



The University of
Nottingham

School of Nursing

Faculty of Medicine and Health Sciences

Mentor's Handbook

3rd Edition

Preface

The Mentor Handbook is produced for all placement areas. The aim is to provide clear information to enable mentors in practice to support student nurse learners in your placements.

This file has been produced in loose, leaf format so that you can place the information in the order that is most useful to you and so that you can add extra information to tailor it to meet the needs of your placements. For example, you may wish to include the Mentors Newsletters and /or minutes from Practice Learning Teams meetings.

In this 3rd edition information has been arranged in sections to enable you to find what you need easily. New information will be sent out, as and when it becomes available and we will update information when things change. If you have any suggestions about any other information that you would like us to include or any suggestion about the content and presentation of the file, please contact:

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Introduction

The University of Nottingham, School of Nursing offers a variety of courses leading to registration as a nurse;

- Diploma in Nursing
- BSc(Hons) in Nursing
- Postgraduate Diploma in Nursing Studies
- Master of Nursing (MNursSci)

All courses have been developed collaboratively through partnership work with our practice colleagues across all centres of the school. Pre-registration courses are funded through the Trent Strategic Health Authority. All our courses emphasise the need for quality learning in the practice setting and we believe programme development in both practice and education settings will improve the quality of the students' learning and teaching experiences and ultimately the care that patients and clients receive.

All of these pre-registration courses lead to a University of Nottingham award and a professional qualification. On successful completion of the course students will be eligible to register as a nurse with the Nursing and Midwifery Council (NMC).

In line with most courses at the University of Nottingham, the course is modular in structure. Each module contains elements designed to develop the knowledge, skills and attitudes students will require, in order to function effectively as professional nurses in their chosen branch of nursing. There is a balance of 50% practice and 50% theory throughout each of the pre-registration courses and they are structured to provide students with a wide range of nursing practice placement experience in community, hospital, voluntary, social and educational settings. Whilst in practice placement settings each student is allocated to a registered nurse or other suitably qualified professional to act as their mentor.

All of the pre-registration courses comprise of a foundation programme which is attended by all students irrespective of the branch they are following and a branch programme in which they acquire the knowledge and skills required to care for patients and clients in their chosen speciality.

Nursing practice experience is in selected wards, departments, schools, community health centres, and other non-institutional settings within Primary Care Trusts, Hospital Trusts, Voluntary and Social Services. The use and availability of placements vary according to local needs/demands and in response to evaluation through educational audit.

The practice placements selected offer a comprehensive range of nursing practice experiences, within which the students can practise and develop the skills, required to achieve the outcomes and proficiencies as set out by the NMC.

The role that practitioners have in supporting learners, during their placements is of fundamental importance to the effectiveness of student learning in all of these pre-registration courses. Throughout this handbook the definition of mentor proposed by the English National Board for Nursing, Midwifery and Health Visiting (2001)¹ has been used.

'The term 'mentor' is used to denote the role of the nurse, midwife or health visitor who facilitates learning and supervises and assess the students in the practice setting'.

(English National Board 2001)

¹ English National Board of Nursing and Midwifery (2001) Preparation of Mentors and Teachers: A new framework for guidance, ENB, London

Who to Contact With Questions and Problems

Telephone Numbers of School of Nursing Education Centres and Allocation Offices

If you have any difficulty contacting a member of the School of Nursing or the Practice Learning Team directly, please contact the School of Nursing Education Centres on: -

Boston School of Nursing	01205 364801	Direct Dial	01205 44 + ext
Boston Allocations Centre	01205 364 801 ext 5380		
Derby School of Nursing	01332 347141 ext 2459 or 2460		
Derby Allocations Centre	01332 347141 ext 4688		
Grantham School of Nursing	01476 565232		
Lincoln School of Nursing	01522 512512	Direct Dial	01522 57 + ext
Lincoln Allocations Centre	01522 57 3469 or 01522 57 3879		
Mansfield School of Nursing	01623 465600		
Mansfield Allocation Centre	01623 465633		
Nottingham QMC School of Nursing	0115 82 30850		
Nottingham Allocations Centre	0115 82 30840 or 0115 82 30841 or 0115 82 30842		
Nottingham School of Nursing - Duncan MacMillan House	0115 96 91300		

Leave a message for the person you wish to speak to, together with your name and contact number and availability and someone will contact you as soon as possible.

Who to Contact With Questions and Problems

This page has been left blank so that you can insert the names and numbers that are of most use to you, for example your Practice Learning Team representative and Practice Learning Manager.

Guidelines for Practice Placements

In order to register with the NMC the student **must** have acquired experience in specified nursing practice placements. 50% of all courses are in practice with associated levels of assessment of their competency and standards of proficiency. Students must have completed the requisite number of hours of clinical experience laid down by the NMC before they can complete the course.

Standards for placement areas, supervisors and mentors are contained in the audit documents (see section 6 for information).

Practice Placements: Students have supernumerary status: they are not part of the workforce during this time, i.e. not included in the establishment figures. They should work, under supervision, towards achieving the practice outcomes/standards of proficiency. 40% of their shift time should be on duty with their mentor, i.e., 2 shifts from 5 per week or equivalent.

Diploma / BSc (Hons) course. The students are required to work 37.5 hours per week (exclusive of meal times), spread over 5 working days. In areas where it is normal practice to work 12 hour shifts, students may also undertake these if it is considered appropriate to meet their educational needs - for example to work with their mentor. However students should work **no more** than three 12 hour shifts in one week. Students **are** required to work planned shifts in keeping with normal shift patterns. This will entail working weekends and night duty. However, students would not normally be expected to work more than one weekend every four weeks. In semester one, they would not be expected to undertake night duty, but from semester two (in their own branch placement), and in branch, a maximum of three nights in any six week period could be undertaken.

Masters of Nursing Science Students are required to work a 37.5 hour week (exclusive of meal times) usually spread over 5 working days throughout the programme. In the third and fourth years of the course, some placements involve a three or four day week in which case pro rata hours are worked in negotiation with the mentor.

Extended Diploma/ BSc (Hons) Course Students are required to work 30 hours per week (exclusive of meal times), spread over 5 working days. **Students may negotiate planned shifts in keeping with their domestic circumstances.** This may entail working weekends and undertaking night duty. In areas where it is normal practice to work 12 hour shifts, students may also undertake these if it is considered appropriate to meet their educational needs - for example to work with their mentor. However students should work **no more** than three 12 hour shifts in one week. However, students would not normally be expected to work more than one weekend every four weeks. In semester one, they would not be expected to undertake night duty, but from semester two (in their own branch placement), and in branch, a maximum of three nights in any six week period could be undertaken.

All courses are educationally led and students may be required to attend **programmed** study days, seminars and tutorials. These will be highlighted on allocation change lists. Students are not allowed time from practice for study days or tutorials unless dates/times have been confirmed, in writing, by allocations or teaching staff. If students are working in

a placement over a **bank holiday** they should work it within their normal hours of work. If a placement is closed on a bank holiday they should take it as an additional day off.

Throughout the course: Students must adhere to the uniform policy/dress code of the placement area. (See page 64)

Students **must** attend practice placements as **allocated**, and for the hours specified in order to fulfil statutory course requirements. Students' absence from practice for any reason, regardless of negotiation to make time up at a later date, must be reported to the School

Student's MUST report ALL sickness or absence to the School and practice placement. Students should not make up absences or sickness unless an action plan relating to this has been agreed and signed by their personal tutor and negotiated where appropriate with practice. This will be monitored and recorded and if necessary arrangements can be made for the student to either achieve the required learning outcomes on another occasion, or to repeat the nursing practice placement. Any sickness or absence MUST be recorded on the student's Final Interview carbonated record sheet.

Absences of seven days or more require a Medical Certificate.

All students are required to complete a minimum number of hours in practice before they are eligible to enter onto the NMC professional register. It is therefore imperative that an accurate record is kept of attendance throughout the duration of the course. Student off duty records should be kept in placements for three years.

Quick Guide to Courses and Practice Hours

Course name	Length of course	Time in practice per week (excluding meal breaks)	Notes
Diploma / BSc (Hons) in Nursing	3 years	37.5 hours	Students at all 5 centres 2 intakes a year
Extended Diploma / BSc (Hons) in Nursing	4 ½ years	30 hours Can negotiate planned shifts to meet domestic needs	Longer course for those with domestic commitments
Post Registration shortened Diploma / BSc (Hons) in	16 months	37.5 hours	For RN's who wish to enter another branch of nursing
Post Graduate Diploma	2 years	37.5 hours (Students in Nottingham and Lincoln only)	Students have a degree in health subject before entry
Masters in Nursing Science	4 years	37.5 hours (Students in Nottingham only)	Students exit with a Masters level degree and as a Registered Nurse

Role of the Mentor

The student should be allocated to a named mentor on each nursing practice placement.

The role of the mentor is seen as being a combination of role modelling, supervising, supporting and teaching. It forms a critical element in ensuring that the student gains from the learning experiences on offer. Students should be working with a mentor for 40% of their hours on duty.

The mentor should be a first level practitioner (or in a small number of placement areas this may be a suitably qualified professional, overseen by a first level nurse / lecturer.) All mentors supporting students in practice should have attended a recognised teaching and assessing course, such as Facilitating Learning in the Practice Settings (FLIPS), ENB 997/998, City and Guilds 730, School of Nursing Student Mentor Preparation course , or similar. They should also be on the Mentor Register held by practice. Mentors are also required to complete annual mentor updates to ensure they are aware of current issues and curricula for their placement areas (NMC 2006).

The person assessing the student is usually their named mentor but not necessarily so; they should however have spent some time working with the student prior to carrying out their assessment.

The amount of supervision and support available for students will be adjusted as the student's role changes and as they gain in confidence and expertise. Some students may require more help than others. As they progress through the course, so they will become increasingly able to practice independently (Information about the student's changing role can be found in the sections outlining each pre-registration course).

The Role of Mentors in Nursing Practice Placements

1. The nature of the placements on all pre-registration courses is such that the role of the mentor is of vital importance. As well as supporting the student during placement that person will also be assessing students' progress and practice development. In this sense they are the lynch pin in the students' learning environment.
2. It may not always be possible for the mentor to work the same shifts as the student. If they are not on duty with the student, they should ensure that another qualified member of staff is available to supervise them. Students should spend 40% of their time in practice working with a mentor and are encouraged to follow their mentors' shift pattern whenever possible. If students request a change in off duty, the student should ensure they are still working alongside their mentor for 40% of their time in placement.
3. The role of the mentor forms a critical element in ensuring that the student gains the maximum from the learning environment. The NMC Standards to Support Learning and Assessment in Practice (2006) lists 8 domains with associated outcomes for mentors to achieve when supporting students in practice.

NMC (2006) Domains and Outcomes for Mentors

(Stage 2 of Standards to Support Learning and Assessment in Practice – NMC 2006)

<p>1 – Establish effective working relationships</p> <p>1.1 Develop effective working relationships based on mutual trust & respect</p> <p>1.2 Demonstrate an understanding of factors that influence how students integrate into practice</p> <p>1.3 Provide ongoing and constructive support to facilitate transition from one learning environment to another</p>
<p>2 - Facilitation of learning</p> <p>2.1 Use knowledge of the student's stage of learning to select appropriate learning opportunities to meet their individual needs</p> <p>2.2 Facilitate selection of appropriate learning strategies to integrate learning from practice and academic experiences</p> <p>2.3 Support students in critically reflecting upon their learning experiences in order to enhance future learning</p>
<p>3 - Assessment and accountability</p> <p>3.1 Foster professional growth, personal development and accountability through support of students in practice</p> <p>3.2 Demonstrate a breadth of understanding of assessment strategies and the ability to contribute to the total assessment process as part of the teaching team</p> <p>3.3 Provide constructive feedback to students and assist them in identifying future learning needs and actions. Manage failing students so they may either enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future</p> <p>3.4 Be accountable for confirming that students have met, or not met, the NMC competencies in practice. As a sign-off mentor confirm that students have met, or not met, the NMC standards of proficiency in practice and are capable of safe and effective practice</p>
<p>4 - Evaluation of learning</p> <p>4.1 Contribute to evaluation of student learning and assessment experiences – proposing aspects for change as a result of such evaluation</p> <p>4.2 Participate in self and peer evaluation to facilitate personal development, and contribute to the development of others</p>
<p>5 - Creating an environment for learning</p> <p>5.1 Support students to identify both learning needs and experiences that are appropriate to their level of learning</p> <p>5.2 Use a range of learning experiences, involving patients, clients, carers and the professional team, to meet the defined learning needs</p> <p>5.3 Identify aspects of the learning environment, which could be enhanced- negotiating with others to make appropriate changes</p> <p>5.4 Act as a resource to facilitate personal and professional developments of others</p>

6 - Context of practice	
6.1	Contribute to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated
6.2	Set and maintain professional boundaries that are sufficiently flexible for providing Interprofessional care
6.3	Initiate and respond to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained
7 – Evidence based practice	
7.1	Identify and apply research and evidence based practice to their area of practice
7.2	Contribute to strategies to increase or review the evidence base used to support practice
7.3	Support students in applying an evidence base to their practice area
8 – Leadership	
8.1	Plan a series of learning experiences that will meet students defined learning needs
8.2	Be an advocate for students to support them accessing learning opportunities that meet their individuals needs – involving a range of other professionals, patients, clients and carers
8.3	Prioritise work to accommodate support of students within their practice roles
8.4	Provide feedback about the effectiveness of learning and assessment in practice

Nurses and Midwives who take on the role of mentor must have current registration with the NMC. They will have completed at least twelve months full-time experience (or equivalent part-time). Mentors will require preparation for, and support in, their role. This should include access to a lecturer and/or practice educator as well as support from their line manager.

Taken from: Nursing and Midwifery Council (2006) **Standards to Support Learning and Assessment in Practice**. Nursing and Midwifery Council. London.

www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1914

Mentor Preparation

From September 2007 all preparation for new mentors (who need to be qualified for at least 12 months) is via completion of the Supporting Practice Learning module. This is a 10 day course with 5 days in the classroom and 5 days of work based learning in practice, during which you compile evidence of your mentorship to meet the NMC outcomes for mentors (2006).

After completion and verification of your portfolio you will be entered onto the mentor register and able to mentor students in your practice area.

Course dates and on line application details are at www.nottingham.ac.uk/nursing/beyond-registration/modules.php?module_id=93

The NMC also state 'Mentors will require preparation for, and support in, their role. This should include access to a lecturer and/or practice educator as well as support from their line manager.' This support is available to all mentors through the Practice Learning Teams and local Practice Learning Units.

Mentor Updates

After completing mentor preparation it is **mandatory** that all mentors attend an annual mentor update. These are offered in a variety of ways and include;

- a. Sessions offered by your Practice Learning Team
- b. Sessions offered at your local School of Nursing Centre
- c. Completing an update workbook
- d. Completing an on-line update at www.nottingham.ac.uk/nursing
- e. One to one sessions with your education representative

All mentors must update each year and we recommend that every three years this must be via a face to face session. Your mentor register record will be updated after each update. Further details of updates locally are available via your practice learning team or your local School of Nursing centre.

If you have previous mentor preparation you would not usually have to repeat any preparation courses but will have an annual update to ensure your mentorship practice is up to date and you are familiar with pre registration nursing courses at Nottingham. In order to become a mentor and be on the mentor register, staff who are new to the area, but have mentor experience elsewhere, should contact their local School of Nursing centre, or their Practice Learning Team representative in practice for details of how to register.

You should not be assessing students and completing their assessment documents unless you are registered on the mentor register and have a current update.

The NMC 2006 standards also introduce **Triennial Review** of all mentors. This is being introduced from 2007 and will be a three yearly review of your updating and mentor experience by your employer. It is likely this will take place during your annual appraisal or performance review. In order to continue to meet the requirements and stay on the mentor register each mentor is required to demonstrate they have kept up to date (via annual updates) and have mentored at least 2 students in the preceding 3 years.

The standards also introduced the role of **Sign Off Mentor**. This is an experienced mentor who will work with students in their final placement before qualifying and assess their proficiency to enter onto the NMC register, using the Student's Continual Practice Assessment Record (CPAR). Sign Off Mentors are required for all students starting after 2007 so will not be required until 2010 when those students complete the programme. However in anticipation of this, work has started to identify the experienced mentors we already have who will be able to take on this role. Your Practice Learning Team will have more information on this.

Don't forget that having knowledge and skills as a mentor provides evidence for a number of the dimensions covered in the NHS Knowledge and Skills Framework (KSF), for example communication, personal and people development, quality and people management. Ask your manager if more information on this is available, if required.

Practice Learning Leads and Units and Support in Placements

The Lincolnshire and Nottinghamshire Health Communities have established Practice Learning Units that cover NHS and independent sector organisations. Derbyshire has established Practice Learning Leads for each NHS organisation. These leads and units are responsible for managing learning in practice settings for all healthcare learners, except medical students.

The Practice Learning lead / Units are responsible for:

1. Developing systems for partnership working with local universities and practitioners
2. Ensuring sufficient practice placements to meet the required numbers for healthcare students
3. Ensuring the provision of quality practice learning opportunities and a uniform approach across the local health community
4. Providing an interface between the providers of healthcare and the University.
5. Supporting initiatives for interprofessional learning.

Contact details for your local area are available at the following e-mail address or through the local Practice Learning Teams.

Nottinghamshire Practice Learning Unit;

Glenise.yellott@nottspct.nhs.uk

Lincolnshire Practice Learning Unit;

E-mail: Dianne.charysz@ulh.nhs.uk

Support from Disability Liaison Officers

Some Nursing students may have problems due to disabilities, dyslexia or long term medical conditions. At each of the School of Nursing centres there are disability liaison officers who can provide support and advice for students and mentors in practice learning and assessment.

If you would like advice or guidance about student's assessment that may be affected by these issues please contact your local centre of the School and ask for the Disability Liaison Officer at that centre.

Practice Learning Teams

Background

The PLT initiative arose from a series of three full day workshops held in the School of Nursing during 1999. The aims of the workshops were to debate the Role of the Link Teacher and to explore potential alternative approaches. Practitioners, teachers and students who attended the workshops identified that:

- a. the system of allocating Link Teachers to provide educational support to practice areas was not uniformly effective
- b. the methods teachers used to maintain and provide links were not consistent across all placement areas
- c. expectations of the Link Teacher role were unclear to teaching staff, nursing practice staff and students.
- d. It was difficult to find replacements when Link Teachers leave the organisation. This resulted in some practice areas being left without an allocated educational link person.

Practice Learning Teams

In the light of the findings outlined above it was decided that the Link Teacher system be replaced by a system of Practice Learning Teams. Each of these teams would link to individual Units/Directorates and/or groups of nursing practice areas. The ways in which each team operates is agreed at local level so that they meet the needs of individual directorates and/or groups of practice areas. Each team has developed terms of reference to guide developments and allow monitoring of PLT activities.

The aims of Practice Learning Teams are to:

- a. develop effective partnerships between The School of Nursing and the practice areas.
- b. reflect a valuing and development of practice-based learning, which is an essential component of the students learning experience.
- c. support practice staff as they facilitate students' learning and achievement of their learning outcomes and proficiencies through effective assessment processes.

The constitution of Practice Learning Teams

Membership of Practice Learning Teams differ depending on the Unit/Directorate and/or group of placements that are involved. However, all teams consist of a combination of School of Nursing and practice staff.

All School of Nursing staff with a responsibility for teaching and supporting pre and post registration students are expected to actively participate in at least one Practice Learning Team.

Practitioner representatives form part of each team to provide advice and support to the team on current practice issues.

The team elects an individual to act as the team leader/chair/coordinator. Team roles include support and advice to assessors on learning and teaching matters, provision of support for students in practice, updating staff on curriculum matters and providing support to practice managers.

For teachers who do not hold a professional nursing qualification, staff within the PLT will need to provide support regarding professional nursing issues relating to the learning environment. In addition, at some centres within the school, PLT staff undertake audit as part of their PLT remit. For teachers without a nursing qualification, they can participate in

the audit process but they will require an experienced practitioner auditor to audit with them. This is in order for auditors to reach a valid judgement regarding the audit recommendations for the practice area. All new auditors will also require adequate preparation for their auditing role and this is the responsibility of the lead audit person at the relevant centre of the school (See section six.)

The functions of the Practice Learning Team

The functions of the Practice Learning Teams include:

- a. Strengthening the partnerships between practice and education by providing a tangible presence
- b. Developing, facilitating and supporting students' practice-based learning
- c. Providing a forum for sharing 'good practice' and the exchange of information
- d. Developing initiatives that enhance practice based learning
- e. Participating in the update of assessors/mentors
- f. Acting as a resource for the professional development of practice staff
- g. Providing feedback to practice staff about students' evaluation of their placement experience, including action plans for addressing issues, where appropriate
- h. Contributing to the School of Nursing Educational Audit process.

Minimum requirements for all PLTs are to:

- a. Have terms of reference for the team
- b. Identify the specific support mechanisms available for mentors and students that have been agreed with the placement area
- c. 3 .Map the learning opportunities available in placements to the outcomes and proficiency standards for practice achievement
- d. Have standard agenda items for meetings that should include:
 1. Student evaluation summaries and issues
 2. Action planning for issues identified by students
 3. Mentor issues
 4. Teacher issues
 5. Mentor update issues.

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Dealing With Concerns Regarding Students in Placements

- a) If you have any concerns regarding students within your placement, please discuss these with the student initially and if appropriate, document your concerns in the student's Practice Assessment Record. As part of the discussion with the student, it may be necessary to document an action plan regarding the concerns you have together with a review date. This is extremely important so that, in the event of your concerns not being resolved, there is evidence available of action/s you have taken.
- b) If you require support/advice on how to deal with the concerns you have, even if you have not yet discussed them with the student, please contact either a member of your Practice Learning Team, Practice Learning Unit, the student's personal tutor or the Programme Leader. **Please do not hesitate to contact someone.** Problems/concerns can often be easily dealt with and seeking advice/support early can often prevent misunderstandings and can save you time.
- c) **Documenting concerns/problems is vital.** On the rare occasion that situations are not resolved, accurate record keeping is essential in enabling the School of Nursing to follow up concerns identified and in assisting the student to develop an appropriate action plan for the future.

If you experience difficulty contacting a member of your Practice Learning Team, Practice Learning Unit, or the student's personal tutor. Please contact the School of Nursing, and leave a message for the person you wish to speak to, with your name and contact number. It is useful to indicate how urgently you require a response so that your concerns can be dealt with as soon as possible.

Completing students Assessment of Practice Record and Continuity of Practice Assessment Record [ongoing record of achievement]

A Guide to Roles and Responsibilities for Mentors, Students and Teachers

The School of Nursing strongly encourages students to accept responsibility for their own learning and self-assessment.

The Assessment Process:

First Week

- a) During the first week of placement the student must negotiate with their mentor time for the preliminary interview to set learning objectives, action plan and dates for intermediate and final interviews. Preliminary interview and orientation records to be completed in Assessment of Practice Record.
- b) The student to identify with their mentor specific learning objectives for the placement. They must share with their mentors the action plan from their previous placement contained in their Continuity of Practice Assessment Record [CPAR]. This is a mandatory requirement of the Nursing and Midwifery Council [NMC Circular 33/2007].
- c) During the placement the student should work with a range of health and social care professionals, gaining experience to develop knowledge, attitude and skills. The student should also work at least 40% of the time on placement with their mentor and a full range of shifts.
- d) The student should consistently demonstrate development and achievement of practice outcomes and/or standards of proficiency in conjunction with their assessment and completion of skills schedule. These outcomes and standards of proficiency are those provided by the Nursing and Midwifery Council [NMC 2004].
- e) Utilising their own enquiry based learning skills and the guidance of their mentor, the student will gather evidence such as reflections on care intervention, notes of reflective discussions, observed learning record, application of knowledge and understanding to care delivery under direct observation, and the application of protocols, policies and procedures to patient/clients in practice. This portfolio of activity, when enhanced with sources of evidence e.g. reference to literature, protocols, etc, can then be used by the student to demonstrate evidence of achievement of practice outcomes or standards of proficiency. This **must** be retained in the student's portfolio.

Intermediate Period

- a) The intermediate interview provides a formative opportunity to review progress of learning outcomes/standards of proficiency, identify any areas of concern and update action plans. It should include an exploration of what has been learnt, what still needs to be learnt, guidance on gathering evidence and the quality of the evidence of achievement the student has collected.

- b) At the intermediate interview the mentor **must** provide constructive feedback to the student in relation to their punctuality, interpersonal skills, professionalism, attitude [referral to previous professional progress record may be made in the Continuity of Practice Assessment Record], care delivery and/or management skills, knowledge, understanding and application to care interventions. Comment should be made of student strengths and areas that require development and recorded in the Assessment of Practice Record. If required both mentor and student should negotiate a revised learning action plan. This will provide the student with identified opportunity to improve. Thus it provides opportunity for looking back and forward. The student and/or mentor may wish to involve the PLT Educational Representative or Personal Tutor.
- c) The intermediate interview may provide the opportunity for the mentor to assess some of the evidence the student is submitting against the criteria for competence within the Skills Escalator Practice Level or for Cohorts 05.10 to 07.05 Progression in Practice.
- d) At the intermediate interview there should be confirmation of the date and time for the student to present their portfolio of evidence for achievement of outcomes or standards of proficiency in their final week of placement.
- e) The mentor should continue to monitor and assess the student, with contributions from other health and social care professionals.

Final Week

- a) The final interview **must** take place during the students last week on placement and at a time convenient to both mentor and student.
- b) The student will submit the CPAR where appropriate, portfolio of evidence and completed Assessment of Practice Record to the mentor, identifying in the appropriate boxes the type and location of evidence being submitted to demonstrate the achievement of outcomes or standards of proficiency. The student **must** complete the self assessment of overall performance and achievement on the final interview sheet within the Continuity of Practice Assessment Record or India Tagged to the Assessment of Practice Record

The mentor will assess the appropriateness of the evidence submitted determining that the student:

Achieved - Competently, safely, effectively and consistently through the allocation.
Indicating Practice Level of Achievement.

Not achieved (a) – No opportunity – the type and kind of placement did not present opportunity of achievement.

Not achieved (b) Inadequate/inappropriate evidence – The student fails to submit sufficient and appropriate evidence of achievement. Advised of improvements to be made in the next placement.

Not achieved (c) Poor/unsafe practice – The student has demonstrated poor/unsafe practice throughout the period of practice.

- c) When assessing the student as not achieving as in a, b or c above, the mentor **must** qualify the rationale for this on the 'Record of Outcomes/Standards of Proficiency Not Achieved' sheet. Supporting reports may be required and the mentor should discuss 'not achieved' in either b or c with the Educational Practice Learning Team representative or student's Personal Tutor and/or involve either in the Final Interview. Following a first attempt failure in any outcome/standard of proficiency the student will be allowed a further attempt before a recommendation can be made for discontinuation from the course.

For Student Intakes from October 2007 onwards:

- a) The mentor and the student should discuss the outcomes/standards of proficiency and complete the Assessment Results sheet in the CPAR indicating the Practice Level achieved and signing in full against each outcome or standard of proficiency.
- b) The mentor should make comment of the student's overall performance and record any absences on the Final Interview sheet. The student and mentor should formulate an action plan of learning for the next placement. This ensures the ongoing achievement of practice assessment process.
- c) The student should be requested to sign the CPAR Record sheets in recognition of completion of the assessment and the placement.
- d) The student will submit the CPAR to the Assessment Clerk in accordance with Cohort Assignment Submission Schedule. Some students may also be required to submit their Portfolio of Evidence and Assessment of Practice Record.
- e) The School of Nursing will randomly audit CPAR's and verify authenticity.

Final Placement of the Course

- a) In the student's final placement the NMC require the '**sign off**' mentor to make the declaration that they "have had the opportunity to review the student's Continuity of Practice Assessment Record and where appropriate, through the student or their personal tutor have accessed evidence in support of achievement of standards of proficiency. The sign off mentor confirms that the named student has successfully completed all practice requirements and is capable of safe and effective practice at the end of the programme" (NMC 2006). This forms part of the formal process leading to Registration with the NMC.
- b) The '**sign off**' mentor is accountable for their decision in the above declaration. The Continuity of Practice Assessment Record provides a robust record of the student's progress and aims to support the '**sign off**' mentor by providing documentation of the student's practical developmental needs and progress throughout the programme. It permits the '**sign off**' mentor to track the student's placements, follow their progress and contact previous mentors and the student's Personal Tutor if appropriate.

For Student Intakes from October 2005 inclusive to May 2007

Follow same process up to Final Interview then:

- a)** The mentor should then discuss with the student the outcome and complete the Assessment Results sheet signing in full each outcome or standard of proficiency.
- b)** The mentor should then make comment of the student's overall performance and record any absences on the Final Interview sheet. The student and mentor should formulate an action plan of learning for the next placement.
- c)** The student should be requested to sign all three sheets in recognition of completion of the placement and the assessment.
- d)** The mentor should then remove the pink copies of the Final Interview sheet, Assessment Results sheet and Outcomes/Standards of Proficiency Not Achieved sheet.
- e)** Countersign and date in the top right hand corner and return via mail to the students Personal Tutor in a sealed envelope.

Key Contacts:

To maintain continuity and equity of information and clarification the following are the **Key Contacts** for each Centre in relation to issues that may arise in relation to the assessment documentation.

Boston:

Liz Cotrel-Gibbons: 01205 445391; liz.cotrel-gibbons@nottingham.ac.uk

Derby:

Jane Bentham: 01332347141 ext 2539; jane.bentham@nottingham.ac.uk

Lincoln:

Caroline Hendry: 01522 573937; caroline.hendry@nottingham.ac.uk

Philip Clissett: 01522 573935, philip.clissett@nottingham.ac.uk

Mansfield:

David Kinnell: 01623 465611; david.kinnell@nottingham.ac.uk

Nottingham:

Richard Pitt: 0115 8230970; richard.pitt@nottingham.ac.uk

Mike Abbott: 0115 8230946; mike.abbott@nottingham.ac.uk

Christopher Jones: 0115 8230922; christopher.jones@nottingham.ac.uk

Sample completion of Continuity of Practice Assessment Record documents have been included in the Virtual Portfolio Tool. This can be found on the School of nursing web-site: www.nottingham.ac.uk/nursing/students/prereg-docs/portfolio/index.php

May I, on behalf of the School of Nursing, thank you for your continued support in the assessment of student nurses.

Richard Pitt

Chair Pre Registration Nursing Courses Assessment of Practice Group

This guide should be read in conjunction with:

- a) Mentor's Handbook
- b) Students Assessment of Practice Record
- c) Students Continuity of Practice Assessment Record

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Preparation for Practice

Introduction

Learning in practice takes place in a wide variety of placement settings such as selected wards, departments, schools, community health centres, and other non-institutional settings within NHS Trusts, the Private Sector, Voluntary and Social Services and Local Education Authorities. Within placement time students will have preparation for practice through practice-based learning. Practice-based learning is learning from practice, in practice. Practice based learning is not just about helping students to acquire nursing practice skills. It is also about assisting students to apply their theoretical knowledge within the practice setting thus helping them to acquire the decision making skills required to function as a Registered Nurse. Hence, activities such as enquiry based learning, reflective writing and portfolio development form part of the practice based learning element of the theoretical component of the curriculum.

In nursing practice settings **guided observation, critical incident analysis** and **student portfolios** will be used to help students to reflect upon their nursing practice experience and to see the relevance of their theoretical learning to their practice. All students are allocated to a named mentor. During the CFP, all students are placed in their selected branch area to provide them with the opportunity to gain an overview of the nature of nursing within their selected branch, and the role of the nurse in the delivery of care. In addition, all students rotate through a combination of placements designed to provide them with insight and experience into the role of the nurse in branches other than the one that they have chosen.

During the branch programmes, practice learning takes place in a range of placements designed to reflect the context within which specialist health care is delivered and managed. This includes hospital and primary health care settings as well as non-NHS service providers. Students are encouraged to follow patients through from hospital to their homes (or vice versa) where this is appropriate.

Initially, the structure of preparation for practice will enable students to learn appropriate skills immediately prior to placements so that they can then practice these skills within their placements to consolidate learning. In addition, there will be study days during the placement that will be used to help the student to reflect on their learning whilst in practice.

A consolidation study day at the end of each placement will help the student to identify what they have achieved in placement, how they can transfer their knowledge and skills to other settings, and will assist students to identify how they can develop their practice learning in the next placement.

Initially, the emphasis for this aspect of the course will be on teacher facilitation, with a gradual move throughout the course to student-centred, self-directed learning.

Enquiry-Based Learning

Enquiry based learning (EBL) is a form of learning that is structured around group discussion and the learning that emanates from it. The EBL processes entail:

- a) Students working as a group to share ideas and knowledge arising from a 'learning trigger'
- b) Individuals working outside the group to collect and retrieve literature, to critically appraise information and/or to seek opinion of peers and specialists
- c) The group coming back together: to share the information that has been acquired; to report, discuss and assess progress towards addressing the issues raised by the trigger and to decide if further information is required.

Learning in this way encourages the students to become independent learners and provides them with practice in tackling puzzling situations and defining gaps in their own knowledge. It also assists them to develop a deep understanding of the subject matter they are acquiring and to work and learn within a group.

Students will learn using enquiry based learning during their attendance in class, but will require support and advice at times from staff in practice. This will usually focus on information related directly to clinical care.

Self assessment

Self assessment is considered to be crucially important during practice placements. This is encouraged by the use of portfolios in which students will be expected to record and summarise what they have learnt from their experiences. The portfolios are an integral part of the learning and assessment processes in both the theoretical and practice components of the course. In this way equal importance is given to the learning that occurs in both theory and practice.

Objective Structured Clinical Examinations (OSCE's)

Objective Structured Clinical Examinations (OSCE's) are an approach to the assessment of clinical skills in which the components of practice competence are assessed in a planned, structured way, with attention being paid to the objectivity of the examination (Harden 1988).

OSCE's take place in skills centres within the School of Nursing, at planned times. Students can find preparing for OSCE's quite stressful and support is available from staff in the School. Students may also appreciate practising these clinical skills in practice if the opportunity is available and the need for this will increase in practice as Essential Skills Cluster assessments are introduced from September 2008. There will be more information on this to follow or available via your PLT.

The standard OSCE consists of a number of time limited activities (stations) that each student completes. At each station the student is presented with a scenario and/or situation, which is designed to test particular nursing practice skills. For example, technical skills, problem solving abilities and factual knowledge required to demonstrate

competence. An examiner is present at each station observing and scoring the student's performance.

As the student progresses with the OSCE they are required to perform a skill and explain their rationale as they do so. This links their knowledge to performance. Students are not told the result of their assessment immediately. As the course progresses the OSCE scenarios become more complex.

Staff from practice are always welcome to observe or contribute to an OSCE session. Please contact your local School of Nursing centre for more information. Training is available for practice staff who wish to become OSCE examiners. Contact Liz Perrell for further information on 0115 8230845

Harden, RM. (1988) What is an OSCE? *Medical Teacher*, 10, 1, 19-22.

Clinical Skills Development Pocket Book

From September 2005 students on all pre registration courses have a Clinical Skills Development Pocket Book. The fundamental idea behind the booklet is to reintroduce a tool for students and mentors to record the acquisition of clinical skills throughout their pre-registration course (and potentially beyond this).

It is anticipated that this book will:

- a) Provide mentors with a brief overview of the student's skills experience and development.
- b) Provide the students with a visual record of their skills acquisition.
- c) Enable the personal tutor and PLT representative to have an overview of the students' progress in relation to clinical skills.

NB students are advised to keep an electronic 'back up' copy.

Firstly a practical point; although it will fit in most pockets, it will not fit into a tailored uniform pocket of a petite student. The term 'Pocket Book' is really just to remind students to keep it with them.

Four different versions exist (one for each branch) which are similar. CFP skills are the same for all, but skills for the specific branch of nursing do vary.

For first year students we have 'starred' some skills that were felt to be most important for junior students to achieve.

Students have been advised to refer to local policies, to ascertain which skills (locally) are within their remit and which require further training following registration.

At the current time, the pocket book itself is not formally assessed. Students will need to use it as part of their portfolio development and clinical assessors will find it to be a vital part of the portfolio of evidence for the achievement of clinical competencies.

Because of the pressures already on clinical assessors, we have designed this as a self-assessment document and there is no formal expectation for assessors to 'sign off' a student, however we do thank any assessors who wish to contribute to the book. We feel that this is potentially an important aspect so that assessors can obtain a view of which skills the student has acquired within the placement and monitor progress within the placement and the course as a whole. In order they undertake this, reviewing the skills booklet as part of the preliminary, intermediate and final interviews may be helpful.

We acknowledge that because of the huge range of activities nurses undertake it will never be a totally comprehensive document. We do hope however, it will be constantly developing and welcome any comments or suggestions of skills which have been omitted. Please send your suggestions back to The School of Nursing with the student or direct to us via email, which are;

roderick.cable@nottingham.ac.uk or liz.aston@nottingham.ac.uk

(Or internal only at:

<https://www.nottingham.ac.uk/nursing/students/diploma/documents/skills-log.html>)

The Peer Support Initiative - The Buddy System

Background

With placement allocation becoming longer and more evenly spread throughout the 3 year programme there will be a better balance in many placements of junior (students in their first year) and senior students (students in their final 6 months of training) working and learning at the same time within the same clinical placement. It would be beneficial for the senior and junior students to form a supportive relationship, aiding the development of both parties. Senior student's managerial skills would benefit by contribution to the orientation and support of junior students and the anxieties and problems that junior students often experience in new and unfamiliar surroundings would be reduced.

It is not a role that would involve the senior student in any form of assessment of junior students and it will only occur under the supervision of a qualified nurse.

The way in which the peer support system is organised will vary according to individual student abilities and needs and the local environment. The educational link person will offer help and support in relation to establishing local structure and management of this role.

Aims

1. To increase the professional responsibility of senior students through the development of registrant level mentoring skills (NMC 2006).
2. To provide a mechanism for senior students to provide support of a helping nature in clinical practice for a junior student.

Objectives

Senior Students

Peer support will:

1. Provide the opportunity for the development of registrant level mentorship skills.
2. Develop the confidence and competence of the student within the clinical environment.
3. Further develop critical reflective thinking processes.
4. Enable the acquisition of teaching skills.

Junior Students

Peer support will:

1. Reduce initial anxieties regarding the placement experience.
2. Assist the development of essential care skills.
3. Aid the integration of theoretical knowledge within the practice setting.
4. Encourage reflection on practice.

Roles and Responsibilities

Senior Students

1. provide support to the junior student in developing specific clinical skills that the junior student has been taught and the senior student has acquired
2. assist the junior student to understand the rationale for simple, but essential, nursing interventions
3. help the junior student to reflect on practice, sharing personal reflections and experiences where appropriate.

4. assist in the initial orientation to the clinical area, where appropriate
5. maintain confidentiality in relation to this relationship.

Junior Student

1. assist in the identification of their specific learning needs.
2. actively participate in this process, maintaining confidentiality within this relationship.

Mentor Responsibilities

The mentor is required to:

1. satisfy themselves that the management student is able to undertake clinical skills to a satisfactory standard
2. discuss what they expect the management student to achieve with the junior student
3. allocate the management student to a junior student
4. monitor the management's student's success in this role
5. provide constructive feedback to the management student with respect to their teaching and support of junior students
6. participate in feedback to the junior student.

Preparation for This Role

Senior Students

Preparation for the senior student will require the development of registrant level mentorship skills, the nature of helping relationships, reinforcement of reflective skills, the acquisition of appropriate clinical skills, demonstrating skills and problem solving. Many of these skills will have already been taught within the registrant level programme, prior to their management placement, but will need to be revisited with the emphasis on providing support for junior colleagues. Sessions will be provided through the registrant programme which will include how to teach clinical skills, the nature of a helping relationship, the giving of feedback to junior colleagues and how to access support regarding this process. The need for sensitivity and confidentiality within this role will also be emphasised.

Junior Students

For the junior student, preparation for this support mechanism will be provided as part of the preparation for clinical practice. This preparation will explore the peer support role, the aims of providing peer support and advice on how to access support for matters relating to this process. The need for sensitivity and confidentiality within such a relationship will also be reinforced to all students.

Mentors

Preparation for mentors will occur through mentor preparation and updates. Ongoing support for this initiative will be provided by the educational PLT representative to the area. Written information will be included within the ward assessment file.

Support Mechanisms

For students:

Students will be able to access formal support from their mentor, personal tutor, and/or educational PLT representative to the area. Informal support may be accessed through peer support networks.

For mentors:

Mentors will be able to obtain support from their peers, managers, personal tutor to the student and the educational PLT representative to the area.

Evaluation of the Role

Evaluation of the role will occur through:

- a) student placement experience evaluations
- b) reflection on practice sessions following placement experiences
- c) a sharing forum via the practice learning team.

For further information please contact Liz Aston, School of Nursing.
0115 82 30976 or liz.aston@nottingham.ac.uk

Assessment of Outcomes and Standards of Proficiency

Introduction

The assessment strategy within all nursing courses is intended to extend students' personal development and professional learning and to serve as a means of recording their level of proficiency thereby reflecting the multiple demands made on registered nurses. In order to ensure that the students acquire the standards of proficiency required for registration with the NMC an outcomes led framework has been developed.

Essential components of this framework are:

- a) Theoretical assessments.
- b) Achievement of NMC Standards of Proficiency
- c) Objective Structured Examinations (OSCE's); see section on Teaching and Learning.
- d) Evidence based portfolios.
- e) Self assessment by the student.

What is Assessment?¹

Assessment strategies are designed to:

- a) Enable the learner to identify their strengths and areas for development.
- b) Provide a way of knowing when a learner is proficient to practice.

Therefore, assessment in the nursing practice settings should:

- a) Provide a clear picture of the progress of the learner.
- b) Enable the learner to be aware of their progress in each nursing practice experience.

¹ Some of the information in this section has been adapted with permission for the Pre-Registration, BSc Hons in Midwifery guidelines for mentors

Principles of assessment

- a) Judgements should be made using the agreed criteria for assessment.
- b) Learners must be aware of the criteria on which they are being assessed.

Assessment is a continuous process and in the final analysis a single incident should not be allowed to 'make or mar' a learner's reputation

Assessment is a continuous process of learning in which the learner is equally involved with their assessors. Within this process there is both FORMATIVE and SUMMATIVE assessment.

Formative assessment is diagnostic in nature and is concerned with the development of the student, with identifying strengths and weaknesses, and with providing the student with feedback on their progress during the learning process.

Summative assessment is a final assessment that occurs at the end of an experience and is decision making in nature

Who Assesses?

Assessment throughout the programme is essentially a team activity involving mentors, other health and social care practitioners, the student and their personal tutor.

The student's responsibility is to:

- a) Keep the Assessment of Practice Record / Continuity of Practice Assessment Record (CPAR) in a safe place and ensure it is available when discussions are held with their mentor.
- b) Develop an action plan to provide the starting point for discussion with their mentor at the beginning of the nursing practice placement.
- c) Reflect on their progress and provide evidence to support achievement of their outcomes / standards of proficiency. They should be encouraged to achieve this through portfolio activity.
- d) Arrange meetings with their mentor to discuss their progress at designated points during each nursing practice experience.
- e) Take their Assessment of Practice Record / Continuity of Practice Assessment Record (CPAR) and portfolio to their Personal Tutor on completion of the placement for ratification of the results in their Personal Academic Record documentation.

The mentor's responsibility is to:

- a) Designate time to discuss the student's progress.
- b) Provide the student with formative feedback on the progress that they are making towards achievement of the outcomes / standards of proficiency.
- c) Document whether or not the student has achieved the outcomes / standards of proficiency following discussion with the student and verification of the supporting evidence provided by the student.
- d) Sign the Assessment of Practice Record / Continuity of Practice Assessment Record (CPAR) Results NCR sheet to confirm whether or not they believe that the student has the potential to be a safe competent practitioner.
- e) Inform the student's personal tutor or a member of the Practice Learning Team if at any time during the placement there is concern about the student's progress, attitudes

and /or attendance, and /or if the student fails to achieve any of the outcomes / standards of proficiency.

The personal tutor's responsibility is to:

- a) Assist the student to reflect on their learning and develop a portfolio of learning whilst in placement.
- b) Ratify that the student has achieved the requisite outcomes / standards of proficiency and record the results in the student's Personal and Academic Record.
- c) If a student fails to achieve one or more outcomes / standards of proficiency they **must** validate the decision made by the mentor, in discussion with the mentor and the student.
- d) Inform the Assessment Clerk of student's progress at the end of each year, so that the Examinations Board can receive results for progression on the course.
- e) Provide support and advice for both mentor and student when and as required.

The Process of Assessment

At the beginning of each placement

All students will be provided with an Assessment of Practice Record at the beginning of each new placement. On the first day of the placement, a preliminary discussion should take place between the learner and the mentor. For those students in Cohorts from October 2007 onwards the mentor will be able to review the students Continuity of Practice Assessment Record for comments and action plans from previous placements. Key things to discuss and document in the student's assessment of practice record are:

- a) The level of proficiency so far.
- b) Any specific learning needs that are likely to warrant specific emphasis.
- c) Learning opportunities that are available in the placement area.
- d) Orientation and Health and safety procedures and other policies relevant to that placement.

During the placement

Part way through the placement the student and mentor **must** designate time to discuss the progress the student has made towards achievement of the outcomes / standards of proficiency and to review the Action Plan developed at the beginning of the placement. The results of this meeting are recorded in the Assessment of Practice Record as an Intermediate Interview.

At any time during the placement, the student and mentor may record achievement of an outcome/ standard of proficiency. Students are expected to provide sufficient evidence of learning to enable effective dialogue to take place in relation to their capabilities. A portfolio of evidence of learning is important and should not just be a record of what has been undertaken. Students **must** present sufficient written and observational evidence from their portfolio for the mentor to be able to make an assessment decision.

If at any time there is concern that the student is not achieving the outcomes / standards of proficiency, or is making slow progress in spite of the learning opportunities and discussion, or is unsafe, this **must** be discussed with the student and recorded in their documentation. Then the student's personal tutor or a member of the Practice Learning Team **must** be contacted. Please **Do Not** wait until the final interview before discussing it.

At the end of the placement

During the last week of the placement, the learner and mentor **must** have designated time to discuss and to complete the Assessment of Practice Record / Continuity of Practice Assessment Record, document outcomes/standards of proficiency achieved and discuss progress to date. Continuous feedback is a vital part of this process and if this has been happening throughout the placement there should be a fairly good match between the learner's self assessment and the evidence they provide to support achievement, and the mentor's assessment. Record of achievement or not **must** be recorded on the appropriate sheets either India Tagged to the Assessment of Practice Record or contained in the Continuity of Practice Assessment Record.

Key issues that will contribute to the student's learning on subsequent placement experiences **must** be documented as part of the 'ongoing record of achievement' [NMC Circular 33/2007]. These will be used to help the student to develop an action plan identifying how they are going to build on their achievements in this placement and the outcomes/ standards of proficiency they wish to develop further in subsequent placements.

Failure to make progress

If at the end of the placement the student has failed to provide sufficient and/or appropriate evidence to support achievement of one or more of the specified outcomes/standards of proficiency then the PLT Representative or the student's personal tutor **must** be notified immediately so that the decision can be discussed with and validated by a member of academic staff.

The Assessment of Practice Record

The Assessment of Practice Record contains three elements.

- a) Outcomes or Standards of Proficiency
- b) Portfolio of evidence supporting achievement of Outcomes or Standards of Proficiency
- c) Documentation and verification of achievement of Outcomes or Standards of Proficiency. [India Tagged to back of documentation for Cohorts up to 07.05; for Cohorts 07.10 onwards Continuity of Practice Assessment Record]

Nursing and Midwifery Council Standards of Proficiency

These were introduced by the NMC in February 2004 and have been validated for use in all pre-registration nursing curricula from September 2005. Throughout the course, pre-registration nursing students will be continuously assessed against the NMC Standards of Proficiency (see page 44). In the foundation programme they are used to specify the standard of practice proficiency to be achieved by the student by the end of the foundation programme for progression to the branch. During this period they are referred to as outcomes that must all be achieved at the appropriate level for progression to the branch programmes. In the branch programmes the standards of proficiency are used to specify the level to be achieved by the end of the year and for admission to the professional register.

The Standards of Proficiency are progressive. As student's progress through their course their standard of proficiency is expected to increase in line with the published NMC Standards of Proficiency and against the escalator of progression in practice. These standards cover the types of behaviours which students might demonstrate and the principles of care students may utilise rather than focusing on specific psychomotor skills.

For students non branch experience there will be **one** Assessment of Practice Record identifying common and specific outcomes to be achieved over the **whole** period of the student's non-branch placements.

Collecting the evidence for the Portfolio

When judgements are being made about a student's progress it is important that the student is actively involved. The collection of a portfolio of evidence to support achievement of outcomes and standards of proficiency is one way in which this might be achieved. The aims of asking students to develop a portfolio of evidence are to encourage students to accept responsibility for their own learning and to assist them to learn how to reflect on their own progress and to review where they are going. This process entails them setting targets and action planning, i.e., identifying the learning opportunities, and the amount of supervised practice they are likely to require. These personal skills are important 'key skills' that underpin the development of all nursing practice skills. Therefore, this process is an essential component of achievement in practice assessment. The strengths of using a portfolio of evidence to show evidence of achievement of proficiency are;

- a)** Establishing the principle of student participation and self-assessment
- b)** Increasing student motivation through the recognition of personal achievement.
- c)** Providing a focus for diagnosis of achievements and learning needs.
- d)** Placing assessment of practice at the centre of the learning process.
- e)** Assisting students to reflect critically on and to accept responsibility for their own learning.

In the early stages of the course many students will have little experience of using portfolios to support their learning. Your role as a mentor and our role within the School of Nursing will be to help the students to select the most appropriate evidence to support their claims for achievement of proficiency through the development of a portfolio.

Assessing the quality of the evidence

Reliability and sufficiency: How much evidence does a student need to produce to show that they have achieved the stated outcome or standard of proficiency? There is no easy answer to this question, as the nature of the evidence that the student provides to demonstrate achievement of specific outcomes and standards of proficiency will be very dependant on the nature of the nursing care they are providing, and the needs of individual patients and clients. Therefore, the broader the type of evidence, and the context and the number of occasions on which the students produce this evidence, the more likely it will be that student is able to demonstrate that they have reliably achieved the level of proficiency.

Validity: This requires that you get as close as possible to the student's actual performance. It also requires that you ensure that the evidence that the student is producing is recent and that it belongs to particular student. Consequently, it will be important to ensure that students produce new evidence to support achievement of each outcome or standard of proficiency on each placement.

Documentation and verification

If satisfied that there is sufficient evidence to support achievement of the outcome or standard of proficiency then this should be verified on the results sheets tagged to the Assessment of Practice Record or in the Continuity of Practice Assessment Record.

If the outcome or standard of proficiency is not achieved then the mentor should decide whether this is because:

- a) There has been no opportunity [minimal use where possible]
- b) The evidence presented is insufficient or inadequate to fully achieve the outcome or standard of proficiency.
- c) The student has demonstrated poor or unsafe practice.

In the case of non-achievement for any reason the mentor **must** discuss this with the student and record it on the appropriate sheet. Both student and mentor should sign this. The student's personal tutor **must** be contacted so that they can verify the decision that has been made. An action plan should be made for transfer to next placement.

The mentor should ensure that they **sign each** outcome/ standard of proficiency on the result sheet i.e. a number of outcomes/standards of proficiency **should not** be grouped together with one signature.

It is very important that the mentor considers the significance of, and their accountability for, their decisions. If there are any concerns at all about the decisions that are being made either the mentor or student can seek support and advice from the School of Nursing.

The final part of the process is the completion of the final interview sheet and record of Professional Progress. [In future this will be part of the Continuity of Practice Assessment Record]. This summarises the discussion about the achievement of the NMC outcomes / standards of proficiency and, importantly reviews the student's action plan and identifies key areas of learning for the next placement.

NMC Outcomes to be achieved for entry to the Branch Programme

Domain 1	Professional and Ethical Practice.
1.1	Discuss in an informed manner the implications of professional regulation for nursing practice.
Outcome	
	1.1.1 Demonstrate a basic knowledge of professional regulation and self-regulation. 1.1.2 Recognise and acknowledge the limitations of one's own abilities. 1.1.3 Recognise situations that require referral to a registered practitioner
1.2	Demonstrate an awareness of the NMC code of professional conduct: standards for conduct, performance and ethics.
Outcome	
	1.2.1 Commit to the principle that the primary purpose of the registered nurse is to protect and serve society. 1.2.2 Accept responsibility for one's own actions and decisions
1.3	Demonstrate an awareness of, and apply ethical principles to, nursing practice.
Outcome	
	1.3.1 Demonstrate respect for patient and client confidentiality. 1.3.2 Identify ethical issues in day to day practice.
1.4	Demonstrate an awareness of legislation relevant to nursing practice.
Outcome	
	1.4.1 Identify key issues in relevant legislation relating to mental health, children, data protection, manual handling and health and safety, etc.
1.5	Demonstrate the importance of promoting equity in patient and client care by contributing to nursing care in a fair and anti-discriminatory way.
	1.5.1 Demonstrate fairness and sensitivity when responding to patients, clients and groups from diverse circumstances. 1.5.2 Recognise the needs of patients and clients whose lives are affected by disability, however manifest.

Domain 2	Care Delivery.
2.1	Discuss methods of barriers to, and the boundaries of, effective communication and interpersonal relationships.
Outcome	
<p>2.1.1 Recognise the effect of one's own values on interactions with patients and clients and their carers, families and friends.</p> <p>2.1.2 Utilise appropriate communication skills with patients and clients.</p> <p>2.1.3 Acknowledge the boundaries of a professional caring relationship.</p>	
2.2	Demonstrate sensitivity when interacting with and providing information to patients and clients.
Outcome	
<p>2.2.1 Demonstrate sensitivity when interacting with and providing information to patients and clients.</p>	
2.3	Contribute to enhancing the health and social well-being of patients and clients by understanding how, under the supervision of a registered practitioner, to
Outcome	
<p>2.3.1 Contribute to the assessment of health and needs.</p> <p>2.3.2 Identify opportunities for health promotion.</p> <p>2.3.3 Identify networks of health and social care services.</p>	
2.4	Contribute to the development and documentation of nursing assessments by participating in comprehensive and systematic nursing assessment of the physical, psychological, social and spiritual needs of patients and clients.
Outcome	
<p>2.4.1 Be aware of assessment strategies to guide the collection of data for assessing patients and clients and use assessment tools under guidance.</p> <p>2.4.2 Discuss the prioritisation of care needs.</p> <p>2.4.3 Be aware of the need to reassess patients and clients as to their needs for nursing care.</p>	
2.5	Contribute to the planning of nursing care, involving patients and clients and, where possible, their carers; demonstrating an understanding of helping patients and clients to make informed decisions.
Outcome	
<p>2.5.1 Identify care needs based on the assessment of a patient or client.</p> <p>2.5.2 Participate in the negotiation and agreement of the care plan with the patient or client and with their carer, family or friends, as appropriate, under the supervision of a registered nurse.</p> <p>2.5.3 Inform patients and clients about intending nursing actions, respecting their right to participate in decisions about their care.</p>	
2.6	Contribute to the implementation of a programme of nursing care, designed and supervised by registered practitioners.
Outcome	
<p>2.6.1 Undertake activities that are consistent with the care plan and within the limits of one's own abilities.</p>	

2.7	Demonstrate evidence of a developing knowledge base which underpins safe and effective nursing practice.
2.7.1 Access and discuss research and other evidence in nursing and related disciplines.	
2.7.2 Identify examples of the use of evidence in planned nursing interventions.	
2.8	Demonstrate a range of essential nursing skills, under the supervision of a registered nurse, to meet individuals' needs, which include:
Outcome	
2.8.1 Maintaining dignity, privacy and confidentiality; effective communication and observation skills, including listening and taking physiological measurements; safety and health, including moving, and handling and infection control; essential first aid and emergency procedures; administration of medicines; emotional, physical and personal care, including meeting the need for comfort, nutrition and personal hygiene.	
2.9	Contribute to the evaluation of the appropriateness of nursing care delivered.
Outcome	
2.9.1 Demonstrate an awareness of the need to assess regularly a patient's or client's response to nursing interventions.	
2.9.2 Provide for a supervising registered practitioner, evaluative commentary and information on nursing care based on personal observations and actions.	
2.9.3 Contribute to the documentation of the outcomes of nursing interventions.	
2.10	Recognise situations in which agreed plans of nursing care no longer appear appropriate and refer these to an appropriate accountable practitioner.
Outcome	
2.10.1 Demonstrate the ability to discuss and accept care decisions.	
2.10.2 Accurately record observations made and communicate these to the relevant members of the health and social care team.	

Domain 3.	Care Management
3.1	Contribute to the identification of actual and potential risks to patients, clients and their carers, to oneself and to others, and participate in measures to promote and ensure health and safety.
Outcome	
	3.1.1 Understand and implement health and safety principles and policies 3.1.2 Recognise and report situations that are potentially unsafe for patients, clients, oneself and others.
3.2	Demonstrate an understanding of the role of others by participating in inter-professional working practice.
Outcome	
	3.2.1 Identify the roles of the members of the health and social care team. 3.2.2 Work within the health and social care team to maintain and enhance integrated care.
3.3	Demonstrate literacy, numeracy and computer skills needed to record, enter, store, retrieve and organise data essential for care delivery.
Outcome	
	3.3.1 Demonstrate literacy, numeracy and computer skills needed to record, enter, store, retrieve and organise data essential for care delivery.
Domain 4.	Personal and Professional Development.
4.1	Demonstrate responsibility for one's own learning through the development of a portfolio of practice and recognise when further learning is required.
Outcome	
	4.1.1 Identify specific learning needs and objectives. 4.1.2 Begin to engage with, and interpret, the evidence base which underpins nursing practice.
4.2	Acknowledge the importance of seeking supervision to develop safe and effective nursing practice.
Outcome	
	4.2.1 Acknowledge the importance of seeking supervision to develop safe and effective nursing practice.

Standards of Proficiency to be achieved, in branch programme, for entry to the NMC Register.

Domain 1.	Professional and Ethical Practice
1.1	Manage oneself, one's practice, and that of others, in accordance with The NMC code of professional conduct: standards for conduct, performance and ethics, recognising one's own abilities and limitations.
Standards of Proficiency	
	<p>1.1.1 Practice in accordance with The NMC code of professional conduct; standards for conduct, performance and ethics.</p> <p>1.1.2 Use professional standards of practice to self-assess performance</p> <p>1.1.3 Consult with a registered nurse when nursing care requires expertise beyond one's own current scope of competence.</p> <p>1.1.4 Consult other health care professionals when individual or group needs fall outside the scope of nursing practice.</p> <p>1.1.5 Identify unsafe practice and respond appropriately to ensure a safe outcome.</p> <p>1.1.6 Manage the delivery of care services within the sphere of one's own accountability.</p>
1.2	Practise in accordance with an ethical and legal framework, which ensures the primacy of patient and client interest and well-being and respects confidentiality.
Standards of Proficiency	
	<p>1.2.1 Demonstrate knowledge of legislation and health and social policy relevant to nursing practice.</p> <p>1.2.2 Ensure the confidentiality and security of written and verbal information acquired in a professional capacity.</p> <p>1.2.3 Demonstrate a knowledge of contemporary ethical issues and their impact on nursing and health care.</p> <p>1.2.4 Manage the complexities arising from ethical and legal dilemmas</p> <p>1.2.5 Act appropriately when seeking access to caring for patients and clients in their own homes.</p>
1.3	Practice in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practices of individuals or groups.
Standards of Proficiency	
	<p>1.3.1 Maintain, support and acknowledge the rights of individuals or groups in the health care setting.</p> <p>1.3.2 Act to ensure that the rights of individuals and groups are not compromised.</p> <p>1.3.3 Respect the values, customs and beliefs of individuals and groups.</p> <p>1.3.4 Provide care which demonstrates sensitivity to the diversity of patients and clients.</p>

Domain 2.	Care Delivery.
Standards of Proficiency	
2.1	Engage in, develop and disengage from therapeutic relationships through the use of appropriate communication and interpersonal skills.
<p>2.1.1 Utilise a range of effective and appropriate communication and engagement skills.</p> <p>2.1.2 Maintain and, where appropriate disengage from professional caring relationships that focus on meeting the patient's or client's needs within professional therapeutic boundaries.</p>	
2.2	Create and utilise opportunities to promote the health and well-being of patients clients and groups.
Standards of Proficiency	
<p>2.2.1 Consult with patients, clients and groups to identify their need and desire for health promotion advice.</p> <p>2.2.2 Provide relevant and current health information to patients, clients and groups in a form which facilitates their understanding and acknowledges choice/individual preference.</p> <p>2.2.3 Provide support and education in the development and/or maintenance of independent living skills.</p> <p>2.2.4 Seek specialist/expert advice as appropriate.</p>	
2.3	Undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities.
Standards of Proficiency	
<p>2.3.1 Select valid and reliable assessment tools for the required purpose</p> <p>2.3.2 Systematically collect data regarding the health and functional status of individuals, clients and communities through appropriate interaction, observation and measurement.</p> <p>2.3.3 Analyse and interpret data accurately to inform nursing care and take appropriate action.</p>	
2.4	Formulate and document a plan of nursing care, were possible, in partnership with patients, clients, their carers and family and friends, within a framework of informed consent.
Standards of Proficiency	
<p>2.4.1 Establish priorities for care based on individual or group needs.</p> <p>2.4.2 Develop and document a care plan to achieve optimal health, habilitation, and rehabilitation based on assessment and current nursing knowledge.</p> <p>2.4.3 Identify expected outcomes, including a time frame for achievement and/or review in consultation with patients, clients, their carers and family friends and with members of the health and social care team.</p>	
2.5	Based on the best available evidence, apply knowledge and an appropriate repertoire of skills indicative of safe and effective nursing practice.

Standards of Proficiency	
	<p>2.5.1 Ensure that current research findings and other evidence are incorporated in practice.</p> <p>2.5.2 Identify relevant changes in practice or new information and disseminate it to colleagues.</p> <p>2.5.3 Contribute to the application of a range of interventions which support and optimise the health and well-being of patients and clients.</p> <p>2.5.4 Demonstrate the safe application of the skills required to meet the needs of patients and clients within the current sphere of practice</p> <p>2.5.5 Identify and respond to patients and client's continuing learning and care needs.</p> <p>2.5.6 Engage within, and evaluate, the evidence base that underpins safe nursing practice.</p>
2.6	Provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences.
Standards of Proficiency	
	<p>2.6.1 Identify, collect and evaluate information to justify the effective utilisation of resources to achieve planned outcomes of nursing care.</p>
2.7	Evaluate and document the outcomes of nursing and other interventions.
Standards of Proficiency	
	<p>2.7.1 Collaborate with patients and clients and, when appropriate, additional carers to review and monitor the progress of individuals or groups towards planned outcomes.</p> <p>2.7.2 Analyse and revise expected outcomes, nursing interventions and priorities in accordance with changes in the individual's condition, needs or circumstances.</p>
2.8	Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts.
Standards of Proficiency	
	<p>2.8.1 Use evidence based knowledge from nursing and related disciplines to select and individualise nursing interventions.</p> <p>2.8.2 Demonstrate the ability to transfer skills and knowledge to a variety of circumstances and settings.</p> <p>2.8.3 Recognise the need for adaptation and adapt nursing practice to meet varying and unpredictable circumstances.</p> <p>2.8.4 Ensure that practice does not compromise the nurse's duty of care to individuals or the safety of the public.</p>

Domain 3.	Care Management.
3.1	Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies.
Standards of Proficiency	
	<p>3.1.1 Apply relevant principles to ensure the safe administration of therapeutic substances.</p> <p>3.1.2 Use appropriate risk assessment tools to identify actual and potential risks.</p> <p>3.1.3 Identify environmental hazards and eliminate and/or prevent where possible.</p> <p>3.1.4 Communicate safety concerns to a relevant authority.</p> <p>3.1.5 Manage risk to provide care which best meets the needs and interests of patients, clients and the public.</p>
3.2	Demonstrate knowledge of effective inter-professional working practices which respect and utilise the contributions of members of the health and social care team.
Standards of Proficiency	
	<p>3.2.1 Establish and maintain collaborative working relationships with members of the health and social care team and others.</p> <p>3.2.2 Participate with members of the health and social care team in decision-making concerning patients and clients.</p> <p>3.2.3 Review and evaluate care with members of the health and social care team and others.</p>
3.3	Delegate duties to others, as appropriate, ensuring that they are supervised and monitored.
Standards of Proficiency	
	<p>3.3.1 Take into account the role and competence of staff when delegating work.</p> <p>3.3.2 Maintain one's own accountability and responsibility when delegating aspects of care to others</p> <p>3.3.3 Demonstrate the ability to co-ordinate the delivery of nursing and health care.</p>
3.4	Demonstrate Key Skills.
Standards of Proficiency	
	<p>3.4.1 Literacy – interpret and present information in a comprehensible manner.</p> <p>3.4.2 Numeracy – accurately interpret numerical data and their significance for the safe delivery of care.</p> <p>3.4.3 Information technology and management – interpret and utilise data and technology, taking account of legal, ethical and safety considerations, in the delivery and enhancement of care.</p> <p>3.4.4 Problem-solving – demonstrate sound clinical decision-making which can be justified even when made on the basis of limited information.</p>

Domain 4.	Personal and Professional Development.
4.1	Demonstrate a commitment to the need for continuing professional development and personal supervision activities in order to enhance knowledge, skills, values and attitudes needed for safe and effective nursing practice.
Standards of Proficiency	
	<p>4.1.1 Identify one's own professional development needs by engaging in activities such as reflection in, and on, practice and lifelong learning.</p> <p>4.1.2 Develop a personal development plan which takes into account personal, professional and organisational needs.</p> <p>4.1.3 Share experiences with colleagues, patients and clients in order to identify the additional knowledge and skills needed to manage unfamiliar or professionally challenging situations.</p> <p>4.1.4 Take action to meet any identified knowledge and skills deficit likely to affect the delivery of care within the current sphere of practice.</p>
4.2	Enhance the professional development and safe practice of others through peer support, leadership, supervision and teaching.
Standards of Proficiency	
	<p>4.2.1 Contribute to creating a climate conducive to learning.</p> <p>4.2.2 Contribute to the learning experiences and development of others by facilitating the mutual sharing of knowledge and experience.</p> <p>4.2.3 Demonstrate effective leadership in the establishment and maintenance of safe nursing practice.</p>

Mentors Guide to Portfolio Assessment

PREPARED BY THE SURGICAL PRACTICE LEARNING TEAM, CITY HOSPITAL, NOTTINGHAM
Updated May 2008.

Introduction

The aim of this guide is to assist mentors to support students in practice with evidence collection for their portfolio, and to advise on the portfolio assessment of a student's practice evidence.

A student's overall portfolio will demonstrate their ongoing learning throughout the course, in academic and practice learning environments as well as reflection by the student on their learning. In practice you will see their current portfolio evidence and assignment work related to this placement only and not the overall portfolio the student will have collected through the whole of their course. **As a mentor your role will focus on the practice assessment of the student.**

While in practice mentors are assessing students against the NMC standards of proficiency. These are national standards all student nurses must achieve in practice during their course and have been developed by the Nursing and Midwifery Council.

The proficiencies are stated in the assessment of practice record each student brings with them onto placement. The records are different for each year of the course, to enable the student to demonstrate their progression in ability and proficiency. The student should use the initial interview to identify the skills and learning they wish to achieve during the placement. Practice learning can then be planned and specific evidence identified. The student should ensure all learning opportunities are recorded. Towards the end of the placement a final interview will be conducted with the mentor who will review the quality of all evidence presented to that point and discuss their assessment decisions with the student and record these in the Assessment of Practice Record / Continuity of Practice Assessment Record.

In order to show their mentor what knowledge skills and attitudes they have the student is asked to collect evidence, referenced against the NMC standards. You will then assess if this evidence is acceptable and meets the standards as the student claims. It is acceptable and good practice, for you to give the student time within their shift where possible for them to record and develop their practice evidence.

When assessing a student you must always remember their level of training. Their knowledge shown in practice should match this. You are not only assessing their practical skills, but their knowledge levels and attitudes which underpin their practice.

In order for you to be able to do this you need to be clear on what evidence can be collected, and how you check this against the NMC standards of proficiency. This guide aims to help you with this aspect of assessment.

What is acceptable evidence?

There are many ways a student can show their mentor what they do and know in practice.

Direct Observation (DO) is when a mentor observes a student performing an activity / skill under supervision. You would observe that the student is working to the correct and appropriate standard for their level of training. You may observe them on more than one occasion to ensure they consistently work at this level. Observations should take place as part of the normal working activity.

Direct Observation is recorded in the student's assessment of practice record as **DO** and would be dated and then signed by you to verify the student had been seen delivering this care / activity.

Questions and Answer sessions (QA) can be used by the mentor to assess a student's underpinning knowledge. This is usually done as you work alongside the student and ask them questions as you work about the activities and skills you observe. This would be recorded as **QA**, dated and then signed by you to verify the student had answered sufficiently to show their knowledge appropriate to their level of training. It may be useful to note the focus of the topic of questioning.

Reflective Discussion (RD) between the mentor and student would be used to explore issues and knowledge of the student about current issues, in care delivery, skills and attitudes. They are also used to discuss a student's progress. These are recorded as **RD**, dated and then signed by you to verify this discussion took place and the student showed an appropriate level of knowledge.

Insight Visit/ Record of Observed Learning statement (OL) A Observed Learning statement can be obtained from a member of health and social care staff (other than the mentor) the student has worked with, as evidence of their observed performance and skills. The student **must** write the statement and the witness sign it. It should link directly to the NMC outcomes / standards of proficiency that the student is working towards. It should be a statement of learning with supporting evidence outside of normal placement experience. If the statement is achieved as part of an **Insight Visit** then aims for the visit should be agreed beforehand and recorded on the record. When students are learning from staff working on other professions, then the record of Interprofessional Learning should also be completed.

Patients in **exceptional circumstances** may be approached, but **only** after initial discussion with the Mentor. All Observed Learning Records / Insight Visit statements **must** provide sources of evidence in support of achieving outcomes/ standards of proficiency.

Reflective writing. (RW) Following a particular incident or episode of learning / care delivery a student may write an account of this and use a model of reflection to analyse their learning experience. They may then present this as evidence against NMC standards. As the mentor assessing this you are checking the evidence is valid, that the incident or learning did occur during this placement, and that the standards are met. They may ask you for some support with the structure of this account when using a reflective model. Accounts should be signed by the mentor when accepted as evidence and can incorporate supporting evidence in the form of literature, policies, standards or protocols.

Anonymous nursing documentation. During care delivery students will complete documentation that they may wish to add as evidence of their achievement. Documentation **must be anonymous** and not identify the client or placement area. Photocopies of documents or blank documents completed for simulated patients are acceptable.

Clinical Skills Book. This book can be completed by the student and those they are working with as they acquire their clinical skills in practice. The book itself is not assessed but if these skills are backed up by explanation then you could assess those. Do not take the skills book alone as evidence of proficiency. The associated explanation can be verbal or written as long as the student gives information to show their skill, knowledge and the context of this skill in their care delivery.

Other forms of acceptable evidence are;

- a) Evidence based literature
- b) SWOT analyses
- c) Computer learning packages
- d) Inter-professional learning activities

Any evidence submitted should demonstrate what the student has learnt. Therefore copies of policies or journal articles are inappropriate; you need to know whether the student has read them and how the learning has contributed to their practice. **A portfolio should not consist of leaflets and photocopies from the practice area.**

Students may also present you with:

Action plans. In addition to the plan you will agree with them at the start of the placement, the student should have a plan for identified learning for this placement that they have negotiated with their personal tutor. This may highlight outstanding proficiencies they need to achieve, or if there are specific learning opportunities they want to achieve whilst in this placement. Any action plan should clearly identify deadlines and dates of review.

Evidence of key skills development. Whilst producing evidence of their practice experience students are also demonstrating they meet certain key skills in communication, application of number and improving own learning. This may mean that they highlight certain evidence as key skill evidence as well as meeting standards of proficiency. The assessment of key skills takes place in school, but mentors are expected to have awareness of these skills. It would help students if you can support them in producing evidence that shows they can communicate, use numerical skills and improve their learning by the evidence generated in practice settings. An example of this would be evidence based on drug calculations using application of number.

Academic work the students have completed can also be added to support their practice evidence. This is good practice as it links the relevant academic and practice learning and demonstrates the student is able to integrate the two and transfer skills and knowledge. This work may be extracted from the student's main portfolio and added to their assessment of practice evidence, or just provide relevant references in support of the application of theory to practice.

It is important to remember that each piece of evidence the student submits for assessment should clearly show;

- a) What it is
- b) By whom
- c) When it was produced
- d) When it was undertaken
- e) What it intends to show
- f) Which standard(s) it meets

Students should be aiming for **quality of evidence not quantity** where possible, so an account that covers many standards is seen to be more valuable as evidence than many pieces of evidence that only meet one standard each.

It is also good practice for the student to develop a system of tracking their evidence using page numbers, letters etc. in order that the correct evidence can be tracked to the standards they claim it meets. This becomes more valuable when they collect 10 different pieces of reflective writing for that placement for example.

Assess as you go !!!

It is useful to assess the student's evidence as they progress through their placement, don't leave it all until the final interview. This helps you and the students to identify which standards are outstanding and where further evidence is needed. It also reduces the time required for the final interview and gives opportunity for the student to receive feedback about their performance in practice so far. It can be really useful to plan and allocate time for the intermediate and final interview with the student in advance so that you both know when you are meeting again to discuss their progress.

Is there enough??

As you assess the evidence the student presents to you, you need to make an assessment decision on whether they have sufficient evidence for you to agree they are proficient. **If you have not seen them achieve a particular standard of proficiency and they only have 1 piece of evidence for that standard you may decide this is insufficient and ask them to collect more evidence.** If at the end of the placement they have insufficient evidence you can then record 'inadequate evidence' against that standard, which is not achieved.

It is important to remember you are assessing the student's evidence in practice – if you are not happy with it for any reason of validity, sufficiency or lack of achievement of that standard you should explain this to the student and take appropriate action. More information about this can be found in the student's assessment of practice record / Continuity of Practice Assessment Record. If you have any concerns about a student's ability to achieve proficiency please speak to your PLT education representative as soon as possible. Action can then be taken whilst the student is in placement and has the opportunity to develop and improve.

PLT Mapping

In some areas practice learning teams have produced examples of evidence, which meet the standards of proficiency. Ask to see the ones for your placement area, if available, as they will help you to direct your student to the appropriate learning opportunities and evidence collection.

Further information can be found on line at;
www.nottingham.ac.uk/nursing/practice

Examples of Evidence.

Here are two examples of evidence from students.

Year Two – Outcome 1.1; Manage oneself, one's practice and that of others, in accordance with the NMC code of professional conduct, recognising one's own abilities and limitations.

1) Written in Practice Assessment Record.

During my first week on the ward I worked with my mentor and found out about health and safety and infection control in the placement to care for patients correctly. I understand about my role in practice in documentation and consent to practice like the NMC Code.

2) Reflective Writing No.3.

As this is an independent placement outside of the NHS, during my first week I found out about the relevant policies that affect my care delivery. I read the health and safety and fire policies and the infection control policy. I now know my role in the event of a fire on the premises and what precautions to take in the building. The fire alert system is quite different and I learnt it by heart in case I needed it. I also need to remember to sign in to the fire book when I go on and off duty. Health and safety follows the national guidelines but are adapted by the company for this placement. Specific policies relating to infection control influence admission as all admissions from the NHS or independent care have to have MRSA swabs taken on arrival. As all patients are nursed in single rooms the issue of isolation until the results are back is not a problem and equipment is not shared between patients. I read the notes from the monthly infection control meetings which helped me understand what the current issues and concerns are in this placement.

Documentation and entries into patient notes have to be signed by a nurse. If I write in their notes it must be countersigned. My practice should always be at the required standard as dictated by the NMC Code of Professional Conduct (2004).

What do you think of the 2 accounts?

The second is clearly more detailed and explains how reading the policies has affected the students practice and knowledge in this placement. The first account is not detailed enough and the evidence is insufficient.

If you were assessing these do you think they are both acceptable as evidence?
Maybe – but you would need to discuss the evidence with the first student before accepting it wouldn't you?

Example of Observed Learning Statement

Student Name: Joanne Bloggs Cohort: _05/03

Observer Name (Print): Debbie Abbott Role: _Staff Nurse Ward 14_

Personal Tutor (Print): John Smith

Evidence to support learning (must include sources of evidence)

Working with Admissions Staff Nurse Abbott admitting patients from Emergency Admissions 07.00 - 12.00, 19th June 2006.

- Utilised interpersonal and communication skills to welcome and calm patients, ensuring confidentiality (NMC 2004, Gross 2001, Hargie 1997, Russell 1999).
- Recognised importance of accurate record keeping (NMC 2005).
- Informing appropriate members of MDT to ensure implementation of full discharge planning (NMC 2004).
- Risk assessment of patients in relation to safety, dependency and nutritional status (Roper, Tierney and Logan, 2000).
- Recognise level of competence and seek support of Staff Nurse Abbott for clarification (NMC 2004).

This is a 'best practice' example. Students may use fewer references in the earlier stages of their course.

Links to Outcomes and Standards of Proficiency (Competencies)

1.1, 1.3, 2.1, 2.3, 2.5, 2.7, 2.8, 3.2, 3.3

(Note: The best thing about this statement is that it relates to so many standards.)

In signing, I confirm that this is a true record of the performance of the above student.

Witness Signature: D Abbott **Date:** 14/3/05

Student Signature: Joanne Bloggs **Date:** 14/3/05

Accepted as Evidence
Mentor's Signature: _____ **Date:** _____

Example 1 – UNSATISFACTORY practice assessment record

Domain 2. Care Delivery

2.1 Discuss methods of barriers to, and the boundaries of, effective communication and interpersonal relationships.

	Outcome	Type and Location of Evidence
2.1.1	Recognise the effect of one's own values on interactions with patients and clients and their carers, families and friends	20/1/06 able to communicate with all clients. Know how to act professionally when talking to clients
2.1.2	Utilise appropriate communication skills with patients and clients	See above
2.1.3	Acknowledge the boundaries of a professional caring relationship	See above

2.2 Demonstrate sensitivity when interacting with and providing information to patients and clients.

	Outcome	Type and Location of Evidence
2.2.1	Demonstrate sensitivity when interacting with and providing information to patients and clients	Admitted Mr B. with hepatitis, able to tell him and his partner about his care and infection risks privately during admission

2.3 Contribute to enhancing the health and social well-being of patients and clients by understanding how, under the supervision of a registered practitioner, to

	Outcome	Type and Location of Evidence
2.3.1	Contribute to the assessment of health and needs	See above. And able to assess needs on all patients admitted to ward
2.3.2	Identify opportunities for health promotion	Ensure clients able to access health promotion leaflets in dayroom
2.3.3	Identify networks of health and social care services	Read notice board about different help available and gave leaflets to Mr Jackson

2.4 Contribute to the development and documentation of nursing assessments by participating in comprehensive and systematic nursing assessment of the physical, psychological, social and spiritual needs of patients and clients.

	Outcome	Type and Location of Evidence
2.4.1	Be aware of assessment strategies to guide the collection of data for assessing patients and clients and use assessment tools under guidance	Able to do risk assessment, tissue viability and nutritional assessment and refer as required. Completed all nursing documentation on admission of patients.
2.4.2	Discuss the prioritisation of care needs	Discussed with mentor on admissions
2.4.3	Be aware of the need to reassess patients and clients as to their needs for nursing care	Re assess care at start of each shift after handover according to daily changes.

Example 2 – SATISFACTORY completed practice assessment record

Domain 2. Care Delivery

2.1 Discuss methods of barriers to, and the boundaries of, effective communication and interpersonal relationships.

	Outcome	Type and Location of Evidence
2.1.1	Recognise the effect of one's own values on interactions with patients and clients and their carers, families and friends	RD . P42 DO . RW -diversity study day - P 53.
2.1.2	Utilise appropriate communication skills with patients and clients	DO RW Communication p 59. OL p. 4
2.1.3	Acknowledge the boundaries of a professional caring relationship	RW - diversity study day P 53. OL p.4

2.2 Demonstrate sensitivity when interacting with and providing information to patients and clients.

	Outcome	Type and Location of Evidence
2.2.1	Demonstrate sensitivity when interacting with and providing information to patients and clients	DO RW Communication p 59 OL p.4

2.3 Contribute to enhancing the health and social well-being of patients and clients by understanding how, under the supervision of a registered practitioner, to

	Outcome	Type and Location of Evidence
2.3.1	Contribute to the assessment of health and needs	DO. RD with mentor after patient admission
2.3.2	Identify opportunities for health promotion	DO. RD with mentor after patient admission
2.3.3	Identify networks of health and social care services	RD with mentor after patient admission RW- diversity study day P 53.

2.4 Contribute to the development and documentation of nursing assessments by participating in comprehensive and systematic nursing assessment of the physical, psychological, social and spiritual needs of patients and clients.

	Outcome	Type and Location of Evidence
2.4.1	Be aware of assessment strategies to guide the collection of data for assessing patients and clients and use assessment tools under guidance	RD with mentor after patient admission DO. WP - care plan produced after admission. P47 OL p. 4
2.4.2	Discuss the prioritisation of care needs	RD with mentor after patient admission OL p. 4
2.4.3	Be aware of the need to reassess patients and clients as to their needs for nursing care	DO OL p. 4 RD with mentor after patient admission.

Information to consider in the examples;

These are both drawn from the student's practice assessment record. The boxes for recording evidence in this assessment record are small to encourage the students not to write mini evidence in there, or evidence so brief it's difficult to remember the event – as in example one.

In example two the student clearly has additional evidence on pages in their portfolio, which are referenced here. This creates links for the mentor with a brief summary of the evidence and origins and then the detail for assessment of outcome / proficiency would be in the separate evidence. These are the skills of portfolio building we would like to encourage students to adopt. As you can see one piece of evidence has been referenced on more than one occasion to utilise it to the maximum effect.

Summary.

This guide has been written to help mentors with the skill of assessing evidence from practice using portfolios of evidence. If you have any further queries please contact your practice learning team representatives in practice or the School of Nursing, the Student's personal tutor, or your local practice learning unit.

Remember when assessing students you are making decisions about their future practice and entry to the professional register. If you have concerns about their level of skill or knowledge don't leave it to the last week to raise this but use evidence collected throughout their placement to show where they have weaknesses and seek support from other mentors in your team and the PLT when you can.

Surgical PLT

City Hospital, Park Hospital and Nuffield Hospital, Nottingham

28/2/06

(Revised May 2008; J.Royal.)

For Students a virtual portfolio tool, where they can see information on how to build their portfolio and generate quality evidence can be found at:

www.nottingham.ac.uk/nursing/students/prereg-docs/portfolio/index.php

Take a look and see what guidance is contained there too.

Revised March 2008

SCHOOL OF NURSING

Faculty of Medicine and Health Sciences

Guidelines for pre-registration student involvement in the ordering, storage, administration and recording of medicines

- 1. Local policy takes precedence over these School guidelines.** If local policy affects these guidelines students are encouraged to discuss alternative learning opportunities with their mentor and/or relevant member of the Practice Learning Team.
2. Students must observe and participate in the ordering, storage, administration and recording of medicines **only under** the direct supervision of a registered nurse/midwife.
3. Students may only participate in the administration of medicines following theoretical preparation:

Diploma / BSc students:	year 1, semester 2
MNursSci students:	year 2, semester 3
Midwifery students:	year 1, semester 1
4. The registered nurse/midwife concerned is accountable for medication procedures and as such signs any documentation relating to these procedures. This accountability cannot be delegated to students. As part of the learning experience students may also sign documentation but must not be the only signatory.
5. In exceptional circumstances a registered nurse/midwife may feel unable to take responsibility for the supervision of a student. In that instance the student should not be involved in medication procedures, and, where appropriate, this should be discussed with the Practice Learning Team representative and the student's personal tutor.
6. It is recognised that in certain placement areas staff other than registered nurses/midwives administer medicines, following in-house courses of training and local protocols. However these individuals cannot supervise students undertaking medication procedures. Students may observe in these instances but can only participate if under the supervision of a registered nurse/midwife.
7. Students who participate in medicine administration must do so with awareness of the requirements of the Nursing and Midwifery Council (NMC), which can be accessed on the NMC website.

PLEASE NOTE: Registered nurses/midwives have to undertake approved preparation for expanded roles in relation to some medicine administration procedures e.g. intravenous medication.

ALWAYS ADHERE TO LOCAL POLICY REGARDING THIS.

NMC Website Address: www.nmc-uk.org.uk

School Of Nursing Uniform/Dress Code Policy

Introduction

The School of Nursing policy requires that uniforms should only be worn when undertaking clinical experience in the hospital environment, in the community setting or whilst on escort duty. In some areas the wearing of non-uniform clothing is recognised as being of therapeutic value, particularly in some mental health and learning disability settings. However, it is important to recognise the need to promote a safe and professional image at all times whilst working with staff and service users.

Students who have specific cultural dress requirements should discuss their needs with the Common Foundation Programme Leader at their centre.

General Information

Jewellery

- a) Rings: no jewellery other than a plain band should be worn.
- b) Watches: no wrist watches to be worn with uniform. A fob watch may be acceptable in some placement areas, but consideration must be given to the client group involved, such as children or the elderly.
- c) Earrings: one pair of plain ear studs only.
- d) Visible body piercing jewellery should not be worn.

No other jewellery should be worn.

Hair

- a) Hair that falls to the collar or below should be tied up.
- b) Minimal hair ornamentation may be used.

Perfume/Aftershave

- a) If worn, this should be discreet.

Nails

- a) Varnish is not permitted.
- b) Clean and short.

Name Badges

It is necessary and important to recognise that, as part of a quality service, name badges/ID cards should be worn at **all** times whilst on duty and kept securely.

Travelling

If uniforms are worn for travelling between home/accommodation and in the practice setting, a full length coat must cover the uniform. This should be of a subtle appearance.

Uniforms

These should be clean at all times, in line with infection control procedures.

Female

- a) Black or beige tights, according to local policy.
- b) Flat, black leather type shoes (non-suede) with non-slip heels and soles. No open-toes.
- c) Pale blue issue dresses should be knee-length or below.
- d) Plain, navy-blue cardigans, jackets or fleeces for outdoor duties only (optional).
- e) Pale blue issue tunics.
- f) Navy-blue issue trousers.
- g) Pale blue issue polo shirts (child branch only).
- h) Dark coloured socks to be worn with navy blue issue trousers.

Male

- a) Dark coloured socks.
- b) Flat black leather type shoes (non-suede) with non-slip heels and soles. No open-toes.
- c) Pale blue issue tunics.
- d) Navy issue trousers.
- e) Plain, navy-blue cardigans, jackets or fleeces for outdoor duties only (optional).
- f) Pale-blue issue polo shirts (child branch only).

Dress Code

- a) Some areas/departments have their own dress codes. These should be adhered to with regard to the University's Uniform/Dress Code Policy.
- b) Clothing should be smart, clean and comfortable to wear, bearing in mind the duties to be undertaken.
- c) Clothing should conform to the Health and Safety at Work Act legislation and the guidelines concerning Moving and Handling within the School of Nursing.
- d) It is essential to present a professional image in areas where uniform is not required to be worn.

Summary

Students are expected to maintain a satisfactory standard of dress in the clinical environment. Students should not wear their University of Nottingham student uniform when they are working as bank/agency nurses. Compliance with the University of Nottingham, School of Nursing Uniform/Dress Code Policy is essential to maintain a safe and professional image. Failure to comply with the Policy may result in disciplinary action being taken.

School of Nursing Code of Conduct

Version 1 March 2008

Guidance for Students: expected attitudes and behaviour

As a student you are studying for both a university award and a professional qualification. Consequently you are expected to comply with both University and Nursing & Midwifery Council guidelines regarding conduct. This is particularly important for self regulation of the profession in protecting the public and society. Nursing, as a self –regulating profession, requires individuals seeking registration to meet certain requirements in relation to good health and good character, demonstrating through their conduct a 'moral strength' which enables them to distinguish between what is right and wrong (DH 2006). Therefore the School must ensure you are fit to practice at point of registration.

The School of Nursing selects students whom it believes will demonstrate appropriate attitudes and behaviour from the start. The School's curricula also have specific objectives for professional attitudes and behaviour, together with opportunities to facilitate their achievement. Students who fail to meet these standards will be offered advice and guidance. Students who persistently display inappropriate professional attitudes and behaviour will not be allowed to continue on their course. You should read the requirements laid down for Nursing Practitioners in the NMC Code of Conduct and the Good Character and Good Health Guidance (see www.nmc-uk.org). Conduct that is seen to contravene the Code or the Guidance may give rise to concerns regarding your fitness to practice and ultimately have implications for your NMC registration.

Where the Code refers to Patients this is inclusive of patients, service users, carers, family members, significant others and members of the Public whom students come into contact with as part of their course of education.

Student Responsibilities

a. General attitude and behaviour

You are expected to:

1. Ensure your views about a person's lifestyle, culture, beliefs, race, colour, gender, sexuality, age or social status do not prejudice your interaction with patients, staff or colleagues.
2. Inform the School if you have any disability or condition that might affect your studies or pose a risk to patients or colleagues and participate in risk assessments considered necessary to ensure appropriate support is available and reduce risks to yourself and others.
3. Maintain appropriate standards of dress, appearance, personal hygiene and conduct so as not to cause offence to patients, staff or colleagues, impair your performance or jeopardise safety and comply with dress codes as appropriate. General appearance, facial expression and other non-verbal signals are important components of good communication in the wider UK community. Any form of dress which interferes with this (such as covering the face or wearing excessive jewellery) should be avoided.

4. Demonstrate probity i.e. integrity, honesty and trustworthiness in personal, academic and practice settings. This includes both verbal interaction (such as interpersonal relationships) and written activities (including practice documentation and academic assignments).

b. Attitudes and behaviour towards patients

You are expected to:

1. Demonstrate respect for patients, carers, family and significant others that encompasses, without prejudice, diversity of background and opportunity, language, culture and way of life. This includes treating patients professionally, politely and considerately, respecting patients' privacy and dignity and respecting their right to refuse to take part in teaching.
2. To develop appropriate professional relationships with patients, maintaining clear boundaries at all times.
3. Always make clear to patients that you are a student and not a qualified nurse, and not give nursing advice or recommend treatment unless under supervision.
4. Make sure the patient has agreed to your presence and involvement.
5. Discontinue interaction if the patient indicates a wish to stop.
6. Treat information about patients as confidential and not divulge it to anyone not involved in the patient's care. This principle of confidentiality includes not discussing patients with other students or professionals outside the clinical or educational setting.
7. Not abuse a patient's trust.
8. Seek and follow advice from your named mentor/ personal tutor about modifying clinical contact with patients if you have any condition that can be passed on to patients, or if your judgement or performance could be significantly affected by your condition or illness or its treatment.
9. Act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practice, by reporting any concerns to a senior member of staff.
10. Recognise the limits of your professional competence and role boundaries.

c. Attitudes and behaviour towards staff

You are expected to:

1. Demonstrate respect for academic, clinical and support staff, and treat them with consideration whether in a taught class, administrative offices, the Library, Skills Lab, IT facilities, clinical or social settings.
2. Attend all classes and clinical skills sessions promptly and in appropriate dress; not leave early (except by arrangement with the staff concerned); observe safety rules and not behave disruptively.

3. Notify the relevant teacher, in advance if possible, of teaching sessions you are unable, for good reason, to attend.
4. Report absence from the course to the School of Nursing student services department and clinical settings where appropriate with an explanation.
5. Follow rules and instructions about examinations, in particular by arriving promptly, bringing only permitted materials, and being silent on entering the exam room.
6. Submit coursework, assignments, practice assessment records and other documentation as required.
7. Maintain communication with staff by:
 - 7.1. attending scheduled appointments with personal tutors and initiating additional contact where necessary;
 - 7.2. responding promptly to requests for information and completing all appropriate forms, including those used to record extenuating circumstances which may affect performance or cause absence from examinations;
 - 7.3. regularly reading your university e-mail and checking teaching notice boards;
 - 7.4. participating responsibly in student feedback processes.
8. Actively engage in remedial work after poor academic or clinical performance.

d. Attitudes and behaviour towards students

You are expected to:

1. Demonstrate respect for other students that encompasses, without prejudice, diversity of background and opportunity, language, culture and way of life.
2. Take responsibility for supporting other students in academic, practical and clinical work.
3. Be prepared to inform an appropriate member of staff if you observe behaviour in colleagues which is at variance with the standards outlined in this document.

General Student Responsibilities

In addition to the responsibilities specific to your role as a student, the University has guidelines about student responsibilities which you are also expected to observe.

You are expected to:

1. Take significant responsibility for your own learning, personal development and well-being, including:
 - 1.1. making yourself familiar with all dates relevant to the course and being available when required for, teaching and assessment
 - 1.2. attending practice as required, complying with NHS Trust and School policies and guidance in relation to working hours and shift patterns

incompatible with ensuring fitness to practice and therefore you would be unable to meet programme requirements.

References

Department of Health (2006) **The Regulation of the Non-medical Healthcare Professions: a Review by the Department of Health**. London, Stationery Office

It is essential that you read the following, available on your course web-site:

Course Handbook

Plagiarism: School of Nursing Guidelines

Code of Conduct for students in the classroom/lecture theatre

Guidelines for Extenuating Circumstances

Appendix 1: Areas and examples of misconduct which may be considered Fitness to Practice issues

Areas of misconduct	Examples of misconduct
Criminal conviction / caution	<ul style="list-style-type: none"> a) Theft b) Financial fraud c) Possession of illegal substances d) Violent behaviour e) Child / vulnerable adult abuse
Substance misuse	<ul style="list-style-type: none"> a) Drunk driving b) Substance use (drugs or alcohol) which impacts on behaviour in the School and / or practice setting c) Drug possession, use and / or dealing
Violent behaviour	<ul style="list-style-type: none"> a) Bullying b) Harassment c) Verbal abuse d) Physical violence
Persistent inappropriate attitude / behaviour	<ul style="list-style-type: none"> a) Lack of commitment b) Non attendance c) Poor/lack of appropriate communication d) Rudeness to patients, colleagues, fellow students and others
Cheating / plagiarism	<ul style="list-style-type: none"> a) Cheating in examinations b) Passing off other's work as your own
Dishonesty / fraud	<ul style="list-style-type: none"> a) Falsifying practice documentation b) Financial fraud
Unprofessional behaviours / attitudes	<ul style="list-style-type: none"> a) Breach of confidentiality b) Misleading patients about their care c) Harassment d) Failure to maintain appropriate professional boundaries e.g. forming inappropriate relationships with patients e) Discrimination

(Adapted from the General Medical Council's CHMS/GMC Guidance on Student Fitness to Practice ESC07-21d)

Educational Audit of Practice Placements

The University of Nottingham has a responsibility to produce educational programmes and services of a high standard, which meets the needs of students. The educational audit of practice placements – as part of the quality assurance procedures within the University of Nottingham, School of Nursing and Academic Division of Midwifery – has an important part to play in this process, in collaboration with service providers. Collaborative work with other HEI's is also needed to ensure the needs of all students, in respect of their practice placements, are accommodated.

It is envisaged that the audit information will assist in:

- a)** Enabling students to have appropriate educational opportunities
- b)** Maintaining/improving the students practice placement experience
- c)** Giving recognition to the staff working in areas of excellence
- d)** Improving the quality of the practice learning environment
- e)** Identifying those areas in which staff need help and support to maintain, improve and develop the quality of the learning environment.

The educational audit of placements is based on a number of documents relating to placement e.g.

- a)** Placements in Focus
- b)** QAA Code of Practice for the assurance of academic quality and standards in higher education
- c)** QAA Benchmarking Statements
- d)** The Framework for Higher Education Qualifications in England, Wales and Northern Ireland.

The educational audit of practice follows a two-year cycle (see flow chart).

In the first year a full formal audit of the placement is undertaken – usually by 2 auditors (one educational and one service auditor). Placement staff are sent a full audit document to complete prior to the formal audit visit. At the time of the planned full formal audit, the auditors will be looking for verification of the statements you have made within the audit document. This may be by looking at aspects of the placement, discussing placement issues with students and staff on the placement and, looking at documentation. It is suggested that placement staff keep a folder that includes any evidence that they need to present at audit – for example, students' evaluations of practice, learning opportunities and orientation/welcome packs. Auditors will discuss your normal range of student numbers at any one time in practice and ask you how you meet the needs of allocated students. The auditors are not in a position to negotiate student numbers with you – but can report back any concerns. An often-incomplete section of the audit document is the mentor profile. It is important that this section is completed and includes details of mentor preparation courses and annual updates – in order to input data onto the mentor register. (Held by practice learning units or practice learning leads – details on Page 15) This provides a live register of mentors and is an NMC requirement. Mentors must have an annual update, which every 3 years must be a face-to-face update. (Details on page 14)

On completion of the full formal audit, the auditors will note and discuss any recommendations that require action, as well as highlighting examples of good/innovative practice. If an action plan is required, please ask your Educational and Practice PLT

representatives to assist you in this process, if necessary. If significant action needs to be taken, the auditors will set a review date with you. In the unlikely event that students need to be withdrawn from placement, you will be informed of this and relevant service, education staff and practice learning units will be notified to action this process.

In the second year of the audit cycle, you will be asked to complete and return an interim self-audit. If feedback from this is satisfactory, no further action is required until the next full formal audit the following year. However, if there have been significant changes to the placement or there are issues that need to be addressed, you may be advised by the District Audit Team that a full formal audit is required, which will then be arranged with you.

In some instances, where placements are going through a fundamental, permanent change process, such as reconfiguration of services, a support visit may be suggested, as an interim audit is insufficient and a full formal audit is inappropriate. In such instances, auditors will visit the placement and discuss how current or planned changes may impact on the students and mentors in practice. During this process, interim audit data will be completed, as well as discussing what action could be taken to meet the needs of students and mentors in practice – currently and in the future. Feedback to allocation staff will ensure appropriate allocation of students to the placement. Once the placement staff have had the opportunity to adjust to the changes, a full formal audit should be undertaken, usually about 3 months later.

Audit documentation can be sent to you via e-mail or as a paper copy. The advantage of an e-mail copy of the audit documentation is that it will enable placement staff to amend documentation from year to year, rather than starting from scratch each time, which may save valuable staff time.

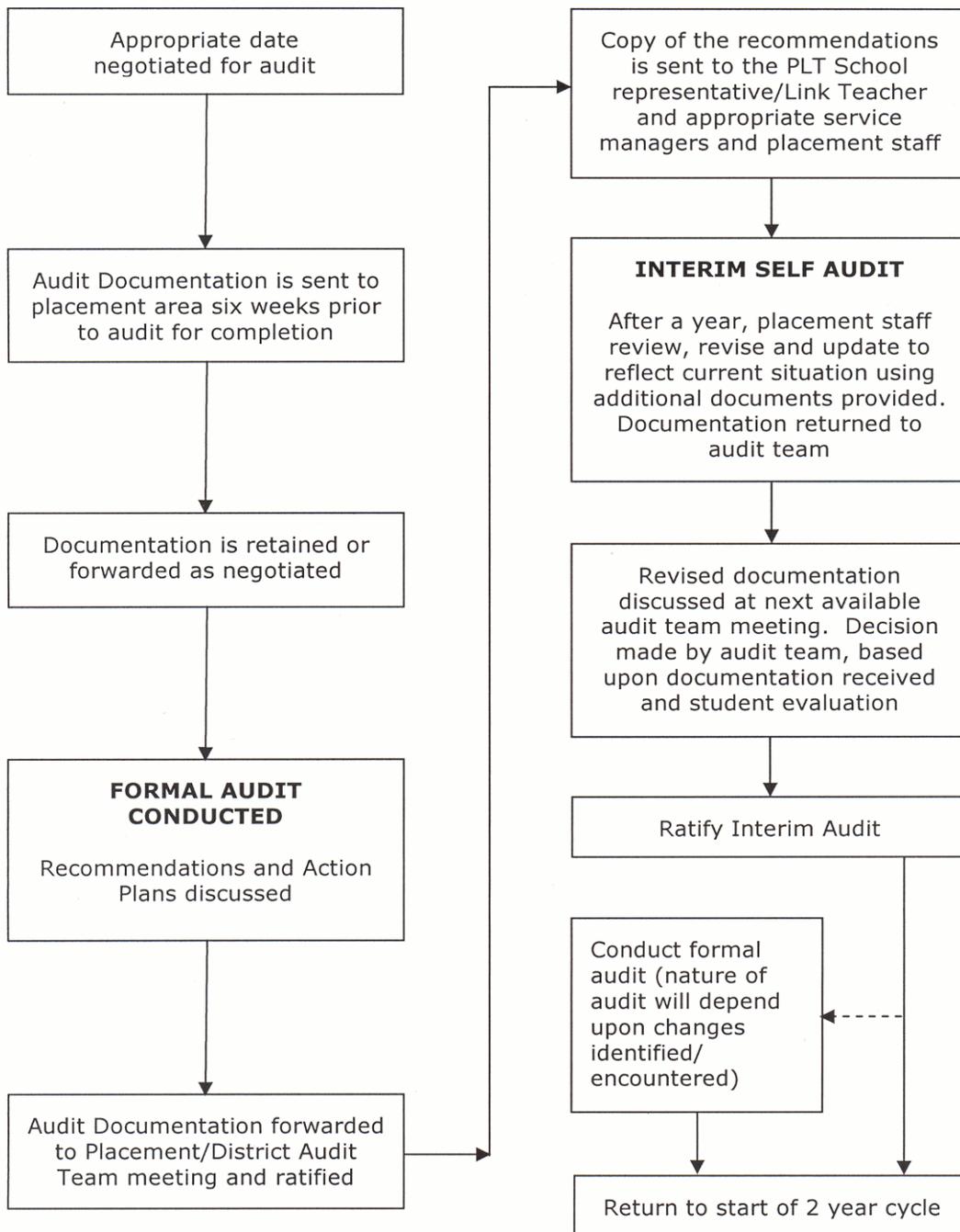
If you have members of staff that would like to become auditors for the educational audit of practice placements, please contact the Chairman of the District Audit Team for your local Centre and they will ensure a preparation programme is put in place.

If you have any queries regarding this information, please contact the Chairman of the District Audit Team at your Centre. Further information on the educational audit of practice placements may be obtained at the following website:

www.nottingham.ac.uk/nursing/practice/audit/index.php

K. Lewis
Chairman of the Central Audit Group
21.02.08

Two-year Cycle of Educational Audits of Practice Placements



Following audit, mentor data will be forwarded to the appropriate Practice Learning Unit or Practice Learning Leads to update their mentor register. Recommendations from full audits will also be sent.

Undergraduate Diploma in Nursing/Bsc (Hons) In Nursing

Introduction

The length of the course is three years. Year One: **The Common Foundation Programme (CFP)** serves as a foundation year which introduces students to the study of nursing and to the knowledge, skills and attributes that they need to develop in order to deliver competent, effective and confident nursing care. In years two and three: **The Branch Programmes**, students study their preferred nursing speciality:

- a) Care of the Adult
- b) Care of the Child
- c) Mental Health Nursing
- d) Learning Disability

The course requires 50% theory and 50% practice, the students having to complete both aspects to pass.

The Undergraduate Diploma/BSc (Hons) in Nursing is based on a twice yearly intake (Spring and Autumn) of students as agreed with the Strategic Health Authority who contract with the University of Nottingham for the provision of pre and post registration nursing education.

The current Undergraduate Diploma/BSc in Nursing curricula commenced in October 2005.

Aims and objectives of the Undergraduate Diploma /BSc (Hons) in Nursing

The overall purposes of the course are to:

Enable students to learn the theoretical and practical aspects of nursing so that they are equipped with the knowledge, skills and attitudes necessary to function effectively as professional nurses in their chosen branch of nursing.

Ensure that on completion of the course students are 'Fit for Practice, Fit for Award and Fit for Professional Standing' (ENB 2000¹), in accordance with the standards of the University of Nottingham and the Nursing and Midwifery Council (NMC).

Objectives

On completion of the course students will:

1. Have the skills, knowledge and attitudes required to provide effective nursing care to individuals and groups in a range of health care and community settings.
2. Have a sound knowledge and understanding of client/patient health care needs
3. Interact in a sensitive and non-judgemental way with a range of client groups.
4. Have skills in team working and team building, in order to work effectively in multi-disciplinary teams in the interests of clients, colleagues and employers.
5. Demonstrate intellectual, and subject specific skills necessary for independent life long learning.
6. Exhibit a consistent capacity for clear spoken, written and electronic communication.
7. Use their knowledge and skills to exercise professional accountability and responsibility.
8. Accept responsibility for their own learning and have a commitment to their professional development and continuing education, based on a critical awareness of the realisation of the need for constant self-assessment.
9. Possess a sound knowledge base and the ability to inform and enhance their professional practice by the utilisation of this knowledge and the interpretation of research findings and other sources of evidence.
10. Be able to appraise new and existing health technologies and applications.
11. Adopt an enquiring approach to nursing practice and health care in order to facilitate, manage and critically appraise change.

¹ English National Board for Nursing, Midwifery and Health Visiting, (2000) Education in Focus: Strengthening Pre-registration Nursing and Midwifery Education, ENB, London

Undergraduate Diploma/BSc in nursing

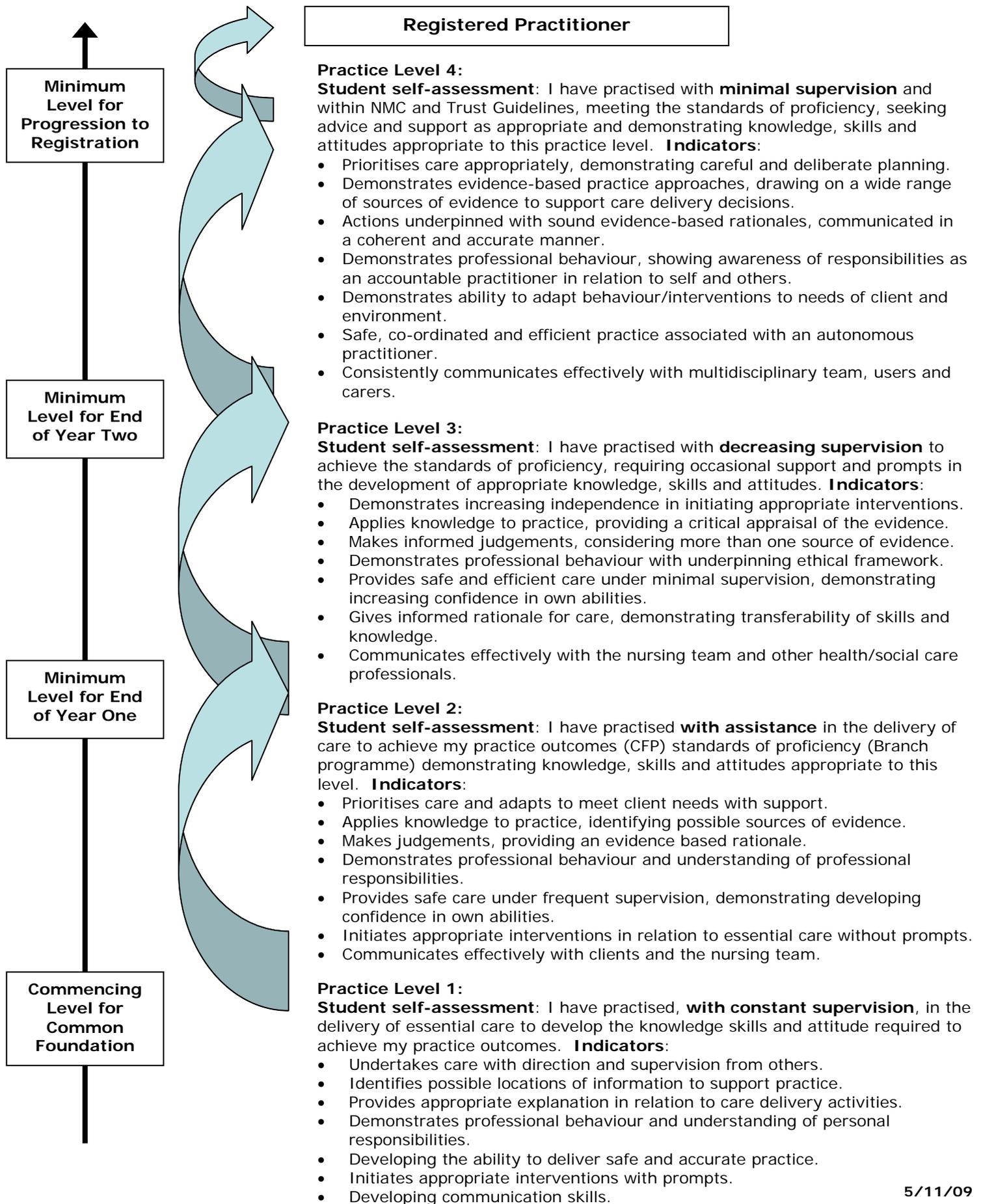
When revalidating the Pre-Registration Curriculum in 2005 the School of Nursing was asked to provide students with an opportunity to study to degree level. This programme allows students to choose their level of study providing they meet certain requirements. All students will enter and study at the same level in year one. If they achieve an overall average of 50%, students can choose to follow the BSc pathway. If at the end of year two they have again achieved an overall average of 50% they may formally transfer to the BSc pathway in year 3. Students on the BSc pathway will not be eligible for the non-means tested bursary.

Module	Undergraduate Diploma		BSc (Hons)	
	Level	Credits	Level	Credits
Year one				
Foundations in Social Sciences	1	20	1	20
Foundations in Evidence Based Practice	1	20	1	20
Nursing Concepts and Skills for Practice 1	1	15	1	15
Biological Sciences applied to Nursing	1	20	1	20
Nursing Concepts and Skills for Practice 2	1	15	1	15
Assessment of practice outcomes at specified level – pass/fail				
Students wishing to do so and with requisite grades select to follow BSc pathway				
Year two				
Care Delivery and Management 1	1	20	1	30
Health Information and Technology (S)	1	10	1	10
Care Delivery and Management 2	2	20	2	20
The Accountable Practitioner (S)	2	10	2	20
Portfolio 1 (S)	2	15	2	30
Evidence based Practice 1 (S)			2	30
Assessment of standards of proficiency at specified level – pass/fail				
Students wishing to do so and with requisite grades progress to BSc pathway				
Year three				
Care Delivery and Management (3)	2	30	3	30
Care Delivery and Management (4)	2	30	3	30
Evidence Based Practice 2 (S)			3	40
Portfolio (2) (S)	2	15	2	30
Assessment of standards of proficiency at specified level – pass/fail				
Total number of credits	240		360	
(S) indicates that this is a shared module				

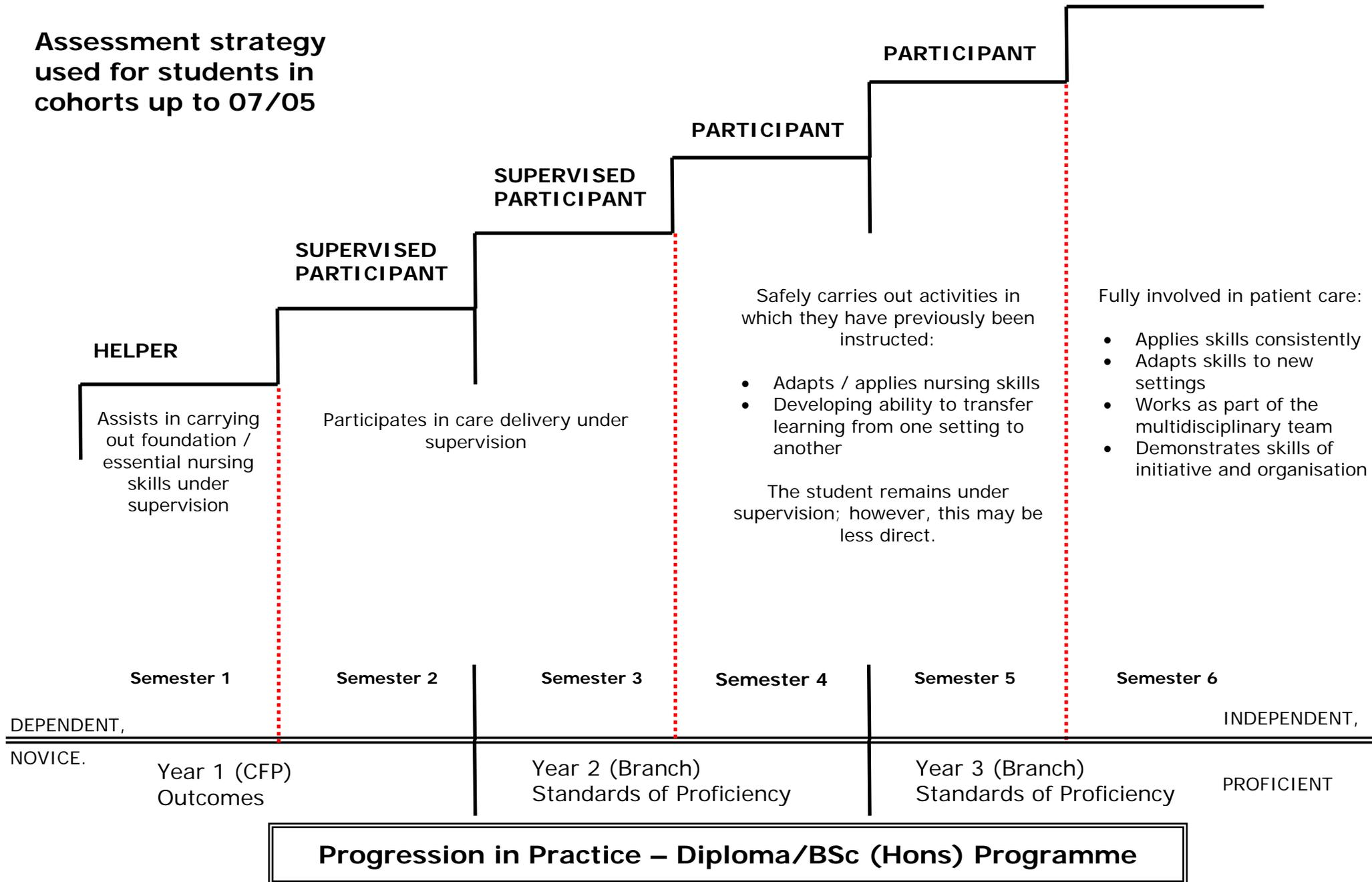
Skills Escalator Pre-Registration Nursing Courses

Adapted from Bondy (1983)

The Practice Levels below are the minimum levels of achievement for that part of the course. Students may be assessed at achieving beyond the minimal level and should be encouraged to progress towards the higher levels



**Assessment strategy
used for students in
cohorts up to 07/05**



Extended Course - Undergraduate Diploma / BSc (Hons) in Nursing

Introduction

The length of the course is four and a half years, (equivalent to three years full time) to enable individuals with family commitments to become registered nurses. There is one intake of students per year in the September/October cohorts and is available for Adult, Mental Health and Learning Disabilities students.

The course comprises an eighteen month Common Foundation Course this introduces students to the study of nursing and to the knowledge, skills and attributes that they need to develop in order to deliver competent, effective and confident nursing care. In the subsequent three year branch programme students study their chosen nursing speciality: Adult Nursing; Mental Health Nursing and Learning Disabilities Nursing.

Aims and Objectives of the Course

The overall purpose of the course is to prepare competent, confident and effective nurses for inclusion on the appropriate part of the Nursing and Midwifery Council (NMC) register. The course is designed to build on and develop the student's knowledge and experience in order to equip them with the skills necessary for flexible, professional learning and development in a multidisciplinary, multi-site health service in the 21st Century. It strives to ensure the qualification of practitioners who are prepared to deliver care that is evidence based and reflects the NHS Plan (DOH, 2000). On completion of the course both diplomates and graduates will be 'Fit for Practice, Fit for Award and Fit for Professional Standing' (ENB 2000) in accordance with the standards of the University of Nottingham and the Nursing and Midwifery Council (NMC 2004).

Objectives

It is intended to encourage all students to:

- a) develop the knowledge, skills and attitudes necessary to function effectively as professional nurses in their chosen branch of nursing
- b) consider the current social, political and policy factors impacting on health and social care delivery
- c) have the ability to work flexibly in a multi-professional, multi-agency and rapidly changing environment
- d) promote collaborative working relationships with service users/carers, health service providers/NHS Trusts and the voluntary sector
- e) develop enhanced communication, critical thinking and problem solving skills
- f) develop knowledge and skills central to the use of evidence based interventions with individuals within their care setting
- g) explore issues related to therapeutic relationships/alliances, the underpinning theories and implications for practical application of these within a multicultural and diverse society
- h) accept responsibility for their own present and lifelong learning

Extended Undergraduate Diploma / BSc (Hons) in Nursing Course Outline

This section contains a list of the course modules by year, semester and branch. It also displays the academic credit and level.

Common Foundation Programme (1½ Years) for Extended Undergraduate Diploma / BSc (Hons) in Nursing.

Common Foundation Programme - 90 credits at Level 1

Semesters 1, 2 and 3

B71P01 Foundation in Social Sciences for Nursing	20 credits at Level 1
B71P02 Foundations in Evidence Based Practice	20 credits at Level 1
B71P03 Nursing Concepts and Skills for Practice 1	15 credits at Level 1
B71P04 Biological Sciences Applied to Nursing	20 credits at Level 1
B71P05 Nursing Concepts and Skills for Practice 2	15 credits at Level 1

Students will undertake three placement experiences, in their own branch. Students will also be provided with a combination of shorter placements in branches other than the one they have chosen.

Branch Programmes (3 Years)

Adult

Part A (1½ Years)

Undergraduate Diploma in Nursing - 30 credits at Level One and 45 credits at Level 2
BSc (Hons) in Nursing – 40 credits at Level One and 100 credits at Level 2

Part B (1½ Years)

Undergraduate Diploma in Nursing – 75 credits at Level 2
BSc (Hons) in Nursing – 30 credits at Level 2 and 100 credits at Level 3

Extended Undergraduate Diploma /BSc (Hons) in Nursing Course Outline

Adult Branch

Undergraduate Diploma in Nursing

Part A	B71A01	Care Delivery and Management 1: Care of Adults in Diverse Community Settings – 20 credits at Level 1
	B71S03	Health Information and Technology – 10 credits at Level 1
	B72A04	Care Delivery and Management 2: Care of Patients Receiving Acute and Continuing Care – 20 credits at Level 2
	B72S05	The Accountable Practitioner – 10 credits at Level 2
	B72S08	Portfolio 1 – 15 credits at Level 2
Part B	B72A10	Care Delivery and Management 3: Contemporary Challenges Care of Patients in Acute Settings – 30 credits at Level 2
	B72A12	Care Delivery and Management 4: Personal and Professional Development Managing Care – 30 credits at Level 2
	B72S15	Portfolio 2 – 15 credits at Level 2

BSc (Hons) in Nursing

To access this pathway students must have achieved 50% or above at the first attempt for the Common Foundation Programme modules in the Undergraduate Diploma in Nursing and have been graded satisfactorily in assessment of all practice outcomes for the Common Foundation Programme.

Part A	B71A02	Care Delivery and Management 1: Care of Adults in Diverse Community Settings – 30 credits at Level 1
	B71S03	Health Information and Technology – 10 credits at Level 1
	B72A04	Care Delivery and Management 2: Care of Patients Receiving Acute and Continuing Care – 20 credits at Level 2
	B72S06	The Accountable Practitioner – 20 credits at Level 2
	B72S09	Portfolio 1 – 30 credits at Level 2
	B72S07	Evidence Based Practice 1 – 30 credits at Level 2
Part B	B73A11	Care Delivery and Management 3: Contemporary Challenges – 30 credits at Level 3
	B73A13	Care Delivery and Management 4: Personal and Professional Development Managing Care – 30 credits at Level 3
	B73S14	Evidence Based Practice 2 – 40 credits at Level 3
	B72S16	Portfolio 2 – 30 credits at Level 2

Extended Course Undergraduate Diploma/BSc (Hons) in Nursing

In Placement

Students may negotiate planned shifts in keeping with their domestic circumstances. This may entail working weekends and undertaking night duty. The students are required to work 30 hours per week (exclusive of meal times), spread over 5 working days. In areas where it is normal practice to work 12 hour shifts, students may also undertake these if it is considered appropriate to meet their educational needs - for example to work with their mentor. However students should work **no more** than three 12 hour shifts in one week. Students would not normally be expected to work more than one weekend every four weeks. In semester one, they would not be expected to undertake night duty, but from semester two (in their own branch placement), and in branch, a maximum of three nights in any six week period could be undertaken.

The Course is educationally led and students may be required to attend **programmed** study days, seminars and tutorials, these will be highlighted on Allocation change lists. Students are not allowed time from practice for study days or tutorials unless dates/times have been confirmed, in writing, by Allocations or Teaching staff.

Throughout the course:

Students must adhere to the uniform policy/dress code of the placement area.

Students **must** attend practice placements as **allocated**, and for the hours specified in order to fulfil statutory course requirements. Students' absence from practice for any reason, regardless of negotiation to make time up at a later date, must be reported to the School

Student's MUST report ALL sickness or absence to the School and practice placement. Students should not make up absences or sickness unless an action plan relating to this has been agreed and signed by their personal tutor and negotiated where appropriate with practice. This will be monitored and recorded and if necessary arrangements can be made for the student to either achieve the required learning outcomes on another occasion, or to repeat the nursing practice placement. Any sickness or absence MUST be recorded on the student's Final Interview carbonated record sheet.

Absences of seven days or more require a Medical Certificate.

Changing Role of Students in Relation to Clinical Competence

Extended Course Undergraduate Diploma/BSc (Hons) in Nursing

For cohorts 04/09, 05/10, 06/10 only

Skills	Expected Level of Student	Student's Role
Common Foundation Programme: Semester One	Dependent novice; The student is dependent on others; they observe others undertaking the activity and can describe it.	Helper; The student has been exposed to experience that relates to a particular learning outcome.
Common Foundation Programme: Semesters Two and Three Branch Programme Part A: Semester Four	Competent under supervision; The student can demonstrate an acceptable performance under supervision.	Supervised participant; The student can undertake the outcome, under supervision.
Branch Programme Part A: Semesters Five and Six Branch Programme Part B: Semester Seven	Proficient under supervision; The student can safely carry out activities in which they have previously been instructed; they have an understanding of the rationale behind the action. The student will be able to adapt and apply nursing practice.	Participant; The student will undertake and explain how the outcome relates to nursing practice; they will be able to transfer the outcome to new settings and to reflect on it when applying and adapting their nursing practice skills.
Branch Programme Part B: Semesters Eight and Nine	Independent/proficient; The student consistently adapts and applies skills to new settings. The student can work as part of the multidisciplinary team, displaying skills of initiative and organisation.	Assistant to first level nurses; The student consistently transfers experiences of outcomes observed in other areas to influence the outcome in another area.

Cohorts from 07/10 use the Skill Escalator for pre registration nursing courses (Adapted from Bondy) with their equivalent end of year practice levels.

Shortened BSc (Hons) Nursing / Diploma in Nursing (Child / Mental Health / Learning Disabilities / Adult) for Registered Nurses

Course details

The post registration BSc (Hons) Nursing / Diploma in Nursing course at The University of Nottingham is a sixteen month course. It has been designed specifically for those registered nurses that wish to register with the Nursing and Midwifery Council (NMC) on another branch of nursing.

The BSc (Hons) Nursing/Diploma in Nursing will be offered once a year commencing in April.

Aims of the BSc (Hons) Nursing / Diploma in Nursing Course

The overall purpose of the course is to prepare competent, confident and effective nurses for inclusion on the appropriate part of the Nursing and Midwifery Council (NMC) register, who are equipped with the skills necessary for flexible, professional learning and development in a multidisciplinary, multi-site health service in the 21st Century'. On completion of the course the diplomates / graduates will be 'Fit for Practice, Fit for Award and Fit for Professional Standing' (ENB 2000) in accordance with the standards of The University of Nottingham and the Nursing and Midwifery Council (NMC).

Target group

The course will be available to those candidates who are registered with the NMC. Those candidates, who qualified prior to Project 2000, will normally be eligible to access the course following successful AP(E)L. **All candidates will be required to apply for a place.**

The numbers of students accessing each of the Branch programmes will be as agreed with the Trent Strategic Health Authority who contract with the University for the provision of pre and post registration nursing education.

Course Organisation and Structure

Structure of the course

The structure of the course has been designed to take account of two things:

1. the NMC requirements that:
 - a. Those who wish to undertake a programme leading to an additional registration may undertake a branch programme of less than two years by providing evidence of how they have achieved any of the competencies related to their chosen branch.
 - b. The course comprises 50% theory and 50% practice.
2. the structure and organisation of the Diploma / BSc(Hons) in Nursing course

The course will comprise:

- a. Theoretical modules
 1. Care Delivery and Management. Students will study at either level 2 or level 3 alongside their Diploma / BSc(Hons) in Nursing counterparts.
 2. A dissertation (for those studying at level 3) or a project (for those studying at level 2) and modules designed to prepare students to complete these.
- b. Practice
 1. Continuous assessment of practice will take place during each placement.

Award of academic credits

Semester 1 (Semester 4 of BSc/Diploma in Nursing)	30 level 2/3 credits
Semester 2 (Semester 5 of BSc/Diploma in Nursing)	30 level 2/3 credits
Semester 3 (Semester 6 of BSc/Diploma in Nursing)	20 level 2/3 credits
Dissertation/project running throughout the course	40 level 2/3 credits
Total number of credits	120 level 2/3 credits

Assessment of theoretical and practical competence

In order to be awarded the BSc (Hons) Nursing / Diploma in Nursing and to register with the NMC students must pass both the theoretical and practical components of the course.

Length of the course

Length of programme	One year and two months (approx 68 weeks)
No of weeks in year	45
Annual leave (over course)	9 weeks (inclusive of B/H's). Note: annual leave is fixed and may not be taken outside of specified dates.
Length of working week	37.5 hours
Sickness Allowance (practice)	7 days
Practice	1050 hours
Theory	910 hours

Whilst in practice students on this programme are required to achieve NMC outcomes for entry to branch and standards of proficiency for entry to the register (NMC 2004). These are assessed in the Assessment of Practice Record. They are able to assist in the administration of medicines from the start of semester two.

Postgraduate Diploma of Nursing Studies

Introduction

The Postgraduate Diploma of Nursing Studies is designed to respond to the prior learning and experiences of graduate entrants, and prepares them to study at an accelerated and higher academic level. The programme is offered at **Nottingham** and **Lincoln** Centres. Entrants have a first degree in a subject relevant to nursing/health with a minimum classification of Second Class, Division II.

The programme was reviewed in 2005 and reduced from 30 months to two years. The Common Foundation Programme is six months and the branch programmes two years duration. In semester 1 **The Common Foundation Bridging Programme** consists of disciplines that underpin and inform nursing and various placements in nursing practice areas. The two year **branch programmes** offered are:

- a) Care of the Adult
- b) Mental Health Nursing

The Postgraduate Diploma has two intakes a year (Autumn in Lincoln and Spring in Nottingham) as agreed with the Trent Strategic Health Authority who contract with the University for the Provision of pre and post registration nursing education. Following successful completion of the Postgraduate Diploma of Nursing Studies and at least six months post registration nursing experience, students are eligible for the part-time **MSc Nursing Studies** programme through dissertation (one calendar year).

Aims and Objectives

The aims of the course are:

1. To develop the knowledge, skills and values required for competent, confident and safe patient-centred practice in circumstances requiring sound judgement, personal responsibility and initiative,
2. To enable students to achieve registration in their chosen branch of nursing through a programme of study that acknowledges and builds on their previous academic achievements.
3. To promote collaborative working relationships with service users, carers, families, colleagues, lay people and wider community networks in a way that respects and values diversity.
4. To develop the critical, analytical and evaluative powers of the students to enable them to deliver and research evidence based health care.
5. To enable students to become accountable, innovative practitioners who are committed to taking responsibility for their lifelong learning
6. To prepare students to take on leadership roles in nursing.

Objectives

At the end of the programme of study students will have a knowledge and understanding of:

1. client/patient health care needs
2. theoretical basis of nursing practice
3. the structure and functioning of the human body, together with a knowledge of dysfunction and pathology
4. the relevance of social and psychological sciences to nursing and healthcare
5. the role of nurses in the promotion of health and health education
6. the legislation, professional and statutory codes of conduct that affect health and nursing practice
7. international, national and local policies that affect nursing, health and the delivery of health care services.

B Intellectual skills:

1. the ability to gather and evaluate critically evidence and information from a wide range of sources;
2. think logically, systematically and critically about health and nursing practice;
3. draw reasoned conclusions or reach sustainable judgements related to nursing practice;
4. use methods of enquiry to collect and interpret data in order to provide information that would inform or benefit practice;
5. evaluate new and existing health technologies and applications;
6. derive solutions to problems based on the collection, interrogation, interpretation and synthesis of information and data;
7. draw on established analytical techniques in the field of nursing, health and social care;
8. take responsibility for their own lifelong learning and continuing professional development, based on critical awareness of the need for self assessment and improvement

C. Professional/practical skills:

1. demonstrate proficiency and creativity in the planning, implementation and evaluation of care and treatment interventions for people with diverse health care needs
2. exercise accountability and responsibility in nursing practice;
3. communicate effectively, diversely and sensitively with clients, carers and health care workers;
4. work effectively within multi-disciplinary teams by virtue of a knowledge in team working and team building;
5. demonstrate the potential to become nurse leaders in the future.
6. practice in an anti-discriminatory way acknowledging the differences in beliefs and cultural practices of individuals and groups;
7. perceive themselves as agents of change capable of using flexible and proactive approaches to enhancing and expanding the scope of nursing practice.

D. Transferable/key skills:

1. collaborative team/group working skills
2. communicate effectively with a wide range of individuals using a variety of means
3. use problem solving and enquiry based learning skills
4. self reflection on their own progress, strengths, limitations and areas for development
5. effective and efficient use of information technology
6. application of number
7. leadership and change agent skills
8. self management, organisation and workload management skills

Postgraduate Diploma in Nursing Studies Course Outline (from September 2005 intake)

Common Foundation programme	
Nursing concepts and practice (s)	15 L3
Scientific basis for nursing 1 (s)	10 L3
Evidence based practice (1) (s) <i>extends into branch</i>	Assessed in branch

Adult Branch	
Care of Adults in acute settings	15 L4
Scientific basis for acute care	10 L4
Evidence based practice (i) (s) continued from CFP	10 L4
Critical care, trauma and oncology nursing	15 L4
Scientific basis for Critical care, trauma and oncology nursing	10 L4
Evidence based practice (ii) (s)	10 L4
Managing care	15 L4
Scientific basis for managing care (s)	10 L4

Mental health branch	
Community mental health nursing	15 L4
Scientific basis for community mental health nursing	10 L4
Evidence based practice (1) (s) continued from CFP	10 L4
Contemporary challenges in mental health nursing	15 L4
Scientific basis for contemporary challenges	10 L4
Evidence based practice (ii) (s)	10 L4
Managing mental health care	15 L4
Scientific basis for managing care (s)	10 L4

(s) = shared learning

Postgraduate Diploma in Nursing Studies Changing Role of Students In Relation To Clinical Competence (From September 2005 cohort)

Skills	Expected level of student	Student's Role
Semester One	Dependent novice; The student is dependent on others; they observe others undertaking the activity and can describe it.	Helper; The student has been exposed to experience that relates to a particular learning outcome.
	Competent under supervision; The student can demonstrate an acceptable performance under supervision	Supervised participant; The student can undertake the outcome, under supervision.
Semester 2	Competent under supervision; The student can demonstrate an acceptable performance under supervision	Supervised participant; The student can undertake the outcome, under supervision.
Semester 3	Proficient under supervision; The student can safely carry out activities in which they have previously been instructed; they have an understanding of the rationale behind the action. The student will be able to adapt and apply nursing practice.	Participant; The student will undertake and explain how the outcome relates to nursing practice; they will be able to transfer the outcome to new settings and to reflect on it when applying and adapting their nursing practice skills.
Semester 4	Independent/proficient; The student consistently adapts and applies skills to new settings. The student can work as part of the multidisciplinary team, displaying skills of initiative and organisation.	Assistant to first level nurses; The student consistently transfers experiences of outcomes observed in other areas to influence the outcome in another area.

Master of Nursing Science (MNursSci)

The Master of Nursing Science programme builds upon the success of the Master of Nursing and Bachelor of Nursing programmes, which preceded it. The course increases the 'value added' aspects of the previous programmes, by extending students' cognitive, clinical and transferable skills. It does this by:

- a. Ensuring that students experience equal amounts of time in practice and theoretical study.
- b. Providing a greater breadth and depth of study throughout the course.
- c. Increasing the emphasis on research based learning and the application of research and evidence in health care, whilst also increasing the students' ability to critique and undertake research.
- d. Placing a greater emphasis on the development of transferable skills, e.g. information technology, presentation skills.
- e. Making greater use of student centred activities and project-based work.
- f. Placing a greater emphasis on student directed learning.

The 4 year programme comprises an 18 month **Common Foundation Programme**, where students study a range of disciplines contributing to nursing knowledge, whilst undertaking placements in community and nursing practice areas and three **Branch programmes** of two and a half years long. The branches offered are:

- a. Care of the Adult
- b. Care of the Child
- c. Care of the person with Mental Health problems

The Master of Nursing Science is based on an annual intake (September) of students as agreed with the Trent Strategic Health Authority Multi Professional Deanery, who contract with the University of Nottingham for the provision of pre and post registration nursing education. At present the MNursSci intake is 62 students a year.

Students on this programme are generally only allocated to Nottingham placement areas though some students do practice in other centres.

Aims and Objectives

The aims of the course are to:

- 1.** Prepare competent, confident and effective nurses for registration with the Nursing and Midwifery Council
- 2.** Ensure that graduates are equipped with the skills necessary for flexible, innovative professional practice, within the multi-disciplinary, multi-site health service of the 21st century.

Objectives

On completion of the course students will:

- 1.** Have the skills and knowledge required to provide effective nursing care to individuals and groups, in a range of health-care and community settings.
- 2.** Use their knowledge and skills to exercise professional accountability and responsibility.
- 3.** Have a deep and broad knowledge and understanding of client health care needs.
- 4.** Have the skills to analyse and report on community health need.
- 5.** Respond constructively to the dynamic tension between theory and practice.
- 6.** Have skills in team working and team building, including multi-disciplinary teams.
- 7.** Take responsibility for their own learning and will practice continuing self-evaluation.
- 8.** Adopt an enquiring approach to nursing practice and health care in order to facilitate, initiate, manage and evaluate change to improve quality.
- 9.** Use research as a basis for investigating nursing practice and health care.
- 10.** Be able to evaluate new and existing health technologies and to assist in the production of new knowledge.

Structure of the Master of Nursing Science Programme

PART 1: Common Foundation Programme (18 months)

- Year 1 – Promoting Health – 120 credits at level 1
 Year 2 Part 1 – Maintaining Health – 60 credits at level 2

PART II: Adult, Mental Health and Child Branch Programmes (2½ years)

- Year 2 Part 2 – Maintaining Health – 60 credits level 2
 Year 3 – Managing and Evaluating Care – 120 credits at level 3
 Year 4 – Nursing Practice in Context – 120 credits at level 4

MNursSci Common Foundation Programme (Years 1 & 2)

YEAR 1 - Promoting Health	Qualifying year: Level 1 - 120 credits
Semesters 1/2	
Module 1	Biological Foundations for Health (1) - 30 credits
Module 2	Nursing and the Social Context of Health - 15 credits
Module 3	Psychosocial Influences upon Wellbeing - 15 credits
Module 4	Behavioural Science and Health - 30 credits
Module 5	Foundations for Nursing Practice- 15 credits
Module 6	Introduction to Research – 15 credits
Related to Nursing Practice Community - 5 weeks: Includes 2 weeks Health Visitor , 1 week nursery, 1 week midwifery and 1 week Community Nursing Team (DN, SN, CPN, PN)	
Related to Nursing Practice Acute care – 10 weeks: Two 5 weeks placements within adult, learning disability, mental health or child specialities	

YEAR 2 – Maintaining Health	Part I (20% of degree) Level 2 - 60 credits
Semester 3	
Module 7	Biological Foundations for Health (2)- 15 credits
Module 8	Public Health, Need and Statistics - 15 credits
Module 9	Planning care within a MDT - 15 credits
Module 10	Social Justice and Health - 15 credits
Related to Nursing Practice Acute care – 5 weeks: One placement within adult, learning disability, mental health or child specialities. Community: 7 days community health profile	

MNursSci Adult Branch Programme (Years 2/3/4)

YEAR 2 - Maintaining Health	Part II (20% of degree) Level 2 - 60 credits
Semester 4	
Module 11 (S)	Biological Foundations for Health (3) - 15 credits
Module 12 (A)	Principles of Adult Nursing - 15 credits
Module 13 (A)	Skills for Adult Nursing Practice - 15 credits
Module 14 (S)	Promoting Health and Managing Change- 15 credits
Related to Nursing Practice: 7 weeks care of adult – elderly, community, medicine or surgery	

YEAR 3 - Managing and Evaluating Care	Part II (40% Degree) - Level 3 - 120 credits
Semester 5 / 6	
Module 15 (A)	Nursing Skills for Adult Care - 20 credits
Module 16 (A&MH)	Policy & Practice in the Care of Older People - 20 credits
Module 17 (S)	Research Skills for Dissertation - 20 credits
Module 18 (S)	Effective Inter-professional Working – 20 credits
Module 19(S)	Elective Module - 20 credits
Module 20 (A)	Perspectives in Primary and Community Care - 20 credits
Related to Nursing Practice: Semester 5 - 10 weeks care of adult – elderly, community medicine or surgery Semester 6 - 12 weeks care of adult – elderly, community, medicine or surgery. Elective- 4 weeks	

YEAR 4 - Nursing Practice in Context	Part II (40% of degree) - Level 4 - 120 credits
Semester 7 / 8	
Module 21 (A)	Nursing Skills for Specialist Adult Care – 20 credits
Module 22 (S)	Applying Health Technologies - 20 credits
Module 23 (S)	Dissertation 1- 20 credits
Module 24 (S)	Dissertation 2 - 40 credits
Module 25 (S)	Contexts of Professional Practice - 20 credits
Related to Nursing Practice: Semester 7 - 12 weeks general care of adult and high dependency, intensive or specialist care Semester 8 - 14 weeks management experience	

MNursSci Child Branch Programme (Years 2/3/4)

YEAR 2 - Maintaining Health	Part II (20% of degree) Level 2 - 60 credits
Semester 4	
Module 11 (S)	Biological Foundations for Health (3) - 15 credits
Module 12 (C)	Care of the Ill Child and Their Family - 15 credits
Module 13 (C)	Skills for Child Nursing Practice - 15 credits
Module 14 (S)	Promoting Health and Managing Change - 15 credits
Related to Nursing Practice: 7 weeks children's care from within medicine, surgery and community	

YEAR 3 - Managing and Evaluating Care	Part II (40% Degree) - Level 3 - 120 credits
Semester 5 / 6	
Module 15 (C)	Nursing Skills for Children with Complex Health Needs - 20 credits
Module 16 (c)	The Adolescent as Health Consumer - 20 credits
Module 17 (S)	Research Skills for Dissertation - 20 credits
Module 18 (S)	Healthcare for Children with Special Needs - 20 credits
Module 19 (S)	Elective module - 20 credits
Module 20 (C)	Children and Young People in Society - 20 credits
Related to Nursing Practice: Semester 5 - 10 weeks children's care from within medicine, surgery and community Semester 6 - 12 weeks children's care from within medicine, surgery and community. Elective – 4 weeks	

YEAR 4 - Nursing Practice in Context	Part II (40% of degree) - Level 4 - 120 credits
Semester 7 / 8	
Module 21 (C)	Nursing Skills for the Child with High Dependency Needs– 20 credits
Module 22 (C)	Supporting Children & Families in the 21 st Century - 20 credits
Module 23 (S)	Dissertation 1 - 20 credits
Module 24 (S)	Dissertation 2 - 40 credits
Module 25 (S)	Contexts of Professional Practice - 20 credits
Related to Nursing Practice: Semester 7 - 9 weeks care of general children's nursing at high dependency, intensive or specialist care Semester 8 - 14 weeks general and management experience	

MNursSci Mental Health Programme (Years 2/3/4)

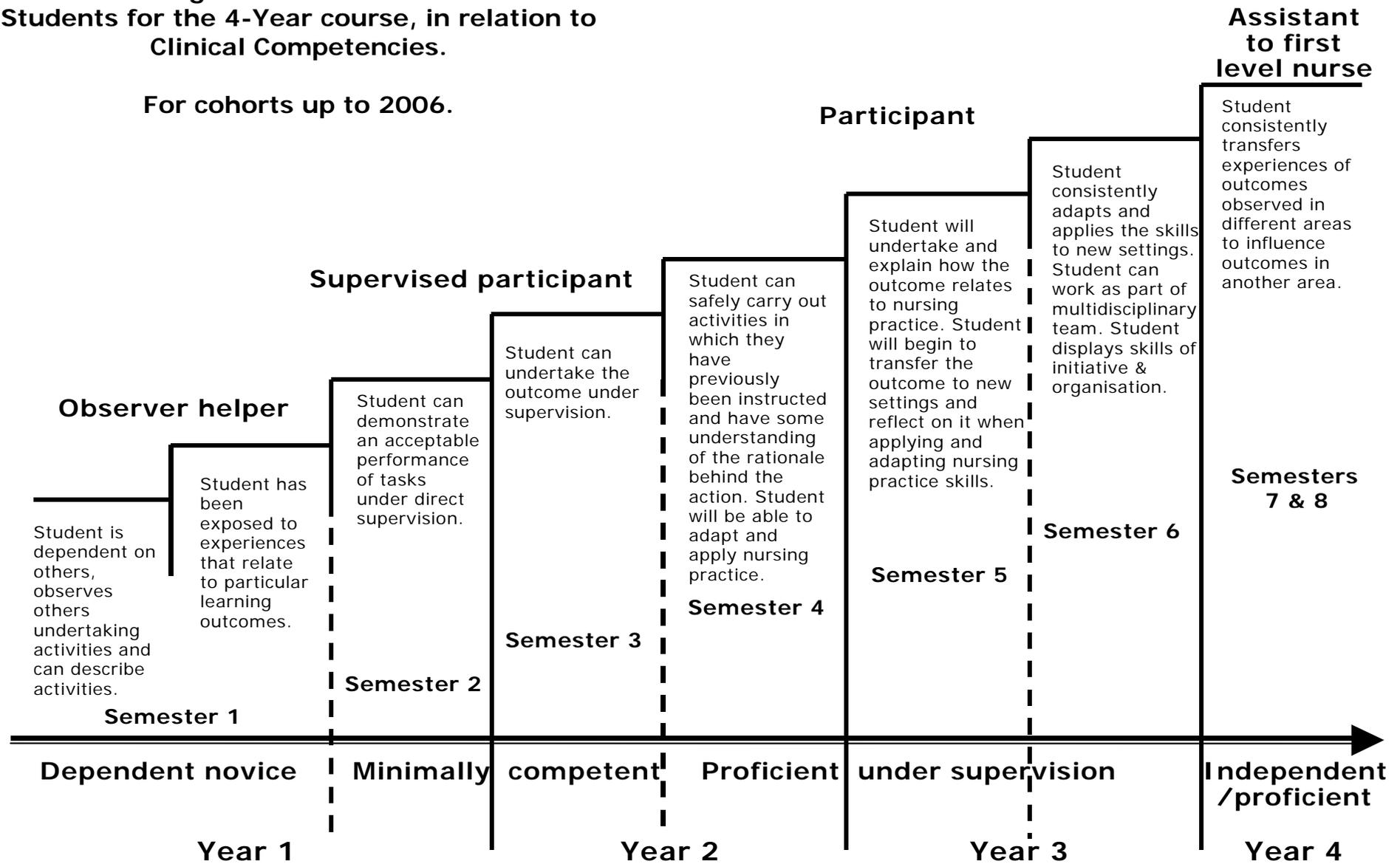
YEAR 2 - Maintaining Health	Part II (20% of degree) Level 2 - 60 credits
Semester 4	
Module 11 (S)	Biological Foundations for Health (3) - 15 credits
Module 12 (MH)	Mental Health and Mental Health Nursing - 15 credits
Module 13 (MH)	Skills for Mental Health Nursing Practice - 15 credits
Module 14 (S)	Promoting Health and Managing Change -15 credits
Related to Nursing Practice: 7 weeks mental health care placement	

YEAR 3 - Managing and Evaluating Care	Part II (40% Degree) - Level 3 - 120 credits
Semester 5 / 6	
Module 15 (MH)	Approaches, Interventions and Skills for Practice - 20 credits
Module 16 (MH)	Mental Health Care Across the Age Span - 20 credits
Module 17 (S)	Research Skills for Dissertation - 20 credits
Module 18 (S)	Effective Inter-professional Working - 20 credits
Module 19 (S)	Elective module - 20 credits
Module 20 (MH)	Working with People who have Enduring Mental Health Problems - 20 credits
Related to Nursing Practice: Semester 5 - 10 weeks mental health care placement Semester 6 - 12 weeks mental health care placement. Elective – 4 weeks	

YEAR 4 - Nursing Practice in Context	Part II (40% of degree) - Level 4 - 120 credits
Semester 7 / 8	
Module 21 (MH)	Skills for Specialist Areas in Mental Healthcare – 20 credits
Module 22 (MH)	Cultural, Spiritual and International Perspectives in Mental Healthcare- 20 credits
Module 23 (S)	Dissertation 1 - 20 credits
Module 24 (S)	Dissertation 2 - 40 credits
Module 25 (S)	Contexts of Professional Practice - 20 credits
Related to Nursing Practice: Semester 7 - 9 weeks general mental health care and specialist or high dependency mental health nursing. Semester 8 - 14 weeks mental health care management placement.	

**Practice Progression Chart for MNursSci.
Students for the 4-Year course, in relation to
Clinical Competencies.**

For cohorts up to 2006.



The Practice Levels below are the minimum levels of achievement for that part of the course. Students may be assessed at achieving beyond the minimal level and should be encouraged to progress towards the higher levels

Learning Beyond Registration

Practice Level 4:

I have practiced independently seeking advice and support as appropriate in meeting competence in the standards of proficiency in care management

- Careful, deliberate planning of care
- Safe, efficient and confident practitioner
- Needs minimal support
- Applies evidence based knowledge and demonstrates awareness of alternatives
- Sound judgement underpins actions
- Decisions based on current evidence
- Prioritises care
- Interventions and behaviour are suitable to client and the circumstances
- Provides coherent, accurate and necessary information
- Identifies and makes appropriate referrals within multidisciplinary team

Minimum Level of Achievement;
Branch
Semester 7 = 3
Branch
Semester 8 = 4

Practice Level 3:

I have practiced with decreasing supervision in developing competence in standards of proficiency in care delivery

- Safe, accurate, efficient and confident under minimal supervision
- Applies knowledge to practice
- Continues to develop skill in initiating appropriate interventions
- Making informed judgements based on available evidence
- Professional intervention/behaviour appropriate for final year
- Can give informed rationale for care that is informed, coherent and appropriate

Branch
Semesters 5 and 6

Practice Level 2:

I have practiced with assistance, delivery of care in developing competence in outcomes (for CFP) and standards of proficiency (for Branch)

- Developing confidence and accuracy with meeting clients needs
- Frequent supervision required for level of standards of proficiency
- Can prioritise care when prompted
- Gives standard explanations
- Adapts care to meet client needs and current situation
- Applies knowledge to practice
- Beginning to initiate appropriate interventions
- Making some judgements based on available evidence
- Professional intervention/behaviour is generally appropriate for care situation

Branch
Semester 4

Practice Level 1:

I have practiced with constant supervision to deliver essential care in developing competence in outcomes

- Constant or frequent supervision and guidance
- Support in organising work
- Can identify where to locate further information
- Rudimentary rationale for choice
- Some insight
- Developing confidence and accuracy

Minimum Level of Achievement by end of CFP

Skills Escalator Assessment Strategy for use by MNursSci cohorts from 2007