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

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

<table>
<thead>
<tr>
<th>1 – Establish effective working relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Develop effective working relationships based on mutual trust &amp; respect</td>
</tr>
<tr>
<td>1.2 Demonstrate an understanding of factors that influence how students integrate into practice</td>
</tr>
<tr>
<td>1.3 Provide ongoing and constructive support to facilitate transition from one learning environment to another</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 - Facilitation of learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Use knowledge of the student’s stage of learning to select appropriate learning opportunities to meet their individual needs</td>
</tr>
<tr>
<td>2.2 Facilitate selection of appropriate learning strategies to integrate learning from practice and academic experiences</td>
</tr>
<tr>
<td>2.3 Support students in critically reflecting upon their learning experiences in order to enhance future learning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 - Assessment and accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Foster professional growth, personal development and accountability through support of students in practice</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 - Evaluation of learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Contribute to evaluation of student learning and assessment experiences – proposing aspects for change as a result of such evaluation</td>
</tr>
<tr>
<td>4.2 Participate in self and peer evaluation to facilitate personal development, and contribute to the development of others</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 - Creating an environment for learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Support students to identify both learning needs and experiences that are appropriate to their level of learning</td>
</tr>
<tr>
<td>5.2 Use a range of learning experiences, involving patients, clients, carers and the professional team, to meet the defined learning needs</td>
</tr>
<tr>
<td>5.3 Identify aspects of the learning environment, which could be enhanced- negotiating with others to make appropriate changes</td>
</tr>
<tr>
<td>5.4 Act as a resource to facilitate personal and professional developments of others</td>
</tr>
</tbody>
</table>
**6 - Context of practice**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Contribute to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated</td>
</tr>
<tr>
<td>6.2</td>
<td>Set and maintain professional boundaries that are sufficiently flexible for providing Interprofessional care</td>
</tr>
<tr>
<td>6.3</td>
<td>Initiate and respond to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained</td>
</tr>
</tbody>
</table>

**7 – Evidence based practice**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>Identify and apply research and evidence based practice to their area of practice</td>
</tr>
<tr>
<td>7.2</td>
<td>Contribute to strategies to increase or review the evidence base used to support practice</td>
</tr>
<tr>
<td>7.3</td>
<td>Support students in applying an evidence base to their practice area</td>
</tr>
</tbody>
</table>

**8 – Leadership**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>Plan a series of learning experiences that will meet students defined learning needs</td>
</tr>
<tr>
<td>8.2</td>
<td>Be an advocate for students to support them accessing learning opportunities that meet their individual needs – involving a range of other professionals, patients, clients and carers</td>
</tr>
<tr>
<td>8.3</td>
<td>Prioritise work to accommodate support of students within their practice roles</td>
</tr>
<tr>
<td>8.4</td>
<td>Provide feedback about the effectiveness of learning and assessment in practice</td>
</tr>
</tbody>
</table>

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.

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. 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.

AUTHORS: Liz Aston, Associate Professor - Practice Learning / Practice learning team coordinator, School of Nursing, Nottingham University
Paula Hallam, Lecturer / Deputy PLT Coordinator, School of Nursing, Nottingham University

If you require any further information please contact Liz Aston
Tel; 0115 82 30976
Email address: liz.aston@nottingham.ac.uk.
Paula Hallam
Tel: 01332 347141 Extn 2204
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

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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.