisions and pass this on to others involved in their care. In some situations, such as emergencies or where a person lacks decision-making capacity, it may not be possible for you to explain what you propose, get consent or pass on information. However, you should still try to do all of these things as far as you can.

A person who is capable of giving their consent has the right to refuse to receive care or services. You must respect this right. You must also make sure that they are fully aware of the risks of refusing care or services, particularly if you think that there is a significant or immediate risk to their life.

You must keep to your employers' procedures on consent and be aware of any guidance issued by the appropriate authority in the country you practise in.  
Health & Care Professions Council (2016) - Standards of Conduct, Performance and Ethics

As a student it is important that you inform the individual of your status and that permission is given for you to carry out any intervention/record the session. The individual must also be informed and consent given where the activity is not part of the individual's care but is for the purpose of furthering your education.

2.2 Gaining Informed Consent for Summative Assessments.

You must adhere to your respective professional guidelines for documenting informed consent. Evidence of this must be visible in any of your written work submitted if individual service user/carer/family information has been utilised in your assessed work.

The anonymity of the service user and the generalised nature of information must be ensured at all times.

Informed consent for summative assessments may only be given by service users with capacity. In this respect consent for educational purposes is different to consent for care delivery. Care delivery for people lacking capacity may be undertaken when acting in the service user’s best interests. However this argument does not stand
when gaining consent for educational activities – the service user’s best interests are not served by the writing of a case study/reflective account for example. If a service user does not have capacity to consent to their information being used in a summative assessment you must inform the Module Leader to negotiate an alternative.

**Consent is required for:**

i. Case studies that contain specific service user/carer/family information, i.e. problems, condition, demographic detail, unusual circumstances, employment.

ii. Reflection that includes service user history or other significant information (as above).

iii. Critical incidences that include service user history or other significant information (as above).

iv Information about colleagues.

**Consent is not required for:**

Critical incidences and generalised reflection, focusing on practice when discussing one’s own feelings about a situation rather than the specific circumstances of the service user.

Please note, that if informed consent has not been obtained for any piece of summative assessment that relates to a service user/carer/colleague, then the Academic Misconduct Regulations will be instigated.

3. **Conclusion**
At the point of enrolment will be asked to sign a form stating that you understand and will abide by these principles of confidentiality and informed consent. Completion of this form is a requirement of the module. If you are unsure of the principles and how they apply to your practice then it is your responsibility to seek further guidance.