



Faculty of Health and Wellbeing

PRACTICE LEARNING HANDBOOK FOR THE INTERPROFESSIONAL LEARNING PROGRAMME

2012 Validation

BSc (Hons) Nursing (Adult) Pathway

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1.0 An Introduction to the Placement Handbook for the Interprofessional Learning Programme at Canterbury Christ Church University

The Interprofessional Learning Programme at Canterbury and Medway is a programme of study leading to specialist preparation and professional registration in:

- Adult Nursing
- Child Nursing
- Medical Imaging
- Mental Health Nursing
- Midwifery
- Occupational Therapy
- Operating Department Practice
- Paramedic Science
- Social Work

This handbook provides an overview of the guidelines and policies that underpin practice learning within the programme and will introduce students and practitioners to the practice learning component of individual pathways.

Alison Eyden

Director of Undergraduate Interprofessional Studies

Sue West

Director of Practice Learning

2.0 Introduction to the Adult Nursing pathway

Welcome

This handbook has been developed in conjunction with the IPL Programme Handbook as a guide to help students gain the most out of the practice experience. It has been compiled with the help of nursing students, mentors, service users, Practice Placement Facilitators and the Faculty Practice Learning Unit.

The practice elements form a compulsory part of the programme award, and will provide students with the unique opportunity to apply theoretical components to the development of identified practice competencies.

Every student who enrolls on the Adult Nursing Pathway is expected to meet the Nursing and Midwifery Council (2008) requirements for registration. In order to meet these requirements the Pre-Registration Nursing Award is designed to achieve 4,600 hours.

This total is divided equally between theory and practice; 2,300 hours will therefore be spent on practice learning. As part of these hours, students will also access a week long voluntary placement in Year 1 to add to the varied diet of placements.

It is important that students feel competent and meet the Nursing and Midwifery Council's expectations of a registered nurse when they qualify and are what is termed 'fit for practice'. This handbook will provide an overview of what is meant by this term and will act as a resource that can be referred to when working towards this goal.

The practice element of the programme is provided by the main National Health Service (NHS), Primary Care Trusts (PCT's) and a number of private healthcare providers. All of these organisations work in partnership with the University to ensure that students have an appropriate practice placement experience.

As this handbook has been developed to provide students with information that will help them to prepare for, and make the most of, experiences in practice, it is important that this handbook is read before commencement of the first placement and referred to regularly throughout the programme.

Ian Felstead, Pathway Director

Nerys Brick, Pathway Director

The Adult Nursing Department team are committed to helping you make a success of your pre-registration education and want students to learn from practice experiences. If you have any ideas about how this resource could be developed further, please e-mail karen.lumsden@canterbury.ac.uk with suggestions.

Karen Lumsden, March 2012

3.0 Professional issues

3.1 Expectations of behaviour during placements

Professional regulatory bodies expect that people in the care of Health and Social Care professionals must be able to trust them with their health and well-being.

To justify that trust, individuals must:

- Make the care of people their first concern, treating them as individuals and respecting their dignity
- Work with others to protect and promote the health and well-being of those in their care, their families and carers, and the wider community
- Provide a high standard of practice and care at all times
- Be open and honest, act with integrity and uphold the reputation of their profession
- Always act lawfully, whether those laws relate to their professional practice or personal life.

Students are expected to familiarise themselves with their professional code and apply the principles to their conduct and practice during their education programme.

3.2 Equality and diversity

While in placement students will meet people from diverse cultures, religions and those whose value base will differ from their own. At all times students are expected to respect the rights and individuality of each person.

3.3 Confidentiality

Students must maintain confidentiality at all times. They should ensure that they understand what information can be shared and with whom.

Patients / service users must never be discussed outside of the placement and anonymity of individuals, organisations and staff must be maintained when completing any placement related assignment.

3.4 Informed Consent

Students should be aware that they must always seek consent for their participation in care and treatment and will be asked to sign that they are aware of this in their practice assessment documents.

3.5 Professional relationships

Students should never arrange to meet patients / service users socially either during placements or after the placement has finished. The student should aim to develop professional relationships, this means being friendly rather than becoming friends.

Students should also be aware that they are not allowed to accept personal gifts from patients, their families or friends.

There is an opportunity for patients / service users / relatives to comment on the students' participation in their care in the Ongoing Achievement Record.

3.5.1 Social networking (Facebook)

Please remember to use social networking sites responsibly and not to comment about placement or anything that could breach patient confidentiality. Also please refrain from be-friending staff members at your placement as this is not appropriate. By all means enjoy using 'facebook' socially but remember to do so wisely.

Further information can be found at:

http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Social-networking-sites/?utm_campaign=1109944700&utm_content=1062526713653&utm_medium=email&utm_source=Emailvision

http://www.nmc-review.org/issues/issue-four-g/social-networking/?utm_campaign=1109944700&utm_content=1062526713653&utm_medium=email&utm_source=Emailvision

3.6 Accountability and responsibility

Part of being a professional is being aware of personal limitations. It is essential that students do not undertake any intervention that has not been taught to do or been agreed with their supervisor. We understand how important it is for students to feel useful when in placement, but this must not be at the expense of patient safety.

Throughout their education, students work under the supervision of a qualified practitioner. This means that student practice will always be observed until it is deemed safe that they can work with less direct supervision.

Practice supervisors are accountable for their delegation decisions. However, students are responsible for their own actions and therefore if a student does not know how to do something, it is important that this is explained to the supervising practitioner.

As students' progress through the programme, they may be risk assessed to undertake lone working, usually in the community setting. This will be subject to patient / service users consent and the practice supervisor's judgement that they are competent to do so.

3.7 Patient Safety

Patient safety is everyone's responsibility

Patient safety is concerned with reducing the likelihood of patients suffering harm as a result of their contact with health and social care services. It is recognised that human error and work processes can lead to patients suffering harm or being put at risk (NPSA 2004). Risk management, incident reporting and learning lessons form part of the strategies NHS and other organisations have introduced to measure, monitor and improve patient safety. To reduce risk, organisations are required to provide staff with evidence based policies and procedures to follow, regular appraisal, training and education to meet the needs of services and support to improve service delivery to meet individual needs. Equally staff are required to abide by their employment contract and (if applicable) professional codes of conduct.

A patient safety incident is defined by the National Patient Safety Agency (NPSA) as:

"Any unintended or unexpected incident, which could have or did lead to harm for one or more patients receiving NHS care".

and includes:

- Incidents that you have been involved in;
- Incidents that you may have witnessed;
- Incidents that caused no harm or minimal harm;
- Incidents with a more serious outcome;
- Prevented patient safety incidents (known as 'near misses')

Incident reporting is encouraged and an open and fair culture (NPSA 2004) promoted within the NHS. Incidents are investigated locally by the manager, at organisation level by the appropriate patient safety expert and nationally by the national patient safety agency. These Root Cause Analysis (RCA) investigations aim to identify systems and processes that

increase the potential for human or other errors to occur. Once the lessons learnt are identified; these can be shared and actions can be taken locally, organisationally and nationally to change the systems and processes to reduce risks to patients and increase patient safety.

Staff members, students, patients and the public are actively encouraged by NHS organisations to report any concerns they have. Students on placement have a responsibility to work within their competence, follow the organisation's and university's policies and procedures, complete any training the organisation requires and discuss concerns they have about practice with their mentor, senior staff/patient safety expert and link lecturer/personal tutor. NHS organisations aim to develop a patient safety culture that is open and fair (NPSA 2004), in order to promote incident reporting and to share learning. However, it is recognised that it is sometimes difficult to report incidents. Incidents and near misses that students are involved in or witness in practice must be reported to the placement organisation and university. The organisation and the university will support the student through this process, so lessons can be learnt and patient safety improved.

Websites: <http://www.npsa.nhs.uk>

3.8 Adherence to policies and procedures

Students must adhere to host Trust policies and procedures at all times, some specific examples include:

3.8.1 Infection control

Students must familiarise themselves with Infection Control policies and procedures for their host organisation. Normally students will be expected to undertake core mandatory training in their host organisation.

3.8.2 Drug administration

Students must adhere to NMC guidelines and Trust policies related to the administration of medicines. Students must never check medications or infusion devices or administer drugs on their own and must always be under the direct supervision of a qualified nurse / midwife.

3.8.3 Moving and Handling

Health care students must complete mandatory Moving & Handling training prior to commencing their first placement and annually thereafter. Students must comply with Trust policies and procedures related to moving and handling.

Students must only participate in Moving & Handling procedures that comply with the safe principles they have been taught. Students should be aware who in their placement could advise them on Moving & Handling issues as necessary.

Students have the right to refuse to participate in Moving and Handling activities that do not conform to techniques taught at either the University or host Trust.

3.8.4 Smoking

Students must follow the smoking policy of their host organisation during placements.

3.8.5 Mobile phones

Students should turn their phones off while in placement, unless they are required to use it for contact with patients / service users or their supervisor. Personal messages and voice mails should be accessed at break times only.

Students must not take photographs using camera phones of patients / practice areas etc. while in placement.

3.8.6 Lone working

Guidelines have been developed to inform lone working for students and should be considered in line with Trust / organisational policies. These guidelines bring to the student and practitioner's attention the specific risks associated with lone working. The guidelines outline the measures that it is necessary to take in order to manage the risk present where staff find themselves working alone.

Please familiarise yourself with the Lone working guidelines that can be found on the Placements Information BlackBoard under Policies and Guidelines.

3.9 Fitness to and for practice in relation to students

The University and our practice partners have a duty to ensure that only students who meet their requirements for fitness to practice are recruited to and graduate from the programme.

The NMC and HPC have written guidance for students to help them understand the issues and requirements for fitness to practice and these can be accessed at

<http://www.nmc-uk.org/Students/Good-Health-and-Good-Character-for-students-nurses-and-midwives/>

<http://www.hpc-uk.org/publications/brochures/index.asp?id=220>

3.9.1 Enhanced CRB clearance

During placements all students will work with vulnerable people and for this reason enhanced CRB clearance must be obtained prior to the first practice placement.

Students must keep their clearance notification in a safe place and may be asked to produce it prior to placements in the Private, Voluntary and Independent sector placements.

The University is not responsible if the student loses their paperwork.

3.9.2 Mandatory training

Each professional pathway has mandatory requirements that must be completed prior to placement commencement. Students should familiarise themselves with these and attend sessions that are arranged for them. Failure to do so could prevent students from commencing their placement. Pathway requirements can be found under 'Policies and Guidelines' on the Placements BlackBoard.

3.9.3 Good Health and Good Character

Prior to the commencement of Years 2 and 3, all students will be asked to sign a declaration of suitability. Students should read this document carefully prior to signing and ensure that they declare any changes in their health or personal circumstances as indicated.

What do good health and good character mean?

Good health is necessary to undertake practice as a nurse. Good health means that a person must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with long-term health conditions are able to practice with or without adjustments to support their practice.

Good character is important as nurses must be honest and trustworthy. Good character is based on a person's conduct, behaviour and attitude. It also takes account of any convictions and cautions that are not considered to be compatible with professional registration and that might bring the profession into disrepute. A person's character must

be sufficiently good for them to be capable of safe and effective practice without supervision.

3.10 Health issues

3.10.1 Health Clearance

Health clearance must be received before students can commence placement. Delays in being cleared will usually delay commencement of placement.

3.10.2 Immunisations

For your own protection you must complete all of 4 stages of your immunisation programme for Hepatitis B. This involves 3 vaccinations and a blood test. Students should be aware that: they will be responsible for funding completion of their immunisation programme if they fail to attend appointments planned for them, that they must do this prior to completion of their year 2 declaration of suitability.

3.10.3 Accidents and incidents in practice

Students who are involved in accidents or incidents in practice that result in organisational reporting mechanisms to be initiated must have the relevant section of their 'Health Passport' completed and inform the academic link. Copies of any incident / accident forms should be submitted to the personal tutor for inclusion into the student file.

3.10.4 Reasonable adjustments

The Faculty is committed to supporting students with additional needs in both the University and Practice setting. The guidelines for the process followed can be found under 'Policies and Guidelines' on the Placements BlackBoard.

3.11 Personal presentation

3.11.1 Time keeping

Students are expected to arrive promptly for the start of their shift and return from breaks at the time agreed with their supervisor. Poor time-keeping is considered to be unprofessional behaviour and will be taken into account during the assessment process.

3.11.2 Professional dress and appearance

Health Care students should adhere to the faculty guidelines on dress and appearance which can be found on the Placements Information BlackBoard under 'Policies and Guidelines'. These guidelines are intended to explain to students the rationale for the expectations placed upon them and also clarify our expectations that students will adhere to the policies of their host organisation.

Social work students because of the nature of their role are exempt from these guidelines.

3.11.3 Body language and interpersonal skills

Students should be aware of how they present themselves in their placement. The Faculty expects students to be polite and use professional language at all times. It is important to be aware of our body language and how this makes us appear to others. The student who stands by the wall with their arms folded may be anxious and uncertain but may appear bored and disinterested.

3.11.4 Readiness to learn

The prime role of the student in placement is to learn the practice of their profession. To make the most of your placement experience you will need to attend being ready to make the most of the opportunities available to you. Portray an interest and enthusiasm for the experience and potential learning opportunities and be ready to make notes and ask questions at appropriate times.

3.11.5 Role of the student in placement

The student is expected to be active within both the mentor-student partnership and the clinical team they are placed with. It is important for the student to contribute to the work of the team and feel that they are part of it. Quality clinical learning time is essential if the student is to be enabled to apply theory within the practice setting and internalise (Andrews, Roberts 2003) professional practice. An important aspect of this process is exposure to expert role models who can actively involve students in practice and challenge their skills, knowledge, understanding and approach in a safe environment. Through having a mentor the student should be enabled to identify their learning needs and strategies available within and outside of the placement to meet them.

The student will:

- Act professionally at all time during the placement experience
- Review and utilise previous placement's learning to inform subsequent placements
- Take advantage of learning opportunities and to review Learning Contract regularly
- Disclose any special needs or disability in order that reasonable adjustment can be made by the placement provider
- Comply with placement policies and procedures
- Attend their placement hours and when this is not possible due to unforeseen circumstances use University procedures to inform of absence
- Agree with his / her mentor / educator ground rules and expectations for their working relationship
- Understand the expected outcomes for their placement and the competencies they need to achieve
- Be aware of the placement environment and take advantage of the learning opportunities available
- Identify their own personal learning needs
- Assess their own progress and discuss it with their mentor / educator
- Participate actively in their assessment process and provide written evidence of learning and achievement
- Always work within their limitations, policies, guidelines and their professional codes.

3.12 Attendance

3.12.1 Allocated hours

The Nursing & Midwifery Council requires that students experience the full cycle of 24-hour care before they can be admitted to the register. Please note that students cannot work long shifts unless it is the working pattern of the placement and if learning is deemed to be impaired by doing so, will be altered to shorter shifts. All students can expect to be placed on the duty roster with all other members of the Practice Learning Unit and will be able to make a limited number of special requests in the same way that they do.

Lateness and poor time keeping is also considered poor professional behaviour and will be recorded in the Ongoing Achievement Record and taken into account during the assessment process.

Please note: Students must complete all of their allocated placement time before they can qualify and are therefore expected to make up any time lost through absence.

Absence of up to 37.5 hours – time should be negotiated between student and supervisor and avoiding overlaps with subsequent cohorts of students on placement. Absence over 37.5 hours - students must agree a schedule to make the time up with the placement manager / academic link or placement lead or Practice Placement Facilitator. This is to ensure the European Working Time Directive is adhered to and enable appropriate management of student numbers in placement. Students may be required to make up placement time in university holidays or reading weeks.

Students may not work more than 48 hours per week when making time up. When students are at university they are considered to be studying for 37.5 hours although required attendance may be less than this. The Working Time Directive still applies during university weeks.

Example Timesheet

W/C	Day	Shift times and no of hours	Running Total column	Attendance codes		Supporting Placement Hours	Signature of nurse / MENTOR
				P=present M-shifts MENTOR on duty	L-attended late IA-informed absence NA-non-informed absence		
Example 12/09	Mon	E 7.5	7.5	M	P		<i>S J Williams</i>
13/09	Tues	E 7.5	15	M	P		<i>S J Williams</i>
	Mon						
	Tues						
	Weds						
	Thurs						
	Fri						
	Sat						
	Sun						
	Mon						
	Tues						
	Weds						
	Thurs						
	Fri						
	Sat						
	Sun						
	Mon						
	Tues						
	Weds						
	Thurs						
	Fri						
	Sat						
	Sun						
Total placement hours				Total hours informed absence			
				Total hours non-informed absence			

3.12.2 Reporting absence

Any student who has a period of sickness during their placement experience must inform their placement area by telephone and email placementsquality@canterbury.ac.uk so that relevant members of academic staff can be informed.

3.12.3 Annual Leave

Annual leave is pre-set at the start of the programme. Students are not allowed to make arrangements with individual placement areas to exchange placement time with annual leave time or vice versa.

Students are not entitled to Bank Holiday leave entitlement. If a student works a Bank Holiday they do not receive a day off in lieu. Students are expected to work Bank Holidays if they fall on an allocated placement day. Bank Holidays are within the students' allocation of leave (holidays). Any student allocated to a placement that does not open on Bank Holidays will be expected to undertake reflective activity agreed with their supervisor.

3.12.4 Study leave

Placement managers are informed of any study days that occur during placement hours. Students should also ensure that their mentor / placement manager is aware of this planned leave at the beginning of placements.

3.12.5 Compassionate leave

If a student receives distressing news during their placement, the supervisor / placement manager should do their best to ensure the student gets home safely. They must also inform the academic link and the student must contact their personal tutor / Year Lead to arrange compassionate leave.

4.0 Placement issues

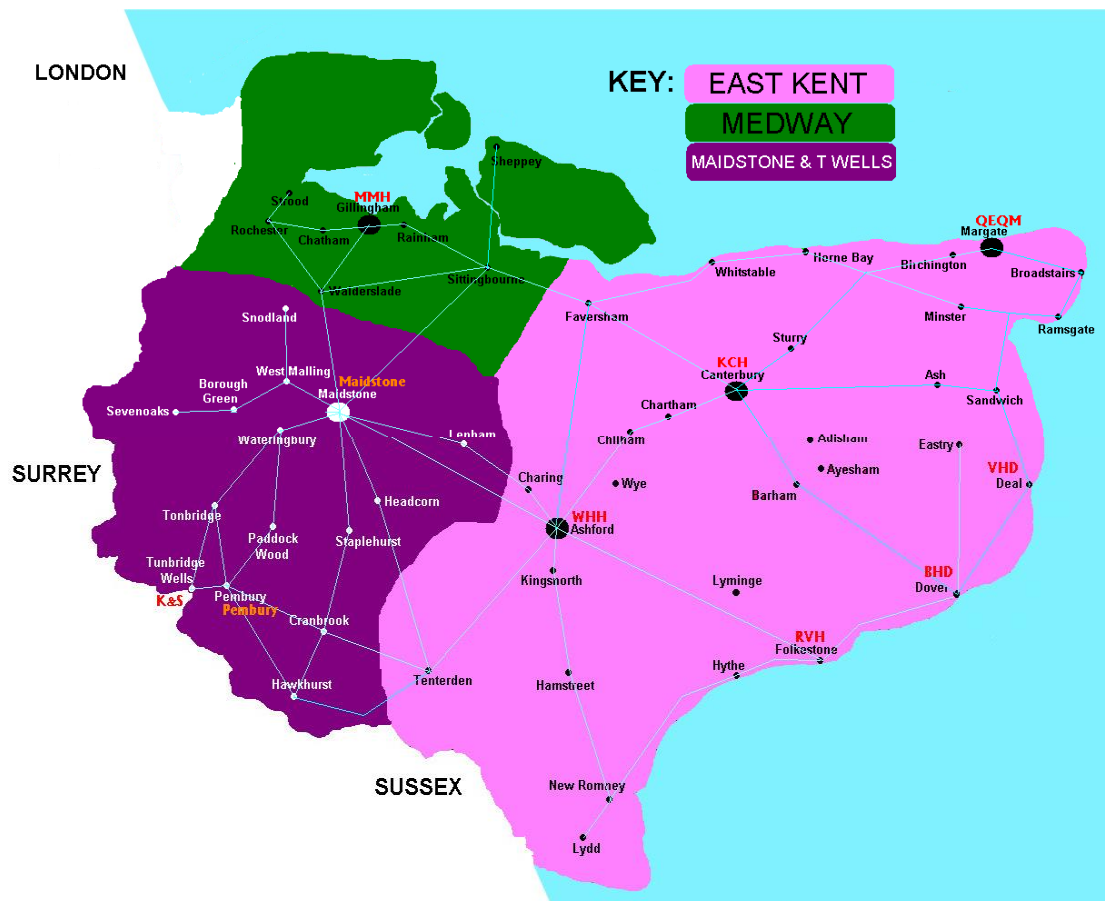
4.1 The role of the Practice Learning Unit

The Practice Learning Unit arrange where students spend their practice hours while on the programme. They liaise with Placement Leads, Practice Placement Facilitators and health and social care providers to ensure that students have a broad and varied placement pattern that incorporates different aspects of professional practice in line with programme needs and regulatory requirement.

Once placements have been organised and confirmed, they then put them on Blackboard so that students can see where they have been allocated. The team also request hospital accommodation and are responsible for sending travel and accommodation expense claims to the Student Grants Unit for reimbursement.

4.2 Location of Placements

All students are allocated to a variety of placements that reflect the patient's journey in the Kent and Medway region. Usually students will be allocated to placements in one of the geographical areas supported by one of the Learning in Practice teams.



4.3 Factors affecting placements

Occasionally factors happen in practice that can affect placement allocation. For example the number of mentors / educators may be significantly reduced, the placement may be relocated or re-organised. If this occurs, an action plan will be initiated by academic, placement staff and the placement office team and you will be kept informed.

4.4 Requests for change of placements

Once placements have been posted, changes will only be made in extenuating circumstances and with the written consent of the placement lead. Request forms can be found on Blackboard under policies and guidelines. Examples of extenuating circumstances are:

- A close relative currently works in the placement area
- There has been a recent personal bereavement in the placement area
- The student has recently been / or is undergoing treatment in the placement area
- The student is involved in litigation with the placement area.

4.5 Accommodation

Accommodation can be requested in the acute Trust. However students should be aware that, depending on demand, requests may not always be successful. Under these circumstances students will need to arrange bed and breakfast accommodation and claim back from the Bursary Unit (if eligible) or travel to placement.

4.6 Claiming travel expenses

All students can expect to travel up to 1.5 hours to their placements to ensure that the full range of experiences is achieved.

If students are in receipt of an NHS Bursary they may be eligible to claim back travel and/or accommodation costs incurred whilst on placement. Please check the guidance notes on the Placements Office website for more details. Once claims are completed please submit them to the Placements Team who will forward them to the NHS Student Bursaries to be processed. Students are responsible for ensuring that they send them in a timely manner (within a month of expenditure/travel) and keep copies for their own records.

5.0 Insurance issues

5.1 Car Insurance

Students should be aware that travel to placement is considered to be a commute and is covered by normal car insurance. If students are required to travel to another site or in the community in their own transport this is considered a business journey and as such requires restricted business use insurance.

Any student who has fully comprehensive insurance will find that requesting this change to their policy is unlikely to incur an additional cost, it may well cost extra for students who have 3rd party insurance policies.

Students who do not have restricted business insurance will not be covered in the case of an accident.

All health care students are advised that they must not transport patients / carers in their cars.

Social work students may be asked to do so and should refer to their pathway lead for advice in this matter.

5.2 Professional Indemnity

All students are encouraged to take professional indemnity insurance through membership of a professional body or union.

Students should be aware they when under supervision their supervisor is accountable for their delegation decisions.

Any student who takes themselves outside of their supervision or the boundaries of their student role and competence are putting themselves and the people they are working with at risk. Under these circumstances students are considered to be 'reckless' and would not be covered under the placements liability insurance

5.3 Personal property

Students are advised that their personal property is not covered when in placement accommodation and they should ensure that the Insurers of their primary home are aware of their change of address.

5.4 Alternative placements and insurance

Voluntary placements:

All students will undertake a placement in the voluntary sector during their first year of the programme. This ensures that students examine the work of voluntary agencies allied to Health & Social Care related placement to appreciate the role they play in the patient journey. The required documentation which must be completed in advance of the placement can be found on the Placements BlackBoard.

Students are advised to read the guidelines for voluntary sector placements that can be found on the Placements BlackBoard.

6.0 Practice learning in the Adult Nursing pathway

Practice assessment forms half (50%) of the programme. It is therefore essential that assessment of practice is comprehensive and robust to ensure students are safe in their practice and the safety of the public is guaranteed.

The Ongoing Achievement Record (OAR) is in four parts. Three of the sections include all of the placement documentation and assessment of practice tools for year 1 (part 1), year 2 (part 2), year 3 (part 3) and the Skills Acquisition booklet. The OAR is based on the Nursing and Midwifery Council (2010) competency framework (see appendix 1) laid out under the four domains: 1:professional values, 2 communication and interpersonal skills, 3. nursing practice and decision making 4.leadership, management and team working and the Essential Skills clusters (see appendix 2). The five clusters comprise Care, Compassion and Communication; Organisational Aspects of Care; Infection Prevention and Control; Nutrition and Fluid Management; Medicine Management and have been mapped to specific competencies within each of the four domains. The OAR is based on the NMC's Domains and NMC's Essential Skills Clusters (NMC 2010) and is assessed in tandem with progression points one and two of the programme and the criteria for entry to the professional register.

6.1 Theoretical Content

Although there are two essential themes to the programme, theory and practice, it is essential that the two combine symbiotically to ensure that neither is more dominant than another. Theoretical assignments are based on the analysis of practice issues and practice requires study of relevant knowledge to underpin practice competence. In recognition of this, 50% of academic credit is awarded for the assessment of practice. It is imperative that when completing practice assessment documentation all aspects of the documentation are completed dated appropriately and signed where indicated otherwise the paperwork will be considered incomplete and return to the practice area to have paperwork resigned will be required.

Assessment

University

Students undertake a theoretical assessment which can be assessed through a variety of methods. These can include examinations, case scenarios, presentations and written assignments. Students have two opportunities to pass each assessment. (Pass mark 40%).

It is likely that students will be working on theoretical assessments throughout each placement learning opportunity and it is important to note that time out of placement to either work on these assessments in the library or submit first or resubmission assignments **IS NOT** permitted and cannot be claimed against practice hours.

However, students are advised within many assessments to ask their mentors for help in selecting an appropriate patient/client on whom to base their work. It is important that the student show the mentor the assessment guidelines in order to facilitate this process.

There is a secure 'Drop box' on each campus where students can post their work in advance of the submission deadline. The Assessments office will accept submissions between 1000am -1630pm Monday- Friday.

Practice Assessments

At strategic points during the programme, students undertake a formative (mid point) and a summative (end of year) assessment of practice. The exact timings can be found within the Ongoing Achievement Record (OAR) along with a more detailed explanation of practice assessment.

As with theoretical assessments, students who are unsuccessful on first attempt at practice assessment have one further opportunity unless there are extenuating circumstances that

would lead to the student not being offered at this opportunity. If there are any students unlikely to be successful at first attempt, then an academic link lecturer must be informed at the earliest opportunity.

This curriculum builds on the existing work of the current programme regarding graduate attributes, and explicitly aims to develop the attributes of inquiry and research; information literacy; personal and intellectual autonomy. Students are responsible for searching for and obtaining evidence to demonstrate knowledge and understanding to enable them to meet stipulated competencies within the practice documentation. It is hoped that by encouraging students to search for information relating to a particular client group or placement it will increase their knowledge acquisition within this area and by doing so will assist the mentors in the assessment process as the student's evidence to demonstrate learning will be clearly visible.

Students will submit their OAR's on a pre-arranged date to a central location following summative assessment of practice prior the examination board. All practice areas will be notified of this date prior to the student's allocation. These are then reviewed by the personal tutor who confirms the successful completion of the Ongoing Achievement Record.

Service Users

Throughout the revalidation process the University has worked closely with service users to ask their thoughts and opinions on the adult nurses of the future. During this research it was felt that students would be able to benefit from their feedback in the practice setting, not just within the development of the curriculum. Therefore, service users from all pathways and their families (as appropriate) will now be able, with the mentor seeking consent, to give students feedback in their summative practice documentation at each progression point.

Service Users' Assessment

Throughout the course of each placement, the student and the mentor will identify patients/carers who will be asked to contribute formatively to the student assessment. The mentor will discuss with the patient/carers, the student's abilities in relation to:

- Professionalism
- Effective Communication and Interpersonal skills
- Provision of Compassionate Nursing Care

A box has been provided in the mentor's report for each placement for the mentor to document their discussion with service users.

Year 1						
Taught modules	Professional Development 1 Principles of Nursing Practice Human Anatomy and Physiology			Collaborative Practice 1 Developing Practice Skills Promoting Health through Interpersonal Relationships		
Placement pattern	16 weeks CCCU	4 week placement Promoting Health through Interpersonal Relationships	1 week Voluntary placement	CCCU	13 weeks placement Principles of Nursing Practice	CCCU
Assessment of practice		Formative Discussion Assessment Week 4			Formative Assessment Week 4 Summative Assessment Week 8	
Year 1	Includes supporting learning placements for European Directives experiences e.g. Maternity, Child, Mental Health and Learning Disabilities					
Year 2						
Taught modules	Professional Development 2 Enhancing Person Centred Care Pathophysiology, Pharmacology & Medicines Management			Collaborative Practice 2 Experiencing Health & Illness 1 Experiencing Health & Illness 2		
Placement pattern	CCCU	4 week placement Enhancing Person Centred Care	CCCU	8 week placement Experiencing Health & Illness Placement A Placement B	CCCU	8 week placement Experiencing Health & Illness Placement B Placement C
Assessment of practice		Formative Discussion Assessment Week 4		Formative Assessment Week 4 Formative Assessment week 8		Summative Assessment Week 4 Formative Feedback Week 8
Year 2	Placements will be allocated in either primary or secondary care. Placement 2 weeks 1-4 (A) will be either an acute or long term care setting. Weeks 4-12 (B) will be in either an acute or long term care setting. Weeks 12-16 (C) will be in a third placement setting to increase the opportunities for learning experience. Includes supporting learning placements for European Directives experiences e.g. Maternity, Child, Mental Health and Learning Disabilities					
Year 3						
Taught modules	Professional Development 3 Delivering Safe and Effective Care 1 Delivering Safe and Effective Care 2			Collaborative Practice 3 Leadership for Professional Practice Transition into Professional Practice		
Placement pattern	CCCU	5 week placement Delivering Safe and Effective Care		CCCU	18 week placement Leadership for Professional Practice and Transition into Professional Practice	
Assessment of practice		Formative Discussion Assessment Week 5			Formative Assessment Week 10 Summative Assessment Week 14 Final sign-off Week 18 (after completion of 2300 practice hours across entire programme)	
Year 3	During the extended placement in Year 3 the student MUST be supervised and assessed by a 'Sign-off' mentor. Students are expected to develop their ability to manage care and demonstrate that they meet all NMC proficiencies for entrance to the register. Includes supporting learning placements for European Directives experiences e.g. Maternity, Child, Mental Health and Learning Disabilities					

The Adult Nursing Pathway has been designed to develop and embed the core IPL fundamental concepts throughout the three years of the Programme. The philosophy of interprofessional and collaborative learning will be promoted within the collaborative practice and professional development modules which run concurrently with the pathway specific modules and placement opportunities.

Professional Development (PD1-3)

These modules are led by the personal tutor and based on graduate skills (Graduate Skills website). In year 1, the PD module incorporates skills and knowledge needed for effective studying and will enable students to make the best of the learning opportunities available for the duration of the programme. In year 2 the module will particularly address the knowledge required to be a critical consumer of evidence. In year 3 the module will comprise the necessary knowledge and skills for undertaking an independent study.

The students Personal Tutor is in the key position to provide continuous developmental support to the student for the full duration of the three year programme and will recommend help, advice or support as required.

Collaborative Practice (CP 1-3)

Working with others is an essential skill whatever the chosen profession. This theme is all about what it means to become collaborative, learning about what it means to be a professional, and will include ethics, communication and looking at codes of conduct amongst other things. In year 2 learning about being a professional and how to fit into a team, team roles, power and conflict, about how health care professionals actions affect others, including service users and other members of the team. In year 3 the module examines how teams interact with each other in the complex environment that is today's health and social care practice. These modules will be delivered in interprofessional event weeks and in seminars throughout the year.

Adult Pathway specific modules

The aims and learning outcomes of the modules have been highlighted below to be considered in conjunction with the Placement Learning Objectives and the competencies in the Ongoing Achievement Record. This should help both students and mentors plan appropriate learning experiences. The titles of the modules are cross referenced in to the OAR next to the appropriate competencies.

Principles of Nursing Practice

Module Aim

The aim of this module is to introduce students to the professional values underpinning nursing practice utilising as a basis, the Principles of Nursing Practice (RCN 2010).

Learning Outcomes

By the end of the module students should be able to:

1. Demonstrate knowledge of the Principles of Nursing Practice;
2. Investigate the professional, legal and ethical frameworks that guide nursing practice;
3. Use the principles explored within the module in order to deliver safe and effective person centred nursing care

Promoting Health through Interpersonal Relationships

Module Aim

The aim of this module is to introduce students to the principles and practice of effective communication to promote health and well being.

Learning Outcomes

By the end of the module students should be able to:

1. Discuss health and health promotion from a range of individual and structural perspectives;
2. Explore the impact of the role and values of the nurse in improving health and wellbeing;
3. Demonstrate the ability to identify barriers and strategies to overcome these in forming a therapeutic interpersonal relationship with a service user.
4. Demonstrate safe, effective, compassionate and respectful communication in interpersonal relationships;

Developing Practice Skills

Module Aim

The aim of this module is to introduce students to a range of essential clinical skills and the underpinning theory to enable the delivery of safe, effective, person centred care.

Learning Outcomes

By the end of the module students should be able to:

1. Apply the relevant physiology underpinning the delivery of essential nursing care.
2. Accurately monitor and record temperature, pulse, respirations, manual blood pressure, fluid balance, and blood glucose monitoring and pain assessment; and communicate these to relevant members of the health and social care team.
3. Demonstrate a range of essential nursing skills, under the supervision of a registered nurse, to meet the needs of individual service users in a safe, effective and person centred way.

Human Anatomy and Physiology

Module Aim

The aims of the module are to introduce students to the structure of the human body and to the key physiological principles that underpin healthy function and inform the essential clinical observations and measurements undertaken by nurses.

Learning Outcomes

By the end of this module students should be able to:

1. Demonstrate knowledge of the structure and anatomical organisation of the body.
2. Demonstrate an understanding of the normal physiological mechanisms that underpin healthy body function in clients at all stages of life.
3. Use knowledge of normal anatomy and physiology to explain key clinical measurements.

Enhancing Person Centred Care

Module Aim

The aim of the module is to facilitate the development of interpersonal skills required to provide and enhance person centred care.

Learning Outcomes

By the end of this module students should be able to:

1. Critically discuss the evidence base for key strategies that enhance therapeutic communication and the facilitation of person centred care;
2. Analyse the role of the nurse in the empowerment of service users;
3. Examine their self-awareness concerning professional interpersonal relationships and their development as facilitators of care;
4. Utilise communication skills in order to facilitate team working to promote person centred care.

Pathophysiology, Pharmacology and Medicines Management

Module Aim

The aim of this module is to enable students to examine the relationship between the patient, the disease process and the relevant drug therapy and explain how this relates to effective medicine management.

Learning Outcomes

By the end of the module students should be able to:

1. Discuss the general principles that underpin disease processes.
2. Analyse the signs and symptoms of core diseases in terms of the underlying pathophysiology.
3. Apply the principles of pharmacokinetics and pharmacodynamics to commonly used drugs, the life cycle and pathology.
4. Critically discuss the legal, ethical and professional issues in medicine management
5. Contribute to the provision of safe and effective care by applying knowledge to the administration of drugs to patients in all clinical settings.

Experiences of Health & Illness 1

Module Aim

The aim of this module is to enable the student to develop the nursing knowledge and skills required to provide safe and effective care for service users in a variety of settings, with a particular focus on their acute care needs.

Intended Learning Outcomes

By the end of the module students should be able to:

1. Evaluate the clinical indicators of acutely deteriorating health;
2. Critically discuss the nursing care of an acutely ill person;
3. Examine the experiences of an acutely ill person and their family taking into consideration their psychosocial needs.
4. Deploy clinical tools competently to recognise and respond appropriately to service users at risk of deterioration.

Experiences of Health & Illness 2

Module Aim

The aim of this module is to enable the student to develop the nursing knowledge and skills required to provide safe and effective care for service users in a variety of settings, with a particular focus on their long term care needs.

Learning Outcomes

By the end of the module students should be able to:

1. In relation to long term conditions examine the principles of person centred care based on need; promoting empowerment, partnership, independence and self-management and demonstrate application of these to the care of individuals and families with long term conditions.
2. Explore and discuss some of the 'journeys' that service users with long term care needs may have across a variety of health care settings and how this may influence their unique experiences.
3. Critically discuss the theory underpinning the provision of nursing care of individuals with long term care needs and its application to evidence based practice.
4. Utilise therapeutic nursing interventions competently to optimise health and wellbeing of the service user with long term care needs.

Delivering Safe and Effective Care 1

Module Aims

The aim of this module is to facilitate the students understanding of the complex nature of health and ill-health and to enable the student to deliver safe and effective person-centred nursing care across the health and social care spectrum, with a particular focus on the patho-physiological, psychological and social processes of disease and illness.

Learning Outcomes

By the end of this module students should be able to:

1. Analyse, and apply critically, knowledge of the pathophysiological, psychological and social processes of disease and illness to practice.
2. Utilise relevant theoretical knowledge and clinical evidence to discriminately analyse and contextualise the care requirements of patients in a variety of care settings.
3. Assess, plan, implement and evaluate nursing care interventions for individuals and their families across the care pathway.

Delivering Safe and Effective Care 2

Module Aims

The aim of this module is to further facilitate the students understanding of the complex nature of health and ill-health in order to enable them to deliver safe and effective person-centred nursing care, with particular focus on clinical decision making

Learning Outcomes

By the end of this module students should be able to:

1. Utilising theory evaluate how information is used to make nursing decisions and solve problems in patient care
2. Correctly interpret and analyse critically, a variety of evidence in order to make patient care decisions.
3. Apply knowledge to appropriately prioritise, communicate and implement the care needs of an allocated group of patients displaying complex health needs.

Leadership for Professional Practice

Module Aim

The aim of the module is to prepare students to demonstrate the knowledge and skills they will require to become effective managers and transformational leaders at the point of registration to deliver person centred, safe and effective care to clients within their organisation.

Learning Outcomes

By the end of this module students should be able to:

1. Critique and apply contemporary theories of leadership, management, and quality to everyday practical management problems they will encounter to enhance service users' wellbeing and experiences of health care.
2. Demonstrate and apply knowledge of effective management of self and leadership of others while co-ordinating the delivery of care.
3. Analyse the influence of clinical, political and economic influences on the improvement of healthcare for individual service users and how this impacts on their role as a manager of care.
4. Demonstrate an in-depth understanding of the strategies needed to ensure effective delivery of nursing care that is responsive and adaptable and enables continuous improvement.

Transition into Professional Practice

Module Aim

The aim of this module is to develop the students' understanding of the complexities of professional nursing practice and facilitate transition to becoming a confident registered nurse.

Learning Outcomes

By the end of this module students should be able to:

1. Analyse and apply the concepts of competence and accountability to own and others practice, considering the legal, ethical and professional issues.
2. Evaluate the processes involved in the transition to registered practitioner, development of future professional practice and life-long learning.
3. Contribute to the development of competency of others through effective use of professional and personal development skills and positive role modelling.

6.3 Placement Planning and allocation

Placements within the Adult Nursing pathway have been planned to ensure that students experience a range of placements that will enable them to appreciate the full patient journey in acute, community and private, voluntary and independent sector and to facilitate assessment in both community and acute settings. This includes a placement examining the work of voluntary agencies allied to Health and Social Care.

The Programme is based upon the principles aligned to nursing allowing completion of practice competencies in any area where nursing happens. This is purposeful to allow flexibility in placement allocation thereby negating issues with changing capacity through service reconfiguration and ensuring all students experience a diversity of placement experiences throughout the three year Programme. The one exception to this is year 2 where students' will be placed in a mixture of acute and long term care specific placements to enable integration of the principles taught with the EHI 1 and 2 modules.

As the student progresses through the Programme there is an expectation that facilitation of leadership opportunities in complex environments will be enhanced. The OAR contains a grid that highlights the expected levels of performance over the three year Programme to indicate the expected development and progression of the student in relation to their developing leadership.

Students are allocated placements throughout the three year Programme that enable the appropriate integration of theory and practice. There is a minimum of 4 weeks at the end of Year 1 and 2 and more than 12 weeks for their extended placement in Year 3.

Guidance for students and mentors has been written into the Ongoing Achievement Record (OAR) to enable the optimal use of available learning experiences and to ensure that the Adult Nursing pathway meets Directive 2005/36/EC Annex V2. This will be achieved by incorporating different strategies into the Programme.

Students will have the opportunity throughout the three years to undertake allocated time within specialist areas to ensure they are able to experience working with service users and practitioners within these fields.

To further embed these principles across the three year Programme and in order to achieve the EU Directives and gain experience with specialist practitioners and interprofessional team members affiliated to a placement area, mentors at the students' placement will identify with the student, appropriate additional learning opportunities that are linked to their placement area and negotiate for the student to attend at a point commensurate with their learning. These opportunities/individuals may then be visited so that the student gains an understanding and awareness of the role other professionals play in the patient journey and how to be able to recognise and respond appropriately to the needs of all people who come into their care across the life continuum. Monitoring of these experiences will be demonstrated by completion of a summary of reflection within the OAR, countersigned by

the mentor that will inform the EU Directive learning activity component which is to be completed via the University virtual learning environment.

The compulsory EU 'on line' learning activity component will be added to over the three years as additional opportunities manifest themselves. The virtual learning resource site will have information, links to websites, service user experiences, for example, that will be key to the students understanding and this theoretical information should be used to support work to demonstrate linking of theory to practice. The completion of the EU Directive virtual learning environment activities will be monitored by the students' personal tutor.

In addition students will have access to a dementia awareness virtual learning environment that is intended to give guidance on how to care for a person with dementia and their family/carer.

The Programme is also currently exploring opportunities to enhance the students' learning in relation to the needs of learning disability service users.

6.4 Preparation for Placement

There are a number of strategies which have been employed to ensure that students are prepared to practice effectively and safely to assure the protection of the public. These include an opportunity for students to acquire essential psychomotor (clinical) skills (Developing Practice Skills module) utilising the resources available in the University skills laboratories.

There is placement hour abatement in the first year of the Programme (37.5 hours) to allow the student to undertake mandatory training in moving & handling, life support and first aid. The student will also be required to complete the Infection Control/Prevention Learning experience. This is a virtual learning environment resource that facilitates the students' understanding of the principles and practice that serve to underpin safe infection control and prevention. This resource has structured activities for completion in each year of the Programme (monitored by the personal tutor) and has been developed by the Infection Control lead within the Department in line with the Infection Prevention and Control essential skills cluster.

Students are further prepared for placement within the University by the Leads for practice and Practice Placement Facilitators (PPFs). This incorporates discussion of professional expectations during practice learning opportunities and introduction to the particular Trust area in which the student is based. Preparation for practice in supporting learning opportunities in Child, Mental Health and Learning Disability nursing, Health Visiting and Midwifery will form part of the Principles of Nursing Practice module in year 1.

Students are expected to complete a preparation for practice sheet within the OAR prior to their placement which includes reflection upon particular learning needs, previous placement experiences and mentor feedback.

7.0 Who is an effective mentor? What do the students say?

"Although it can be quite busy at times, my mentor is always supportive, and tries to make time for me. I work independently within my own ability, but always feel able to say "no" to something I am not clear about. I feel that the atmosphere is important, and it is usually pretty calm"

"The two main influences for me are that my mentor can remember what it was like to be a student herself, and she is always approachable and has time to give within the limitations of the day!"

"My ward has been a good learning environment in general. The plus side has been that I have ALWAYS been treated as supernumerary, and not as an extra pair of hands."

"An environment in which one can learn has to be one where questions can be asked and answered, even if it's later on because it's too busy at the time. To know that your mentor is approachable and will set aside time to discuss things with you, will give you the confidence to ask when the time is available to talk"

"One of the main benefits of working with my mentor has been that she has always shown enthusiasm to have me around. I never feel that I am in the way, or being a pain because I am following her around a lot of the time. This has helped build a positive relationship with her, and I certainly feel comfortable about asking her any questions I have".

"My mentor demonstrated the type of practitioner I would like to be, if I did get things wrong I never felt intimidated, my mentor acknowledged that we are all human and make mistakes, this made me feel totally supported."

"My mentor demonstrated how good multidisciplinary team collaboration and communication facilitates good practice and results in best results for clients."

"My mentor took the effort to find out what I was able to do, what skills I needed to develop and new ones to learn, she was a real inspiration."

7.1 What do the professional bodies say?

The Nursing and Midwifery Council (2008) viewed the role of the mentor as vital in ensuring Fitness for Practice. Within the Standards to Support Learning and Assessment in Practice a number of key competencies that should be demonstrated in the mentoring role are listed.

These include the ability to:

- Develop a learning relationship with students and help them become an integral part of the team
- Use a number of teaching and learning strategies to help students to progress
- Undertaking the assessment process, making sound defensible decisions and managing the failing student
- Respond to student feedback, look for ways to develop the student learning experience in the workplace
- Clarify objectives for the students stage of education, making the most of all of the learning opportunities within and aligned to the workplace, work with the team to develop the workplace as an effective placement experience
- Share skills and knowledge with colleagues
- Working effectively within the team, ensuring students only undertakes tasks that they are allowed and safe to complete
- Provide high quality evidence based care
- Provide structure to the learning experience so that there is a clear plan for the overall placement which includes: 1) 'setting students up for individual shifts' 2) Direct observation of their practice to ensure safe practice, monitor student progression and negotiate when less direct supervision is appropriate 3) accessing learning opportunities that will help them meet the needs of your client group and develop their competencies 3) on-going informal and planned time for formal feedback 4) Time for completion of assessment documentation and communication with academic link where appropriate.

8.0 Roles and Responsibilities

8.1 The role of the mentor

The role of mentor is a challenging one and for this reason mentors will:

- Be first level registered nurses with the minimum of 12 months post registration experience
- Have completed an approved mentor preparation programme that meets SLAIP (2008) requirements and been updated for their role.

To meet the NMC requirements the mentor will need to:

- Ensure that the student is allocated to a mentor for a minimum of 40% of the time (and this will be monitored in the students OAR)
- Verify the evidence demonstrated In the OAR
- Facilitate learning opportunities and provide constructive feedback on progress

The role of the mentor is to:

- Act as a role-model for professional practice
- Ensure students are made aware of the placement policies, procedures and expectations of professional behaviour
- Identify a colleague who will take responsibility for the student in his / her absence and implement systems to ensure continuity of the experience.
- Agree with the student ground rules and expectations for the mentoring role
- Have a working knowledge of the students education programme and assessment process
- Meet the NMC requirements for a minimum of 40% time spent with the student and ensure continuity of the learning experience in their absence.
- Establish an effective working relationship with students and meet with them informally and at formally planned meetings
- Clarify the standard of performance required
- Use outcomes for preceding placements to inform the Learning Contract and overall learning experience
- To be aware of the students learning needs in terms of skills acquisition, integration of theory with practice and promotion of professional attitudes
- To ensure the student has the opportunity to observe and practice at an appropriate level for their stage of education
- Provide constructive feedback
- Conduct a fair and objective assessment of the students' performance
- Encourage student self-assessment
- Use student evidence of learning to inform the formative assessment process
- Use student evidence of achievement to inform the summative assessment
- Identify strengths and areas for development
- Identify any concerns, inform the student, academic link or practice placement facilitator and document in the student's OAR
- Participate in Tripartite Progression monitoring and
- Tripartite assessment
- Supervise the student appropriately to ensure that both you and the student are in line with the NMC Code (2008)
- Communicate with the academic link as appropriate

8.2 The role of the associate mentor

Due to the flexibility of shift patterns and complex responsibilities students may not always work with their named mentor. The allocation of an associate mentor can be extremely helpful in ensuring continuity of learning and support. The associate mentor can play a significant role in the students learning experience through implementing the learning contract and meeting with mentor and student to provide feedback on the student's progress.

8.3 The role of the student

The student is expected to be active within both the mentor-student partnership and the clinical team they are placed with. It is important for the student to contribute to the work of the team and feel that they are part of it. An important aspect of this process is exposure to expert role-models who can actively involve students in practice and challenge their skills, knowledge, understanding and approach in a safe environment. The role of the mentor in clinical practice settings is an important aspect of nurse education. Through mentorship, qualified nurses get the opportunity to pass on professional values, knowledge and skills to the trainee nurse (Hodges 2009). Through having a mentor the student should be enabled to identify their learning needs and strategies available within and outside of the placement to meet them.

The student will:

- Act professionally at all times during the placement experience
- Review and utilise previous placement's learning to inform subsequent placements
- Take advantage of learning opportunities and to review Learning Contract regularly
- Disclose any special needs or disability in order that reasonable adjustment can be made by the placement provider
- Comply with placement policies and procedures
- Attend their placement hours and when this is not possible due to unforeseen circumstances use University procedures to inform of absence
- Agree with his / her mentor ground rules and expectations for the mentoring role
- Understand the expected outcomes for their placement and the competencies they need to achieve
- Be aware of the clinical environment and take advantage of the learning opportunities available
- Identify their own personal learning needs
- Assess their own progress and discuss it with their mentor
- Participate actively in their assessment process and provide written evidence of learning and achievement in their OAR
- Always work within their limitations, policies, guidelines and the NMC Code (2008)
- Contact placement areas 2 weeks prior to placement to obtain duty rota.

9.0 Support and Supervision

9.1 Orientation to Placement

It is important for students to become acquainted to the physical environment of the practice setting. Prior to the students' placement experience they should contact the unit ideally giving two weeks notice to the placement area, to organise an orientation visit (where possible) and receive information regarding the patient/service user profile, name of their mentor and their shift pattern for at least the first week of placement. This has the aim of reducing student's anxiety and enabling them to identify their learning opportunities. It also enables placement providers to meet with students, highlight their expectations and contextualise student's expectations. The student should not worry if the person who answers the phone is not aware that they are coming. The nurse in charge or the Education Link Nurse will have been notified by email of all students allocated.

Pre placement documentation preparation:

Students are asked to prepare for their placement by completing the pre-placement sheet found in the Ongoing Achievement Record.

Starting the learning contract:

Students are expected to complete the first section of their learning contract prior to attending placement and familiarise themselves on how to use the documents. Help is

provided in University as part of placement preparation and through personal tutors' guidance.

Guidance for the first day and all subsequent placements:

- Students should take enough money for the day (leave other money and valuables at home, as there may not be anywhere secure to store belongings)
- Ensure that the uniform is clean and neatly pressed and complies with uniform guidelines
- Take University ID card and clearly display this on the uniform
- Assessment document should be available for mentors at all times
- A black pen for documentation purposes
- A watch with a second hand to allow participation in clinical observations.
- A small notebook that will fit in a pocket to make notes of unfamiliar terminology or instructions to follow

First day of placement

To maintain safety, on the first day in practice the mentor should ensure that the student is orientated to the ward and completes the appropriate documentation within the OAR.

Placement Name	Mentor please initial and date	Student please initial and date
Layout of the clinical area	KEL 01/01/12	PDA 01/01/12
Procedure in the event of an emergency	KEL 01/01/12	PDA 01/01/12
Moving and handling of people and equipment	KEL 01/01/12	PDA 01/01/12
Awareness of placement policies e.g. taking messages, lone worker, accident procedure, Health and Safety, Infection Control guidelines	KEL 01/01/12	PDA 01/01/12
General information, shift / meal times/ who to contact in case of sickness	KEL 01/01/12	PDA 01/01/12
Other (please specify) Ward Security	KEL 01/01/12	PDA 01/01/12

9.2 Levels of supervision

In addition to the initial orientation it will be necessary for the mentor to clarify to the student the level of supervision he/she will be offered and how this will be fulfilled in accordance with the level of the programme the student is engaged upon i.e. Year1, Year 2, Year 3. At the beginning of each OAR there is a statement that identifies the level of supervision and guidance or support that should be required by students in each year of the programme to assist students and practitioners in this decision. This grid clearly demonstrates where the student is expected to be in the stage of their training and can be utilised to indicate where a student may need more support and guidance. Conversely it can also identify those students who are excelling within clinical competence and indicate potential leaders of the future.

Levels of Performance Grid

Performance	Year 1 (participation)	Year 2 (identification)	Year 3 (management)
	<p>When involved in the care of 2-3 patients (under direct supervision)</p> <p>The student:</p>	<p>When involved in the care of 4-6 people (under supervision)</p> <p>The student:</p>	<p>When managing a case load (under indirect supervision)</p> <p>The student:</p>
Knowledge and understanding	Through discussion with their Mentor is able to demonstrate a working understanding of the principles underpinning essential care and routine monitoring.	Through discussion with their Mentor demonstrates a working understanding of the wider factors that underpin and impact on effective nursing practice.	Applies relevant knowledge and skills to more complex and unexpected situations
Problem-solving skills	Under guidance of their Mentor can apply a problem-solving process to simple and straightforward situations	Applies a problem-solving approach to their practice and can identify for their Mentor possible solutions to more demanding clinical problems	Demonstrates sound problem-solving skills and clinical judgement.
Values and attitudes	Demonstrates an interest in learning about practice. In routine situations can interact appropriately with patients and their carers and friends and work well within the team. Acknowledges and works within the boundaries of their knowledge, skills and level of education	Takes an active role in leading own learning experience. Can interact effectively with patients, families and colleagues in more demanding situations. Acknowledges and works within the boundaries of their knowledge, skills and level of education	Manages and develops their own practice and that of others in accordance with the NMC (2008) professional code.
Clinical skills	Applies safe principles to core essential skills under the supervision of their Mentor	Can undertake core skills safely with minimal supervision and can perform more complex skills under the guidance of their Mentor	Performs more complex skills with minimal supervision and is able to guide a junior nurse to undertake essential core skills

9.3 Expected Levels of Performance

In Year 1, competencies should be achieved under

'Direct to close supervision of a registered nurse'

What does this mean in the placement setting?

- Initially the student will spend some time observing how clinical activities are carried out. When it is appropriate the student will start participating in care activities under close supervision with 2 or 3 patients.
- It is important that the student is able to observe all aspects of clinical practice and is provided with an explanation of their observation.
- It is possible for the student to undertake some fundamental nursing practice with minimal supervision once the mentor is confident of the students' ability through direct observation and understanding through careful questioning.
- By the end of year one, the student will be demonstrating the ability to carry out some activities with confidence, the competencies within the 'OAR' will give ideas as to what these activities are.

Please remember that whatever level of supervision the mentor has planned with you the student, the mentor should still be in a position to monitor their practice. They are accountable for delegation decisions throughout the students education programme.

In Year 2, competencies should be achieved under

'Guidance from and with close to minimal supervision of a registered nurse'

What does this mean in the placement setting?

- Progressing forward from Year 1 the student should be enabled to carry out a wider range of activities to 4-6 patients under less supervision than was previously possible.
- In Year 2 both mentor and student need to particularly focus on assessment and decision making in a variety of clinical contexts
- In order for this to happen it is essential that time is spent with the student observing their practice, questioning their knowledge and understanding carefully, to ensure that they understand and can transfer their learning from previous placements into the context of the clinical area.
- It is important that the student is actively involved in all aspects of clinical practice and can provide a rationale for their activities.

In Year 3, Practice competencies should be achieved with

'Support from and minimal to indirect supervision of a registered nurse'

What does this mean in the placement setting?

- In Year 3 students need to develop their ability to manage themselves, care and others
- By the end of year 3, it is anticipated that the student will be able to demonstrate all of the competencies within the OAR and **manage the care for 4-6 patients.**

It is important that the student is provided with the opportunity to manage all aspects of clinical practice for a group of patients and can demonstrate that they can organise and prioritise their care and provide practitioners with a rationale for their decision-making.

9.4 Participation in Clinical Skills

The Adult Nursing pathway ensures that students are prepared to practice effectively and safely. Throughout the 3-years students will have the opportunity to develop a number of essential clinical skills and document these in their 'Clinical Skills Acquisition Booklet'. The skills booklet is assessed in alignment with progression points for part one, two and the criteria for entry to the professional register. To ensure that the safety of both student and

patients are maintained a supervision guide to when students are able to participate in clinical skill is included in the document.

10.0 Assessment of Practice

10.1 The Ongoing Achievement Record (OAR)

The OAR is broken into four parts.

- Year 1 placement documentation
- Year 2 placement documentation
- Year 3 placement documentation
- Clinical Skills Acquisition Booklet

The 'sign-off' mentor in the final summative placement in Year 3 will review all 4 parts of the OAR as part of their decision making process. However, at any stage in the programme the mentor can request to review completed documentation to date in order to ensure recurring themes of achievement or challenge can be identified and addressed/supported.

Within each year's OAR there are full directions on its use to guide both student and mentor through the assessment process. In addition there are two flow charts; one, which is an overview of the process of practice assessment the other, offers practical guidance for the mentor on assessing the student's progress.

The OAR also contains:

- Student consent for their documentation to be shared with subsequent mentors and their sign off mentor.
- A record of signatures of all practitioners accessing the document and the date of their last update. These will be used for quality assurance purposes.
- A Daily record of attendance that evidences 1) working the full 7 day/ 24 hour pattern 2) evidence of a minimum of 40% time spent with mentor 3) compliance with attendance guidelines. This pattern of attendance contributes to evidence of professional behaviour in the APT.
- Details of mandatory training, such as life support and first aid, manual handling and drug calculation examinations.
- A record of placement orientation, which needs to be completed on the first day of placement.
- Placement objectives for each placement which provide guidance for mentor and student when planning the placement learning experience, suggested topics for student reflection and the related theoretical assessments.
- Guidelines for the expected level of performance and supervision for each year of the programme
- A practice learning agreement which should be signed by both mentor and student on the first day of placement
- Learning contracts, the first half of which should be completed by the student prior to commencing their placement. The second half should be completed through negotiation between mentor and student
- Year 3 document 'Risk assessment' for lone working
- Final sign off of proficiency

Space for record of

- Feedback from supporting placements
- Student evidence of learning (formative)
- Student evidence of achievement (summative)
- Personal tutor feedback
- Formative Discussion comments
- Formative Assessment
- Summative Assessment
- Service User Feedback

- Tripartite assessment and action planning (to be used with the student failing to achieve their competencies).

10.2 Record of Clinical Skills

The student holds an additional document, the Clinical Skills Acquisition booklet. This document contains:

- Identified skills that student should develop in Year 1, 2 and 3 of the programme which relate to the NMC (2010) Essential Skills Clusters.
- The skills are cross-referenced to the competencies within the OAR and are mapped to the RCN (2010) Principles of Nursing Practice.
- These competencies cannot be signed off as competent unless the skills have been seen by a practitioner to have been developed.

10.3 Assessment of Practice Process

The assessment of practice process has been further developed in the 2012 curriculum to:

- Enable the student to become more proactive in their own self-assessment, by encouraging them to reflect upon the presented learning opportunities and provide their mentors with evidence of how they have met each competence within the particular NMC domains.
- Facilitate more optimal use of placement opportunities by encouraging both mentors and students to think creatively about the learning opportunities that exist within particular learning environments.
- Ensure that successful students are able to practise safely, competently and confidently, meeting the requirements of the relevant statutory and professional bodies for registration and membership by providing them with robust and timely support.

A common, competency based format for the assessment of practice has been adopted in the adult pathway. Students are assessed formatively in some placement opportunities and summatively at the end of each year to ensure that they meet the NMC Progression Point Criteria.

10.4 Assessment of Practice Tool (APT) Competencies

The competencies within the 'APT' are based on the NMC outcomes (NMC, 2010) and Essential Skills Clusters (NMC 2010) for each progression point, all of which must be achieved prior to entrance to the register. The Principles of Nursing Practice (RCN 2010) as well as the academic modules which provide theoretical underpinning are also identified to ensure the practice and academic components of the programme remain embedded.

The competencies fall into the four domains (appendix 1)

- Professional Values
- Communication and Interpersonal Skills
- Nursing Practice and Decision Making
- Leadership, Management and Team Working

Within each APT in the OAR the competencies for Years 1, 2 and 3 are developmental and reflect expectations of increased knowledge, skills and responsibility as the student progresses through the course. A step-by-step guide to the Assessment of Practice process is included on the next page.

Learning and assessment in practice is a cyclical process that occurs in partnership between each student and their mentor, both having specific responsibilities. The first step was mentioned earlier and involves the student completing the 'Preparation for Practice' form which asks students to consider their own learning needs, their strengths and where they need to develop. It also asks the student to consider any factors that might inhibit their learning and encourages them to discuss this with their mentor.

10.5 The Practice Learning & Assessment agreement

The Practice learning and assessment agreement can be found in the OAR. This is a formal document that mentor and student discuss and use to inform their discussion around their individual roles and responsibilities, expectations of student behaviour during placement, how student and mentor will work together and who will support the student during the mentor's absence. Both student and mentor must date and sign this agreement.

10.6 Completing the learning contract

The first part of the learning contract is developed at University following placement preparation. During the first week of placement, the mentor will discuss the learning contract, negotiate and agree the second half of the contract.

10.7 Providing evidence of learning and achievement

Students are expected to be proactive in the assessment process and document in their OAR the evidence of learning they would like to use to inform their formative assessment.

10.8 Formative assessment

Throughout a student's time in practice they will be both formatively and summatively assessed.

Formative Assessment is a process that is planned to help identify strengths and the areas that students need to develop in order to meet outcomes for practice. As an adult learner it is important that students try to assess themselves against outcomes and for this reason in the formative assessment students are asked to tick in pencil next to the competencies noting whether they think they have 'met' or have 'not met' the individual aspect of competence. While this process is undertaken evidence to support this decision should be highlighted which will be the basis for the formative assessment discussion with the mentor. During this discussion the mentor will initial in the boxes provided, indicating what is 'met' or 'not met'. A summary of the assessment that identifies student's strengths, areas for development and any concerns regarding potential ability to meet learning outcomes can then be identified. If concerns are expressed students should not be concerned as this helps to ensure the student to receive the level of support required to have the best possible chance to succeed.

10.9 Feedback from patients / carers

During the formative stage of assessment an opportunity for a patient / client or member of their family to provide feedback on the students' role in their care is facilitated by the mentor. This information should also be used during reflection on placement.

10.10 Providing evidence of achievement

At the summative stage of assessment students will be expected to document evidence of achievement in preparation for the final assessment of each year.

10.11 Summative assessment

Summative assessment is a judgement made at defined points at the end of each year. The summative assessment informs whether or not students can progress to the next year of practice or the register at the end of the programme. This is a significant process that must be taken seriously. Students must prepare for their summative assessment in the same way as their formative assessment but on this occasion are ticking in pencil whether or not they think they have passed their outcomes. Again evidence should be compiled to inform the summative assessment discussion. During this discussion the mentor will initial in the boxes provided indicating what is passed or failed. They will then sign in all of the boxes provided and complete a summary of the student's assessment. This will then be used to inform subsequent pre-placement preparation.

Practice Assessment Strategy

Year	Number of Weeks	Number of Hours	Comment	Assessment
1	4	150	Formative placement	Week 4 - formative discussion
1	1	37.5	Voluntary service/tertiary sector placement (this placement will be in a 1 week block or in a pattern acceptable to you and placement organisation)	
1	1	37.5	Mandatory requirements (i.e. Moving & Handling, Resuscitation etc.) and the Infection Control/Prevention learning experience VLE first year activities	
1	13	487.5	Summative placement	Week 4 formative assessment Week 8 summative assessment Week 12 resit opportunity
2	4	150	Formative placement	Week 4 formative discussion
2	8	300	Formative placement <ul style="list-style-type: none"> • weeks (150 hours) in placement A • weeks (150 hours) in placement B 	Week 4 formative discussion Week 8 formative assessment
2	8	300	Summative placement <ul style="list-style-type: none"> • weeks (150 hours) in placement B • weeks (150 hours) in placement C 	Week 4 summative assessment Week 8 resit opportunity (will have stayed in placement B if required)
3	5	187.5	Formative placement	Week 5 formative discussion
3	18	675	Summative placement	Week 10 formative assessment Week 14 summative assessment Week 18 resit opportunity

10.12 Tripartite progression monitoring

During the formative process in both Years 1 and 2 an academic member of staff will meet with the student and the mentor in placement to discuss progress and will document a summary of this discussion in your OAR. The purpose of this meeting is to 1) ensure that any concerns are identified and acted upon and 2) to provide additional encouragement and feedback to students who are progressing well.

10.13 Sign-off mentors

As part of the Standard to Support Learning and Assessment, the NMC (2008) have introduced the concept of 'Sign-off' Mentors. These are experienced mentors who meet the additional requirements defined by the NMC and who will take responsibility for a) Mentoring and assessing students on their Final summative placement before registration and b) supporting mentors who are not sign-off mentors when they have a student who is failing in practice. The sign-off mentor is accountable to the NMC for the final summative assessment. A sign-off mentor will therefore be the mentor or work closely with the mentor during the final assessed placement. The sign-off mentor should review all 4 parts of the OAR and themselves that any issues that have arisen have been addressed to their satisfaction and that the student meets all of the NMC proficiencies and Essential Skills Clusters for entrance to the register. If the sign-off mentor is satisfied they will complete the final assessment and sign-off statement.

10.14 Moderation of practice assessment

A process of moderating practice assessment documents is undertaken at identified times in the academic year where a panel of mentors, academic staff and practice placement facilitators will meet and scrutinise copies of student assessment documents. They will be looking to see whether the assessment process has been followed, if the quality of feedback is sufficiently robust to enable students to use it to support the student development and whether the time spent with mentors meets regulatory requirements. The outcomes of this process will be fed back to mentors and students and the information compiled will be used to inform mentor development and student preparation for practice. Validity and Reliability of Assessment of Practice Tools has been addressed by the consultation of mentors, practice placement facilitators, education link nurses, students and academic staff in the development of the tool and by the monitoring and evaluation of its use. Mentoring updates will be used as a forum for discussion to ensure consistency and reliability of use. Practice placement visits by academic staff and the tripartite progression process will also provide opportunity to further monitor the use of the assessment tool.

10.15 Monitoring progression

10.15.1 Identifying and responding to concerns

As part of the continuous assessment process, mentors will give constructive feedback that will help students understand their strengths and the areas they need to develop. The student's role is to respond to this feedback and seek to learn from it.

Sometimes there will be concerns that students are not able or willing to respond to feedback. In this case these concerns will be noted in the assessment documentation. This enables the personal tutor and practice lecturer to initiate action plans that will ensure the student has the best possible chance of achieving.

Any student who is concerned that they are not progressing can ask their mentor for feedback or discuss their concerns with their personal tutor or practice lecturer.

10.15.2 Tripartite assessment

When concerns have been raised in regard to the student's progress towards meeting the expected standard for their summative assessment a tripartite assessment process will be initiated. This means that an academic from the LIP team, the student and the mentor will meet weekly to discuss issues, develop and monitor action plans that will give the student

the best possible chance of achieving their outcomes. The lecturer will support both mentor and student through the process and keep the personal tutor informed.

10.15.3 Action Plans

Blank action plans for completion can be found in the Ongoing Achievement Record.

10.15.4 Failing in practice

If the student fails in practice, a second attempt will be arranged after a suitable period of practice. This practice will take place in the same placement area. Any student who does not pass at the second attempt will normally be discontinued from the programme.

Sometimes students will submit an appeal. Appeals cannot be made against a mentor's professional judgement but are considered if an aspect of the assessment process has not been followed. For example if there was no evidence that constructive feedback has been given or the NMC requirements for supervision have not been met.

11.0 Quality Assurance

11.1 Placement evaluations

Placement providers and the University are very interested to find out more about the students experience during placements. As adult participants on the programme, it is expected that discussion between student and mentor will identify what went well and what could have been improved before the student leaves the placement. Sometimes there can be misunderstandings that are much better addressed at the time than in retrospect.

Students will also be expected to formally evaluate the placement with the Practice Placement Facilitator and a member of the Learning in Practice team at a pre planned opportunity when students return to University/.

This process informs the overall quality assurance processes of the education programme.

Attendance at these sessions is mandatory.

12.0 Frequently asked questions by students

12.1 What do I do if I am asked to something that I have not done before or am not confident to do?

If you are asked to do something that you have not been taught it is important that you explain this to the person who has asked. You must not attempt to undertake a task that a registered practitioner has not previously observed you undertake and confirmed that your practice is safe. Instead ask to be shown how to undertake the task so that you can begin to learn it.

12.2 What can I do if I am asked to do something that I know is poor practice?

Do not agree to undertake a task that you know is poor practice; Instead explain to the person asking you why you feel the practice is wrong. You may need to discuss your concerns with your mentor / the placement manager, the practice placement facilitator or the academic link for the placement. It is important that you express your concerns.

12.3 What do I do if observe practice that concerns me?

If you have concerns about practice these should be addressed as soon as possible after the event. Please do not leave concerns until you return to the University

If you feel that you can discuss this with your mentor / placement manager, please do so. Otherwise please follow the flow chart which can be found in the OAR.

12.4 What can I do if my relationship with my mentor is not working?

We understand that sometimes relationships between students and mentors do not work for a variety of reasons. We hope that both mentor and student will be aware of this and try to find ways of achieving a productive relationship. If this is not possible, students can talk to the placement manager, practice placement facilitator or member of the link team to express their concerns.

12.5 What happens if I am unable to travel to my allocated placement?

All students can expect to travel to placements across a variety of organisations in Kent and Medway. The majority of these placements are accessible by public transport or by car.

Some placements may require two bus journeys or a mix of transport; the Faculty does not consider this as inaccessible. However should travelling to a specific placement cause major problems please contact the Placements office staff, the team will then consider the case on an individual basis. It is important however that students experience a full range of experiences that reflect the patient's journey and therefore a change of placement may not be possible.

12.6 What counts as practice hours?

Students are required to complete minimum of 2300 hours in practice. This is made up of direct / indirect care in the placement and simulated opportunities in the Clinical Skills Laboratories.

12.7 Can I go to the library if the placement is quiet?

No, practice hours are for either Direct or Indirect patient care... This does not mean you cannot access electronic sources from the workplace, when and if, convenient to the workplace to obtain information regarding procedures/ interventions that you need to research

12.8 Can I work Bank / agency hours in my placement?

Students on the full time programme and are advised not to undertake Bank / Agency work. However, we understand that at times they do and should be careful not to let this interfere or affect their programme of study. Students should ensure that they do not: - Work bank / agency hours in the area that they are currently placed - Wear their student uniform during agency / bank shifts (students who do should be sent home to change) - Work more hours than allowed for working time directives in the host organisation

12.9 Should I go to another placement to help out if they are busy?

No. No student should be reallocated to another placement area unless 1) the mentor is being moved and the student is able to achieve their learning outcomes in that placement with them. 2) If the move is to be for an extended period then the link tutor must be informed to ratify the move.

12.10 Can I go on escort duty?

Students should not escort patients away from the placement area unless:

- (a) It is under the supervision of a registered nurse and forms part of their learning and development
- (b) It involves accompanying a patient who normally be alone and the experience would inform the student's learning
- (c) It is in the student's extended practice and they have been deemed competent to do so through a risk assessment process.

12.11 I've changed my name / address / contact details. Whom do I need to contact?

You need to tell Registry and the Placements Office. There is a link to Registry on the Placements Office website.

12.12 What do I do if I am experiencing a problem?

If you are experiencing any kind of problem while in placement it is important that it is dealt with straight away rather than waiting until you return to University. Who you should speak to will vary depending on the nature of the problem. If possible, discuss it with your mentor or the Practice Placement Facilitator. If this is uncomfortable for you, then please talk to a member of the Learning in Practice team, your personal tutor or one of the Student Liaison Officers.

Appendix 1

NMC Domains for entrance to the register

Domain 1: Professional values
Generic standard for competence
All nurses must act first and foremost to care for and safeguard the public. They must practise autonomously and be responsible and accountable for safe, compassionate, person-centred, evidence-based nursing that respects and maintains dignity and human rights. They must show professionalism and integrity and work within recognised professional, ethical and legal frameworks. They must work in partnership with other health and social care professionals and agencies, service users, their carers and families in all settings, including the community, ensuring that decisions about care are shared.
Field standard for competence
Adult nurses must also be able at all times to promote the rights, choices and wishes of all adults and, where appropriate, children and young people, paying particular attention to equality, diversity and the needs of an ageing population. They must be able to work in partnership to address people's needs in all healthcare settings.
Competencies
1. All nurses must practise with confidence according to <i>The code: Standards of conduct, performance and ethics for nurses and midwives</i> (NMC 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions.
1.1 Adult nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.
2 All nurses must practise in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.
3. All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, ageing, death and dying. Nurses must understand how these activities influence public health.
4. All nurses must work in partnership with service users, carers, families, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.
5. All nurses must fully understand the nurse's various roles, responsibilities and functions, and adapt their practice to meet the changing needs of people, groups, communities and populations.
6. All nurses must understand the roles and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who need care.
7. All nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal.
8. All nurses must practise independently, recognising the limits of their competence and

knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.
9. All nurses must appreciate the value of evidence in practice, be able to understand and appraise research, apply relevant theory and research findings to their work, and identify areas for further investigation.
Domain 2: Communication and interpersonal skills
Generic standard for competence
All nurses must use excellent communication and interpersonal skills. Their communications must always be safe, effective, compassionate and respectful. They must communicate effectively using a wide range of strategies and interventions including the effective use of communication technologies. Where people have a disability, nurses must be able to work with service users and others to obtain the information needed to make reasonable adjustments that promote optimum health and enable equal access to services.
Field standard for competence
Adult nurses must demonstrate the ability to listen with empathy. They must be able to respond warmly and positively to people of all ages who may be anxious, distressed, or facing problems with their health and wellbeing.
Competencies
1. All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.
2. All nurses must use a range of communication skills and technologies to support person-centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and know how to obtain it.
3. All nurses must use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of people's needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take account of the many different ways in which people communicate and how these may be influenced by ill health, disability and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate.
3.1. Adult nurses must promote the concept, knowledge and practice of self-care with people with acute and long-term conditions, using a range of communication skills and strategies.
4. All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.
5. All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.
6. All nurses must take every opportunity to encourage health-promoting behaviour through education, role modelling and effective communication.
7. All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language.
8. All nurses must respect individual rights to confidentiality and keep information secure and

confidential in accordance with the law and relevant ethical and regulatory frameworks, taking account of local protocols. They must also actively share personal information with others when the interests of safety and protection override the need for confidentiality.

Domain 3: Nursing practice and decision-making

Generic standard for competence

All nurses must practise autonomously, compassionately, skilfully and safely, and must maintain dignity and promote health and wellbeing. They must assess and meet the full range of essential physical and mental health needs of people of all ages who come into their care. Where necessary they must be able to provide safe and effective immediate care to all people prior to accessing or referring to specialist services irrespective of their field of practice. All nurses must also meet more complex and coexisting needs for people in their own nursing field of practice, in any setting including hospital, community and at home. All practice should be informed by the best available evidence and comply with local and national guidelines. Decision-making must be shared with service users, carers and families and informed by critical analysis of a full range of possible interventions, including the use of up-to-date technology. All nurses must also understand how behaviour, culture, socioeconomic and other factors, in the care environment and its location, can affect health, illness, health outcomes and public health priorities and take this into account in planning and delivering care.

Field standard for competence

Adult nurses must be able to carry out accurate assessment of people of all ages using appropriate diagnostic and decision-making skills. They must be able to provide effective care for service users and others in all settings. They must have in-depth understanding of and competence in medical and surgical nursing to respond to adults' full range of health and dependency needs. They must be able to deliver care to meet essential and complex physical and mental health needs.

Competencies

1. All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly.
- 1.1 **Adult nurses** must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with mental health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.
2. All nurses must possess a broad knowledge of the structure and functions of the human body, and other relevant knowledge from the life, behavioural and social sciences as applied to health, ill health, disability, ageing and death. They must have an in-depth knowledge of common physical and mental health problems and treatments in their own field of practice, including co-morbidity and physiological and psychological vulnerability.
3. All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.
- 3.1 **Adult nurses** must safely use a range of diagnostic skills, employing appropriate technology, to assess the needs of service users.
4. All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death,

	loss and bereavement.
4.1	Adult nurses must safely use invasive and non-invasive procedures, medical devices, and current technological and pharmacological interventions, where relevant, in medical and surgical nursing practice, providing information and taking account of individual needs and preferences.
4.2	Adult nurses must recognise and respond to the changing needs of adults, families and carers during terminal illness. They must be aware of how treatment goals and service users' choices may change at different stages of progressive illness, loss and bereavement.
5.	All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.
6.	All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes.
7.	All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe.
7.1	Adult nurses must recognise the early signs of illness in people of all ages. They must make accurate assessments and start appropriate and timely management of those who are acutely ill, at risk of clinical deterioration, or require emergency care.
7.2	Adult nurses must understand the normal physiological and psychological processes of pregnancy and childbirth. They must work with the midwife and other professionals and agencies to provide basic nursing care to pregnant women and families during pregnancy and after childbirth. They must be able to respond safely and effectively in an emergency to safeguard the health of mother and baby.
8.	All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self-care and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves.
8.1	Adult nurses must work in partnership with people who have long-term conditions that require medical or surgical nursing, and their families and carers, to provide therapeutic nursing interventions, optimise health and wellbeing, facilitate choice and maximise self-care and self-management.
9.	All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse.
10.	All nurses must evaluate their care to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care, where necessary, and communicating changes to others.
Domain 4: Leadership, management and team working	
Generic standard for competence	
All nurses must be professionally accountable and use clinical governance processes to maintain and improve nursing practice and standards of healthcare. They must be able to respond autonomously and confidently to planned and uncertain situations, managing themselves and	

others effectively. They must create and maximise opportunities to improve services. They must also demonstrate the potential to develop further management and leadership skills during their period of preceptorship and beyond.

Field standard for competence

Adult nurses must be able to provide leadership in managing adult nursing care, understand and coordinate interprofessional care when needed, and liaise with specialist teams. They must be adaptable and flexible, and able to take the lead in responding to the needs of people of all ages in a variety of circumstances, including situations where immediate or urgent care is needed. They must recognise their leadership role in disaster management, major incidents and public health emergencies, and respond appropriately according to their levels of competence.

Competencies

1. All nurses must act as change agents and provide leadership through quality improvement and service development to enhance people's wellbeing and experiences of healthcare.
2. All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people's experience and care outcomes and to shape future services.
3. All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced.
4. All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.
5. All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.
6. All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.
7. All nurses must work effectively across professional and agency boundaries, actively involving and respecting others' contributions to integrated person-centred care. They must know when and how to communicate with and refer to other professionals and agencies in order to respect the choices of service users and others, promoting shared decision making, to deliver positive outcomes and to coordinate smooth, effective transition within and between services and agencies.

Appendix 2

Essential Skills Clusters

Essential Skills Clusters First Progression point	
Care, compassion and communication	
1.	As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.
1.1	Articulate the underpinning values of The code: Standards of conduct, performance and ethics for nurses and midwives (the code) (NMC) 2008.
1.2	Works within limitations of the role and recognises own level of competence.
1.3	Promotes a professional image.
1.4	Shows respect for others.
1.5	Is able to engage with people and build caring professional relationships.
2.	People can trust the newly registered graduate nurse to engage in person centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.
2.1	Takes a person-centred, personalised approach to care.
3.	People can trust the newly registered graduate nurse to respect them as individuals and strive to help them preserve their dignity at all times.
3.1	Demonstrates respect for diversity and individual preference, valuing differences, regardless of personal view.
3.2	Engages with people in a way that ensures dignity is maintained through making appropriate use of the environment, self and skills and adopting an appropriate attitude.
3.3	Uses ways to maximise communication where hearing, vision or speech is compromised.
4.	People can trust a newly qualified graduate nurse to engage with them and their family or carers within their cultural environments in an acceptant and anti-discriminatory manner free from assessment and exploitation.
4.1	Demonstrates an understanding of how culture, religion, spiritual beliefs, gender and sexuality can impact on illness and disability.
4.2	Respects people's rights.
4.3	Adopts a principled approach to care underpinned by the code (NMC 2008).
5.	People can trust the newly registered graduate nurse to engage with them in a warm, sensitive and compassionate way.
5.1	Is attentive and acts with kindness and sensitivity.
5.2	Takes into account people's physical and emotional responses when engaging with them.
5.3	Interacts with the person in a manner that is interpreted as warm, sensitive, kind and compassionate, making appropriate use of touch.
5.4	Provides person centred care that addresses both physical and emotional needs and preferences.
5.5	Evaluates ways in which own interactions affect relationships to ensure that they do

	not impact inappropriately on others.
6.	People can trust the newly registered graduate nurse to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon.
6.1	Communicates effectively both orally and in writing, so that the meaning is always clear.
6.2	Records information accurately and clearly on the basis of observation and communication.
6.3	Always seeks to confirm understanding.
6.4	Responds in a way that confirms what a person is communicating.
6.5	Effectively communicates people's stated needs and wishes to other professionals.
7.	People can trust the newly registered graduate nurse to protect and keep as confidential all information relating to them.
7.1	Applies the principles of confidentiality.
7.2	Protects and treats information as confidential except where sharing information is required for the purposes of safeguarding and public protection.
7.3	Applies the principles of data protection.
8.	People can trust the newly registered graduate nurse to gain their consent based on sound understanding and informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.
8.1	Seeks consent prior to sharing confidential information outside of the professional care team, subject to agreed safeguarding and protection procedures.
Organisational aspects of care	
9.	People can trust the newly registered graduate nurse to treat them as partners and work with them to make a holistic and systematic assessment of their needs; to develop a personalised plan that is based on mutual understanding and respect for their individual situation promoting health and well-being, minimising risk of harm and promoting their safety at all times.
9.1	Responds appropriately when faced with an emergency or a sudden deterioration in a person's physical or psychological condition (for example, abnormal vital signs, collapse, cardiac arrest, self harm, extremely challenging behaviour, attempted suicide) including seeking help from an appropriate person.
11.	People can trust the newly registered graduate nurse to safeguard children and adults from vulnerable situations and support and protect them from harm.
11.1	Acts within legal frameworks and local policies in relation to safeguarding adults and children who are in vulnerable situations.
11.2	Shares information with colleagues and seek advice from appropriate sources where there is a concern or uncertainty.
11.3	Uses support systems to recognise, manage and deal with own emotions.
12.	People can trust the newly registered graduate nurse to respond to their feedback and a wide range of other sources to learn, develop and improve services.
12.1	Responds appropriately to compliments and comments.

14.	People can trust the newly registered graduate nurse to be an autonomous and confident member of the multi-disciplinary or multi agency team and to inspire confidence in others.
14.1	Works within the code (NMC 2008) and adheres to the Guidance on professional conduct for nursing and midwifery students (NMC 2010).
15.	People can trust the newly registered graduate nurse to safely delegate to others and to respond appropriately when a task is delegated to them.
15.1	Accepts delegates activities within limitations of own role, knowledge and skill.
17.	People can trust the newly registered graduate nurse to work safely under pressure and maintain the safety of service users at all times.
17.1	Recognises when situations are becoming unsafe and reports appropriately.
17.2	Understands and applies the importance of rest for effective practice.
18.	People can trust a newly registered graduate nurse to enhance the safety of service users and identify and actively manage risk and uncertainty in relation to people, the environment, self and others.
18.1	Under supervision works within clinical governance frameworks.
18.2	Reports safety incidents regarding service users to senior colleagues.
18.3	Under supervision assesses risk within current sphere of knowledge and competence.
18.4	Follows instructions and takes appropriate action, sharing information to minimise risk.
18.5	Under supervision works within legal frameworks to protect self and others.
18.6	Knows and accepts own responsibilities and takes appropriate action.
19.	People can trust the newly registered graduate nurse to work to prevent and resolve conflict and maintain a safe environment.
19.1	Recognises signs of aggression and responds appropriately to keep self and others safe.
19.2	Assists others or obtains assistance when help is required.
20.	People can trust the newly registered graduate nurse to select and manage medical devices safely.
20.1	Safely uses and disposes of medical devices under supervision and in keeping with local and national policy and understands reporting mechanism relating to adverse incidents.
Infection prevention and control	
21.	People can trust the newly registered graduate nurse to identify and take effective measures to prevent and control infection in accordance with local and national policy.
21.1	Follows local and national guidelines and adheres to standard infection control precautions.
22.	People can trust the newly registered graduate nurse to maintain effective standard infection control precautions and apply and adapt these to needs and limitations in all environments.
22.1	Demonstrates effective hand hygiene and the appropriate use of standard infection control precautions when caring for all people.

24.	People can trust a newly registered graduate nurse to fully comply with hygiene, uniform and dress codes in order to limit, prevent and control infection.
24.1	Adheres to local policy and national guidelines on dress code for prevention and control of infection, including: footwear, hair, piercing and nails.
24.2	Maintains a high standard of personal hygiene.
24.3	Wears appropriate clothing for the care delivered in all environments.
Nutrition and fluid management	
30.	People can trust the newly qualified graduate nurse to assist them in creating an environment that is conducive to eating and drinking.
30.1	Reports to an appropriate person where there is a risk of meals being missed.
30.2	Follows food hygiene procedures in accordance with policy.
Medicines management²	
33.	People can trust the newly registered graduate nurse to correctly and safely undertake medicines³ calculations.
33.1	Is competent in basic medicines calculations (*) relating to : <ul style="list-style-type: none"> • Tablets and capsules • Liquid medicines • Injections including: <ul style="list-style-type: none"> • Unit dose • Sub and multiple unit dose • SI unit conversion

Appendix 2

Essential Skills Clusters- Second progression point	
Care, compassion and communication	
1.	As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.
1.6	Forms appropriate and constructive professional relationships with families and other carers.
1.7	Uses professional support structures to learn from experience and make appropriate adjustments.
2.	People can trust the newly registered graduate nurse to engage in person centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.
2.2	Actively empowers people to be involved in the assessment and care planning process.
2.3	Determines people's preferences to maximise comfort & dignity.
2.4	Actively support people in their own care and self care.
2.5	Considers with the person and their carers their capability for self care.
2.6	Provides personalised care, or makes provisions for those who are unable to maintain their own activities of living maintaining dignity at all times.
2.7	Assists people with their care.
6.	People can trust the newly registered graduate nurse to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon.
6.6	Uses strategies to enhance communication and remove barriers to effective communication minimising risk to people from lack of or poor communication.
7.	People can trust the newly registered graduate nurse to protect and keep as confidential all information relating to them.
7.4	Distinguishes between information that is relevant to care planning and information that is not.
8.	People can trust the newly registered graduate nurse to gain their consent based on sound understanding and informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.
8.2	Applies principles of consent in relation to restrictions relating to specific client groups and seek consent for care.
8.3	Ensures that the meaning of consent to treatment and care is understood by the people of service users.
9.	People can trust the newly registered graduate nurse to treat them as partners and work with them to make a holistic and systematic assessment of their needs; to develop a personalised plan that is based on mutual understanding and respect for their individual situation promoting health and well-being, minimising risk of harm and promoting their safety at all times.
9.2	Accurately undertakes and records a baseline assessment of weight, height,

	temperature, pulse, respiration and blood pressure using manual and electronic devices (*).
9.3	Understands the concept of public health and the benefits of healthy lifestyles and the potential risks involved with various lifestyles or behaviours, for example, substance misuse, smoking, obesity.
9.4	Recognises indicators of unhealthy lifestyles.
9.5	Contributes to care based on an understanding of how the different stages of an illness or disability can impact on people and carers.
9.6	Measures and documents vital signs under supervision and responds appropriately to findings outside the normal range (*).
9.7	Performs routine, diagnostic tests for example urinalysis under supervision as part of assessment process (near client testing).
9.8	Collects and interprets routine data, under supervision, related to the assessment and planning of care from a variety of sources.
9.9	Undertakes the assessment of physical, emotional, psychological, social, cultural and spiritual needs, including risk factors by working with the person and records, shares and responds to clear indicators and signs.
9.10	With the person and under supervision, plans safe and effective care by recording and sharing information based on the assessment.
9.11	Where relevant, applies knowledge of age and condition-related anatomy, physiology and development when interacting with people.
10.	People can trust the newly registered graduate nurse to deliver nursing interventions and evaluate their effectiveness against the agreed assessment and care plan.
10.1	Acts collaboratively with people and their carers enabling and empowering them to take a shared and active role in the delivery and evaluation of nursing interventions.
10.2	Works within the limitations of own knowledge and skills to question and provide safe and holistic care.
10.3	Prepares people for clinical interventions as per local policy.
10.4	Actively seek to extend knowledge and skills using a variety of methods in order to enhance care delivery.
10.5	Detects, records, reports and responds appropriately to signs of deterioration or improvement.
11.	People can trust the newly registered graduate nurse to safeguard children and adults from vulnerable situations and support and protect them from harm.
11.4	Documents concerns and information about people who are in vulnerable situations.
12.	People can trust the newly registered graduate nurse to respond to their feedback and a wide range of other sources to learn, develop and improve services.
12.2	Responds appropriately when people want to complain, providing assistance and support.
12.3	Uses supervision and other forms of reflective learning to make effective use of feedback.
12.4	Takes feedback from colleagues, managers and other departments seriously and

	shares the messages and learning with other members of the team.
13.	People can trust the newly registered, graduate nurse to promote continuity when their care is to be transferred to another service or person.
13.1	Assists in preparing people and carers for transfer and transition through effective dialogue and accurate information.
13.2	Reports issues and people's concerns regarding transfer and transition.
13.3	Assists in the preparation of records and reports to facilitate safe and effective transfer.
14.	People can trust the newly registered graduate nurse to be an autonomous and confident member of the multi-disciplinary or multi agency team and to inspire confidence in others.
14.2	Supports and assists others appropriately...
14.3	Values others' roles and responsibilities within the team and interacts appropriately.
14.4	Reflects on own practice and discusses issues with other members of the team to enhance learning.
14.5	Communicates with colleagues verbally, face-to-face and by telephone, and in writing and electronically in a way that the meaning is clear, and checks that the communication has been fully understood.
17.	People can trust the newly registered graduate nurse to work safely under pressure and maintain the safety of service users at all times.
17.3	Contributes as a team member.
17.4	Demonstrates professional commitment by working flexibly to meet service needs to enable quality care to be delivered.
17.5	Uses supervision as a means of developing strategies for managing own stress and for working safely and effectively.
17.6	Adheres to safety policies when working in the community and in people's homes, for example, lone worker policy.
18.	People can trust a newly registered graduate nurse to enhance the safety of service users and identify and actively manage risk and uncertainty in relation to people, the environment, self and others.
18.7	Contributes to promote safety and positive risk taking.
18.8	Under supervision works safely within the community setting taking account of local policies, for example, lone worker policy.
Infection prevention and control	
21.	People can trust the newly registered graduate nurse to identify and take effective measures to prevent and control infection in accordance with local and national policy.
21.2	Participates in assessing and planning care appropriate to the risk of infection thus promoting the safety of service users.
21.3	Participates in completing care documentation and evaluation of interventions to prevent and control infection.
21.4	Aware of the role of the Infection Control Team and Infection Control Nursing Specialist, and local guidelines for referral.
21.5	Recognises potential signs of infection and reports to relevant senior member of staff.

21.6	Discusses the benefits of health promotion within the concept of public health in the prevention and control of infection for improving and maintaining the health of the population.
22.	People can trust the newly registered graduate nurse to maintain effective standard infection control precautions and apply and adapt these to needs and limitations in all environments.
22.2	Applies knowledge of transmission routes in describing, recognising and reporting situations where there is a need for standard infection control precautions.
22.3	Participates in the cleaning of multi-use equipment between each person.
22.4	Uses multi-use equipment and follows the appropriate procedures.
22.5	Safely uses and disposes of, or decontaminates, items in accordance with local policy and manufacturers' guidance and instructions.
22.6	Adheres to requirements for cleaning, disinfecting, decontaminating of 'shared' nursing equipment, including single or multi-use equipment, before and after every use as appropriate, according to recognised risk, in accordance with manufacturers' and organisational policies.
23.	People can trust a newly registered graduate nurse to provide effective nursing interventions when someone has an infectious disease including the use of standard isolation techniques.
23.1	Safely delivers care under supervision to people who require to be nursed in isolation or in protective isolation setting.
23.2	Takes appropriate actions in any environment including the home care setting, should exposure to infection occur, for example, chicken pox, diarrhoea and vomiting, needle stick injury.
23.3	Applies knowledge of an 'exposure prone procedure' and takes appropriate precautions and actions.
23.4	Takes personal responsibility, when a student knowingly has a blood borne virus, to consult with occupational health before carrying out exposure prone procedures.
25.	People can trust a newly registered graduate nurse to safely apply the principles of asepsis when performing invasive procedures and be competent in aseptic technique in a variety of settings.
25.1	Demonstrates understanding of the principles of wound management, healing and asepsis, safely performs basic wound care using clean and aseptic techniques in a variety of settings.
25.2	Assists in providing accurate information to people and their carers on the management of a device, site or wound to prevent and control infection and to promote healing wherever that person might be, for example, in hospital, in the home care setting, in an unplanned situation.
26.	People can trust the newly qualified nurse to act, in a variety of environments including the home care setting, to reduce risk when handling waste, including sharps, contaminated linen and when dealing with spillages of blood and other body fluids.
26.1	Adheres to health and safety at work legislation and infection control policies regarding the safe disposal of all waste, soiled linen, blood and other body fluids and disposing of the 'sharps' including in the home setting.
26.2	Ensures dignity is preserved when collecting and disposing of bodily fluids and soiled linen.

26.3	Acts to address potential risks within a timely manner including in the home setting.
Nutrition and fluid management	
27.	People can trust the newly registered graduate nurse to assist them to choose a diet that provides an adequate nutritional and fluid intake.
27.1	Under supervision helps people to choose healthy food and fluid in keeping with their personal preferences and cultural needs.
27.2	Accurately monitors dietary and fluid intake and completes relevant documentation (*).
27.3	Supports people who need to adhere to specific dietary and fluid regimens and informs them of the reasons.
27.4	Maintains independence and dignity wherever possible and provides assistance as required.
27.5	Identifies people who are unable to or have difficulty in eating or drinking and reports this to others to ensure adequate nutrition and fluid intake is provided.
28.	People can trust the newly registered graduate nurse to assess and monitor their nutritional status and in partnership, formulate an effective plan of care.
28.1	Takes and records accurate measurements of weight, height, length, body mass index and other appropriate measures of nutritional status (*).
28.2	Assesses baseline nutritional requirements for health people related to factors such as age and mobility.
28.3	Contributes to formulating a care plan through assessment of dietary preferences, including local availability of foods and cooking facilities.
28.4	Reports to other members of the team when agreed plan is not achieved.
29.	People can trust a newly registered graduate nurse to assess and monitor their fluid status and in partnership with them, formulate an effective plan of care.
29.1	Applies knowledge of fluid requirements needed for health and during illness and recovery so that appropriate fluids can be provided.
29.2	Accurately monitors and records fluid intake and output (*).
29.3	Recognises and reports reasons for poor fluid intake and output.
29.4	Reports to other members of the team when intake and output falls below requirements.
30.	People can trust the newly qualified graduate nurse to assist them in creating an environment that is conducive to eating and drinking.
30.3	Follows local procedures in relation to mealtimes, for example, protected mealtimes, indicators of people who need additional support.
30.4	Ensures that people are ready for the meal; that is, in an appropriate location, position, offered opportunity to wash hands, offered appropriate assistance.
31.	People can trust the newly qualified graduate nurse to ensure that those unable to take food by mouth receive adequate fluid and nutrition to meet their needs.
31.1	Recognises, responds appropriately and reports when people have difficulty eating or swallowing.
31.2	Adheres to an agreed plan of care that provides for individual differences, for example, cultural considerations, psychosocial aspects and provides adequate

	nutrition and hydration when eating or swallowing is difficult.
Medicines management²	
34.	People can trust the newly registered graduate nurse to work within legal and ethical frameworks that underpin safe and effective medicines management.
34.1	Demonstrates understanding of legal and ethical frameworks relating to safe administration of medicines in practice.
34.2	Demonstrates an understanding of types of prescribing, types of prescribers and methods of supply.
34.3	Demonstrates understanding of legal and ethical frameworks for prescribing.
35.	People can trust the newly registered graduate nurse to work as part of a team of offer holistic care and a range of treatment options of which medicines may form a part.
35.1	Demonstrates awareness of a range of commonly recognised approaches to managing symptoms, for example, relaxation, distraction and lifestyle advice.
35.2	Discusses referral options.
36.	People can trust the newly registered graduate nurse to ensure safe and effective practice in medicines management through comprehensive knowledge of medicines, their actions, risks and benefits.
36.1	Uses knowledge of commonly administered medicines in order to act promptly in cases where side effects and adverse reactions occur.
37.	People can trust the newly registered graduate nurse to safely order, receive, store and dispose of medicines (including controlled drugs) in any setting.
37.1	Demonstrates ability to safely store medicines under supervision.
38.	People can trust the newly registered graduate nurse to administer medicines safely and in a timely manner, including controlled drugs.
38.1	Uses prescription charts correctly and maintains accurate records
38.2	Utilises and safely disposes of equipment needed to draw up and administer medication, for example, needles, syringes, gloves.
38.3	Administers and, where necessary, prepares medication safely under direct supervision, including orally and by injection.
39.	People can trust a newly registered graduate nurse to keep and maintain accurate records using information technology, where appropriate, within a multi-disciplinary framework as a leader and as part of a team and in a variety of care setting including at home.
39.1	Demonstrates awareness of roles and responsibilities within the multi disciplinary team for medicines management, including how and in what ways information is shared within a variety of settings.
40.	People can trust a newly registered graduate nurse to work in partnership with people receiving medical treatments and their carers.
40.1	Under supervision involves people and carers in administration and self-administration of medicines.
41.	People can trust the newly registered graduate nurse to use and evaluate up-to-date information on medicines management and work within national and local policy guidelines.
41.1	Accesses commonly used evidence based source relating to the safe and effective

management of medicine.

42. People can trust the newly registered graduate nurse to demonstrate understanding and knowledge to supply and administer via a patient group direction.

42.1 Demonstrates knowledge of what a patient group direction is and who can use them.

Appendix 2

Essential Skills Clusters End of Programme	
Care, compassion and communication	
1.	As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.
1.8	Demonstrates clinical confidence through sound knowledge, skills and understanding relevant to field.
1.9	Is self aware and self confident, knows own limitations and is able to take appropriate action.
1.10	Acts as a role model in promoting a professional image.
1.11	Acts as a role model in developing trusting relationships, within professional boundaries.
1.12	Recognises and acts to overcome barriers in developing effective relationships with service users and carers.
1.13	Initiates, maintains and closes professional relationships with service users and carers.
1.14	Uses professional support structures to develop self awareness, challenge own prejudices and enable professional relationships, so that care is delivered without compromise.
2.	People can trust the newly registered graduate nurse to engage in person centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.
2.8	Is sensitive and empowers people to meet their own needs and make choices and considers with the person and their carer(s) their capability to care.
2.9	Ensures access to independent advocacy.
2.10	Recognises situations and acts appropriately when a person's choice may compromise their safety or the safety of others.
2.11	Uses strategies to manage situations where a person's wishes conflict with nursing interventions necessary for the person's safety.
2.12	Acts with dignity and respect to ensure that people who are unable to meet their activities of living have choices about how these are met and feel empowered to do as much as possible for themselves.
2.13	Works autonomously, confidently and in partnership with people, their families and carers to ensure that needs are met through care planning and delivery, including strategies for self care and peer support.
2.14	Actively helps people to identify and use their strengths to achieve their goals and aspirations.
3.	People can trust the newly registered graduate nurse to respect them as individuals and strive to help them the preserve their dignity at all times.
3.4	Acts professionally to ensure that personal judgements, prejudices, values, attitudes and beliefs do not compromise care.
3.5	Is proactive in promoting and maintaining dignity.
3.6	Acts autonomously to challenge situations or others when someone's dignity may be compromised.

3.7	Uses appropriate strategies to empower and support their choice.
4.	People can trust a newly qualified graduate nurse to engage with them and their family or carers within their cultural environments in an acceptant and anti-discriminatory manner free from assessment and exploitation.
4.4	Upholds people's legal rights and speaks out when these are at risk of being compromised.
4.5	Is acceptant of differing cultural traditions, beliefs, UK legal frameworks and professional ethics when planning care with people and their families and carers.
4.6	Acts autonomously and proactively in promoting care environments that are culturally sensitive and free from discrimination, harassment and exploitation.
4.7	Manages and diffuses challenging situations effectively.
5.	People can trust the newly registered graduate nurse to engage with them in a warm, sensitive and compassionate way.
5.6	Anticipates how people might feel in a given situation and responds with kindness and empathy to provide physical and emotional comfort.
5.7	Makes appropriate use of touch.
5.8	Listens to, watches for, and responds to verbal and non-verbal cues.
5.9	Engages with people in the planning and provision of care that recognises personalised needs and provides practical and emotional support.
5.10	Has insight into own values and how these may impact on interactions with others.
5.11	Recognises circumstances that trigger personal negative responses and takes action to prevent this compromising care.
5.12	Recognises and acts autonomously to respond to own emotional discomfort of distress in self and others.
5.13	Through reflection and evaluation demonstrates commitment to personal and professional development and lifelong learning.
6.	People can trust the newly registered graduate nurse to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon.
6.7	Consistently shows ability to communicate safely and effectively with people providing guidance for others.
6.8	Communicates effectively and sensitively in different settings, using a range of methods and skills.
6.9	Provides accurate and comprehensive written and verbal reports based on best available evidence.
6.10	Acts autonomously to reduce and challenge barriers to effective communication and understanding.
6.11	Is proactive and creative in enhancing communication and understanding.
6.12	Uses the skills of active listening, questioning, paraphrasing and reflection to support a therapeutic intervention.
6.13	Uses appropriate and relevant communication skills to deal with difficult and challenging circumstances, for example, responding to emergencies, unexpected occurrences, saying "no", dealing with complaints, resolving disputes, deescalating aggression, conveying 'unwelcome news'.

7.	People can trust the newly registered graduate nurse to protect and keep as confidential all information relating to them
7.5	Acts professionally and autonomously in situations where there may be limits to confidentiality, for example, public interest and protection from harm.
7.6	Recognises the significance of information and acts in relation to who does or does not need to know.
7.7	Acts appropriately in sharing information to enable and enhance care (carers, MDT and across agency boundaries).
7.8	Works within the legal frameworks for data protection including access to and storage of records.
7.9	Acts within the law when confidential information has to be shared with others.
8.	People can trust the newly registered graduate nurse to gain their consent based on sound understanding and informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.
8.4	Uses helpful and therapeutic strategies to enable people to understand treatments and other interventions in order to give informed consent.
8.5	Works within legal frameworks when seeking consent.
8.6	Assesses and responds to the needs and wishes of carers and relatives in relation to information and consent.
8.7	Demonstrates respect for the autonomy and rights of people to withhold consent in relation to treatment within legal frameworks and in relation to people's safety.
Organisational Aspects of care	
9.	People can trust the newly registered graduate nurse to treat them as partners and work with them to make a holistic and systematic assessment of their needs; to develop a personalised plan that is based on mutual understanding and respect for their individual situation promoting health and well-being, minimising risk of harm and promoting their safety at all times
9.12	In partnership with the person, their carers and their families, makes a holistic, person centred and systematic assessment of physical, emotional, psychological, social, cultural and spiritual needs, including risk, and together, develops a comprehensive personalised plan of nursing care
9.13	Acts autonomously and takes responsibility for collaborative assessment and planning of care delivery with the person, their carers and their family
9.14	Applies research based evidence to practice
9.15	Works within the context of a multi-professional team and works collaboratively with other agencies when needed to enhance the care of people communities and populations
9.16	Promotes health and well-being, self care and independence by teaching and empowering people and carers to make choices in coping with the effects of treatment and the ongoing nature and likely consequences of a condition including death and dying
9.17	Uses a range of techniques to discuss treatment options with people
9.18	Discusses sensitive issues in relation to public health and provides appropriate advice and guidance to individuals, communities and populations for example, contraception, substance misuse, smoking, obesity

9.19	Refers to specialists when required
9.20	Acts autonomously and appropriately when faced with sudden deterioration in people's physical or psychological condition or emergency situations, abnormal vital signs, collapse, cardiac arrest, self-harm, extremely challenging behaviour, attempted suicide
9.21	Measures, documents and interprets vital signs and acts autonomously and appropriately on findings
9.22	Works within a public health framework to assess needs and plan care for individuals, communities and populations
10.	People can trust the newly registered graduate nurse to deliver nursing interventions and evaluate their effectiveness against the agreed assessment and care plan
10.6	Provides safe and effective care in partnership with people and their carers within the context of people's ages, conditions and developmental stages
10.7	Prioritises the needs of groups of people and individuals in order to provide care effectively and efficiently
10.8	Detects, records and reports if necessary, deterioration or improvement and takes appropriate action autonomously
10.9	Evaluates the effect of interventions, taking account of people's and carers' interpretation of physical, emotional, and behavioural changes
10.10	Involves the person in review and adjustments to their care, communicating changes to colleagues
11.	People can trust the newly registered graduate nurse to safeguard children and adults from vulnerable situations and support and protect them from harm
11.5	Recognises and responds when people are in vulnerable situations and at risk, or in need of support and protection
11.6	Shares information safely with colleagues and across agency boundaries for the protection of individuals and the public
11.7	Makes effective referrals to safeguard and protect children and adults requiring support and protection
11.8	Works collaboratively with other agencies to develop, implement and monitor strategies to safeguard and protect individuals and groups who are in vulnerable situations
11.9	Supports people in asserting their human rights
11.10	Challenges practices which do not safeguard those in need of support and protection
12.	People can trust the newly registered graduate nurse to respond to their feedback and a wide range of other sources to learn, develop and improve services
12.5	Shares complaints, compliments and comments with the team in order to improve care
12.6	Actively responds to feedback
12.7	Supports people who wish to complain
12.8	As an individual team member and team leader, actively seeks and learns from

	feedback to enhance care and own and others professional development
12.9	Works within ethical and legal frameworks and local policies to deal with complaints, compliments and concerns
14.	People can trust the newly registered graduate nurse to be an autonomous and confident member of the multi-disciplinary or multi agency team and to inspire confidence in others
14.6	Actively consults and explores solutions and ideas with others to enhance care
14.7	Challenges the practice of self and others across the multi-professional team
14.8	Takes effective role within the team adopting the leadership role when appropriate
14.9	Act as an effective role model in decision making, taking action and supporting others
14.10	Works inter-professionally and autonomously as a means of achieving optimum outcomes for people
14.11	Safeguards the safety of self and others, and adheres to lone working policies when working in the community setting and in people's homes
15.	People can trust the newly registered graduate nurse to safely delegate to others and to respond appropriately when a task is delegated to them
15.2	Works within the requirements of the code (NMC 2008) in delegating care and when care is delegated to them
15.3	Takes responsibility and accountable for delegating care to others
15.4	Prepares, supports and supervises those to whom care has been delegated
15.5	Recognised and addresses deficits in knowledge and skill in self and others and takes appropriate action
16.	People can trust the newly registered graduate nurse to safely lead, co-ordinate and manage care
16.1	Inspires confidence and provides clear direction to others
16.2	Takes decisions and is able to answer for these decisions when required
16.3	Bases decisions on evidence and uses experience to guide decision-making
16.4	Acts as a positive role model for others
16.5	Manages time effectively
16.6	Negotiates with others in relation to balancing competing and conflicting priorities
17.	People can trust the newly registered graduate nurse to work safely under pressure and maintain the safety of service users at all times
17.7	Demonstrates effective time management
17.8	Prioritises own workload and manages competing and conflicting priorities
17.9	Appropriately reports concerns regarding staffing and skill-mix and acts to resolve issues that may impact on the safety of service users within local policy frameworks
17.10	Recognises stress in others and provides appropriate support or guidance ensuring safety to people at all times
17.11	Enables others to identify and manage their stress
17.12	Works within local policies when working in the community setting including in people's homes and ensures the safety of others

18.	People can trust a newly registered graduate nurse to enhance the safety of service users and identify and actively manage risk and uncertainty in relation to people, the environment, self and others
18.9	Reflects on and learns from safety incidents as an autonomous individual and as a team member and contributes to team learning
18.10	Participates in clinical audit to improve the safety of service users
18.11	Assesses and implements measures to manage, reduce or remove risk that could be detrimental to people, self and others
18.12	Assesses, evaluates and interprets risk indicators and balances risks against benefits, taking account of the level of risk people are prepared to take
18.13	Works within legal and ethical frameworks to promote safety and positive risk taking
18.14	Works within policies to protect self and others in all care settings including in the home care settings
18.15	Takes steps not to cross professional boundaries and put self or colleagues at risk
19.	People can trust the newly registered graduate nurse to work to prevent and resolve conflict and maintain a safe environment
19.3	Selects and applies appropriate strategies and techniques for conflict resolution, de-escalation and physical intervention in the management of potential violence and aggression
20.	People can trust the newly registered graduate nurse to select and manage medical devices safely
20.2	Works within legal frameworks and applies evidence based practice in the safe selection and use of medical devices
20.3	Safely uses and maintains a range of medical devices appropriate to the area of work, including ensuring regular servicing, maintenance and calibration including reporting adverse incidents relating to medical devices
20.4	Keeps appropriate records in relation to the use and maintenance of medical devices and the decontamination processes required as per local and national guidelines
20.5	Explains the devices to people and carers and checks understanding
Infection prevention and control	
21.	People can trust the newly registered graduate nurse to identify and take effective measures to prevent and control infection in accordance with local and national policy
21.7	Works within the code (NMC 2008) and in keeping with the Guidance on professional conduct for nursing and midwifery students (NMC 2010) and in collaboration with people and their carers to meet responsibilities for prevention and control of infection
21.8	In partnership with people and their carers, plans, delivers and documents care that demonstrates effective risk assessment, infection prevention and control
21.9	Identifies, recognises and refers to the appropriate clinical expert
21.10	Explains risks to people, relatives, carers and colleagues and educates them in prevention and control of infection
21.11	Recognises infection risk and reports and acts in situations where there is need for

	health promotion and protection and public health strategies
22.	People can trust the newly registered graduate nurse to maintain effective standard infection control precautions and apply and adapt these to needs and limitations in all environments
22.7	Initiates and maintains appropriate measures to prevent and control infection according to route of transmission of micro-organism, in order to protect service users, members of the public and other staff
22.8	Applies legislation that relates to the management of specific infection risk at a local and national level
22.9	Adheres to infection prevention and control policies and procedures at all times and ensures that colleagues work according to good practice guidelines
22.10	Challenges the practice of other care workers who put themselves and others at risk of infection
22.11	Manages overall environment to minimise risk
23.	People can trust a newly registered graduate nurse to provide effective nursing interventions when someone has an infectious disease including the use of standard isolation techniques
23.5	Recognises and acts upon the need to refer to specialist advisers as appropriate
23.6	Assesses the needs of the infectious person, or people and applies appropriate isolation techniques
23.7	Ensures that people including colleagues are aware of and adhere to local policies in relation to isolation and infection control procedures
23.8	Identifies suitable alternatives when isolation facilities are unavailable and principles have to be applied in unplanned circumstances
24.	People can trust a newly registered graduate nurse to fully comply with hygiene, uniform and dress codes in order to limit, prevent and control infection
24.4	Acts as a role model to others and ensures colleagues work within local policy
25.	People can trust a newly registered graduate nurse to safely apply the principles of asepsis when performing invasive procedures and be competent in aseptic technique
25.3	Applies a range of appropriate measures to prevent infection including application of safe and effective aseptic technique
25.4	Safely performs wound care, applying non-touch or aseptic techniques in a variety of settings
25.5	Able to communicate potential risks to others and advise people on the management of the device, site or wound to prevent and control infection and to promote healing
26.	People can trust the newly qualified nurse to act, in a variety of environments including the home care setting, to reduce risk when handling waste, including sharps, contaminated linen and when dealing with spillages of blood and other body fluids
26.4	Manages hazardous waste and spillages in accordance with local health and safety policies
26.5	Instructs others to do the same

Nutrition and fluid management	
27.	People can trust the newly registered graduate nurse to assist them to choose a diet that provides an adequate nutritional and fluid intake
27.6	Uses knowledge of dietary, physical, social and psychological factors to inform practice being aware of those that can contribute to poor diet, cause or be caused by ill health
27.7	Supports people to make appropriate the choices and changes to eating patterns, taking account of dietary preferences, religious and cultural requirements, treatment requirements and special diets needed for health reasons
27.8	Refers to specialist members of the multi-disciplinary team for additional or specialist advice
27.9	Discusses in a non-judgemental way how diet can improve health and the risks associated with not eating appropriately
27.10	In liaison with a registered midwife provides essential advice and support to mothers who are breast feeding
27.11	Provides support and advice to carers when the person they are caring for has specific dietary needs
28.	People can trust the newly registered graduate nurse to assess and monitor their nutritional status and in partnership, formulate an effective plan of care
28.5	Makes a comprehensive assessment of people's needs in relation to nutrition identifying, documenting and communicating level of risk (*)
28.6	Seeks specialist advice as required in order to formulate an appropriate care plan
28.7	Provides information to people and their carers
28.8	Monitors and records progress against the plan
28.9	Discusses progress and changes in condition with the person, carers and the multi-disciplinary team
28.10	Acts autonomously to initiate appropriate action when malnutrition is identified or where a person's nutritional status worsens, and report this as an adverse event
29.	People can trust a newly registered graduate nurse to assess and monitor their fluid status and in partnership with them, formulate an effective plan of care
29.5	Uses negotiating and other skills to encourage people who might be reluctant to drink to take adequate fluids
29.6	Identifies signs of dehydration and acts to correct these (*)
29.7	Works collaboratively with the person their carers' and the multi-disciplinary team to ensure an adequate fluid intake and output
30.	People can trust the newly qualified graduate nurse to assist them in creating an environment that is conducive to eating and drinking
30.5	Challenges others who do not follow procedures
30.6	Ensures appropriate assistance and support is available to enable people to eat
30.7	Ensures provision is made for replacement meals for anyone who is unable to eat at the usual time, or unable to prepare their own meals
30.8	Ensures that appropriate food and fluids are available as required

31.	People can trust the newly qualified graduate nurse to ensure that those unable to take food by mouth receive adequate fluid and nutrition to meet their needs
31.3	Takes action to ensure that, where there are problems with eating and swallowing, nutritional status is not compromised
31.4	Administers enteral feeds safely and maintains equipment in accordance with local policy (*)
31.5	Safely, maintains and uses naso-gastric, PEG and other feeding devices
31.6	Works within legal and ethical frameworks taking account of personal choice
32.	People can trust the newly registered graduate nurse to safely administer fluids when fluids cannot be taken independently
32.1	Understands and applies knowledge of intravenous fluids and how they are prescribed and administered within local administration of medicines policy
32.2	Monitors and assesses people receiving intravenous fluids (*)
32.3	Documents progress against prescription and markers of hydration (*)
32.4	Monitors infusion site for signs of abnormality, and takes the required action reporting and documenting signs and actions taken
Medicines management	
33.2	Is competent in the process of medication-related calculation in nursing field involving: <ul style="list-style-type: none"> • Tablets and capsules • Liquid medicines • Injections • IV infusions including: <ul style="list-style-type: none"> • Unit dose • Sub and multiple unit dose • Complex calculations • SI unit conversion
34.	People can trust the newly registered graduate nurse to work within legal and ethical frameworks that underpin safe and effective medicines management
34.4	Applies legislation to practice to safe and effective ordering, receiving, storing administering and disposal of medicines and drugs, including controlled drugs in both primary and secondary care settings and ensures others do the same
34.5	Fully understands all methods of supplying medicines, for example, Medicines Act exemptions, patient group directions (PGDs), clinical management plans and other forms of prescribing
34.6	Fully understands the different types of prescribing and independent nurse prescribing
35.	People can trust the newly registered graduate nurse to work as part of a team to offer holistic care and a range of treatment options of which medicines may form a part
35.3	Works confidently as part of the team and, where relevant, as leader of the team to develop treatment options and choices with the person receiving care and their carers
35.4	Questions, critically appraises, takes into account ethical considerations and the

	preferences of the person receiving care and uses evidence to support an argument in determining when medicines may or may not be an appropriate choice of treatment
36.	People can trust the newly registered graduate nurse to ensure safe and effective practice in medicines management through comprehensive knowledge of medicines, their actions, risks and benefits
36.2	Applies knowledge of basic pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action
36.3	understands common routes and techniques of medicine administration including absorption, metabolism, adverse reactions and interactions
36.4	Safely manages drug administration and monitors effects (*)
36.5	Reports adverse incidents and near misses
36.6	Safely manages anaphylaxis
37.	People can trust the newly registered graduate nurse to safely order, receive, store and dispose of medicines (including controlled drugs) in any setting
37.2	Orders, receives, stores and disposes of medicines safely (including controlled drugs)
38.	People can trust the newly registered graduate nurse to administer medicines safely and in a timely manner, including controlled drugs
38.4	Safely and effectively administers and, where necessary, prepares medicines via routes and methods commonly used and maintains accurate records (*)
38.5	Supervises and teaches others to do the same
38.6	Understands the legal requirements
39.	People can trust a newly registered graduate nurse to keep and maintain accurate records using information technology, where appropriate, within a multi-disciplinary framework as a leader and as part of a team and in a variety of care setting including at home
39.2	Effectively keep records of medication administered and omitted, in a variety of care settings, including controlled drugs and ensures others do the same
40.	People can trust a newly registered graduate nurse to work in partnership with people receiving medical treatments and their carers
40.2	Works with people and carers to provide clear and accurate information
40.3	Gives clear instruction and explanation and checks that the person understands the use of medicines and treatment options
40.4	Assesses the person's ability to safely self-administer their medicines
40.5	Assists people to make safe and informed choices about their medicines
41.	People can trust the newly registered graduate nurse to use and evaluate up-to-date information on medicines management and work within national and local policy guidelines
41.2	Works within national and local policies and ensures others do the same
42.	People can trust the newly registered graduate nurse to demonstrate understanding and knowledge to supply and administer via a patient group direction
42.2	Through simulation and course work demonstrates knowledge and application of the principles required for safe and effective supply and administration via a

patient group direction including an understanding of role and accountability

42.3 Through simulation and course work demonstrates how to supply and administer via a patient group direction



The Principles of Nursing Practice

The Principles of Nursing Practice tell us what patients, colleagues, families and carers can expect from nursing.

The Principles

- A** Nurses and nursing staff treat everyone in their care with dignity and humanity – they understand their individual needs, show compassion and sensitivity, and provide care in a way that respects all people equally.
- B** Nurses and nursing staff take responsibility for the care they provide and answer for their own judgements and actions – they carry out these actions in a way that is agreed with their patients, and the families and carers of their patients, and in a way that meets the requirements of their professional bodies and the law.
- C** Nurses and nursing staff manage risk, are vigilant about risk, and help to keep everyone safe in the places they receive health care.
- D** Nurses and nursing staff provide and promote care that puts people at the centre, involves patients, service users, their families and their carers in decisions and helps them make informed choices about their treatment and care.
- E** Nurses and nursing staff are at the heart of the communication process: they assess, record and report on treatment and care, handle information sensitively and confidentially, deal with complaints effectively, and are conscientious in reporting the things they are concerned about.
- F** Nurses and nursing staff have up-to-date knowledge and skills, and use these with intelligence, insight and understanding in line with the needs of each individual in their care.
- G** Nurses and nursing staff work closely with their own team and with other professionals, making sure patients' care and treatment is co-ordinated, is of a high standard and has the best possible outcome.
- H** Nurses and nursing staff lead by example, develop themselves and other staff, and influence the way care is given in a manner that is open and responds to individual needs.

Nursing is provided by nursing staff, including ward managers (in hospitals) or team leaders (in the community), specialist nurses, community nurses, health visitors, healthcare assistants or student nurses.

www.rcn.org.uk/nursingprinciples



Appendix 4

Principles of professional appearance for health care students' placement experiences

Health and Wellbeing students work closely with the public during their placement experiences. The Faculty and placement providers expect students to promote a positive professional image whether they are wearing uniforms or their own clothes (mufti). The University policy states that students should adhere to the policy of the host organisation.

These guidelines use principles integral to the Department of Health document Uniforms and Work wear - An evidence base for developing local policy (DoH 2007) to provide a rationale for our expectations that students will comply with these policies and additional guidelines included in this document.

Students are expected to ensure that they are familiar with the dress code for the placement they have been allocated to. Those who are inappropriately dressed may be asked to leave the placement.

Statement of Intent

All students will dress and present themselves in such a manner as to instil public trust and confidence, and promote a positive professional image whether wearing uniform or mufti. Students' dress and appearance must be professional at all times. Uniform or mufti should be comfortable, will be worn and cared for in such a way that ensures personal and patient safety.

Principle: to present a professional image and inspire public confidence

The Nursing and Midwifery Council (2008) and Health Professions Council ((2009) expect health care students to behave and dress in a way that promotes a professional image and inspires public confidence. Presenting an appropriate image can enhance the development of respectful relationships. Therefore while on placements students should:

Where uniforms are required:

Wear a fresh Canterbury Christ Church University tunic and trousers daily:

- If the placement area can provide changing facilities and locker space, uniforms should not be worn outside work. If the uniform is worn outside work whilst travelling to and from the place of work, in the interests of professional image, uniform should not be visible and covered by an appropriate coat or jacket. Identity badges should be removed.
- Students must not wear their uniform or student identification badge whilst undertaking other agency/bank work during their programme.

Where uniforms are not required:

- Wear neat, clean and appropriate clothing. This should be appropriate to the patient / client group with discreet necklines and appropriate hem lengths. Men must wear smart casual clothes. All students should avoid clothes with logos / slogans.
- Jeans are not normally acceptable.

To project a professional image (and to maintain personal and patient safety):

- Jewellery should not be worn around the neck.
- Wrist and ankle bracelets should not be worn.
- No facial or tongue studs or hoops to be worn.
- Pierced earrings must be studs only and only one pair at any one time.
- Tattoos and body piercing should not pose a safety/infection risk to either the student or patient.
- Where possible Tattoos should be covered.

Principle: to prevent the spread of infection

Hair should be:

- Neat, clean and off the face
- Long hair should be tied back off the collar
- Beards and moustaches should be neatly trimmed
- Completely covered under hats (in Theatres)

Fingernails should be:

- Short
- No nail polish or
- Artificial nails

Jewellery should be kept to the minimum to allow for good hand washing techniques. Please refer to organisational policies.

Clothing

- Where uniform is required it should be worn on a one wear one wash basis as per manufacturer's instructions

Principle: to maintain safety

For Health and Safety reasons the footwear must be fully enclosed, clean and smart with a quiet non-slip sole and heels. Trainers, sandals, plastic flip-flops and croc style beach shoes are not acceptable.

All students are required to wear their University ID badge at all times for identification and liability purposes.

Individual Needs

Some students may require a more individual approach to the dress code, in the case of for example, a physical disability, pregnancy or students with cultural and religious practices. These would need to be discussed with their personal tutor prior to their placement. The Faculty recognises the diversity of cultures, religions and disabilities of its students and will take a sensitive approach. However, priority will be given to health and safety, security and infection control considerations.

Department of Health (2007) Uniforms and Work wear - An evidence base for developing local policy (DoH 2007).

Health Professions Council (2009) Consultation document. Guidance on Conduct and Ethics for students.

Nursing and Midwifery Council (2008) The Code- Standards of conduct, performance and ethics for nurses and midwives. London: NMC.

The University of British Columbia 'Professional Appearance for Clinical Practice.

Appendix 5

Voluntary Placement Learning Outcomes

Year 1	Practice Placement 2
Placement title	Voluntary service placement
Duration	1 weeks, 37.5 hours

Placement aims

Students will:

- Examine local initiatives in the wider community developed in response to the needs of the local population
- Identify the range of voluntary services available to support patients and their families or promote health and well-being
- Identify the different client groups who access voluntary agencies and the factors that may promote or inhibit this process.

Relationship to the rest of the programme

The placement forms part of the Health and Well-Being and Fundamentals of Professional Collaboration modules and will provide students with the opportunity to explore the work of agencies outside of the Health and Social Care setting.

Intended outcomes:

By the end of this placement students will be able to demonstrate that they understand:

- The interface between funded and voluntary sector organisations
- How support from voluntary agencies can be accessed
- The factors that may promote / inhibit patients and their families accessing the support available.

Glossary

Action Plan	A tool developed by the student, mentor and Academic Link to focus student development as part of the tripartite assessment process.
Assessor	A qualified practitioner who has successfully completed formal preparation to support, facilitate learning and assess students attainment against the outcomes within the Ongoing Achievement Record
Associate Mentor	A registered practitioner who helps the named mentor by supporting the student in practice, helping them meet their learning needs and providing constructive feedback to both student and named mentor on the student's progress
Competence	Describes the skills and ability to practice safely and effectively without further need of supervision
Evidence of Learning	As adult learners students are expected to participate in self-assessment and document a summary of the evidence of learning they would like to discuss at their formative assessment
Evidence of Achievement	Students also provide evidence of their achievements at their summative assessment
Formative Assessment	The opportunity to provide feedback, support and guidance, while encouraging the student to identify his or her learning needs
Learning Contract	An individual plan for learning developed by the student and negotiated with the mentor that identifies goals, opportunities and action to be taken to achieve them.
Academic Link Lecturer in Practice	The role of the link lecturer is to liaise with clinical managers and staff. They aim to foster a partnership between higher education and practice areas and offer education advice and support to students and qualified nurses. They monitor clinical areas, undertake the educational audit and inform the department of any changes or developments.
Mentor	A practitioner who has undergone formal preparation (Mentorship course) to facilitate learning, support and assess students in clinical practice
Ongoing Achievement Record (OAR)	The 'OAR' is the name given to all of the student's placement documentation used within the duration of their programme. It is in 4 parts. Parts 1-3 are the assessment documents for Years 1, 2 and 3 of the programme and Part 4 is the Record of Skills acquisition that is used throughout the programme and provides evidence for some of the Clinical skills competencies
Personal Tutor	A student's allocated lecturer whose role is to provide a supportive relationship throughout the programme. He or she will document the student's progress in theory and practice and provide written summaries as required throughout the programme including their final reference
Progression Monitoring	All students who commence the Adult Pathway from September 2012 onwards will participate in Tripartite progression monitoring. This means that in Year 1 and Year 2 the student, their mentor and a member of academic staff will meet and discuss the students' progress. This will be planned to take place during the formative part of placements and will provide an opportunity to not only identify students who are failing to progress but also give positive feedback to those who are doing well
Practice Placement Facilitator	An appropriately qualified individual based within the acute or primary care trust that facilitates the provision of high quality clinical placements. The individual will support the assessor and mentor and acts as a communication link between the Education provider and the Trust.
Sign Off Mentor	A qualified mentor who has met the additional criteria listed by the NMC (2008) and who will take responsibility for the final summative assessment in Year 3, signing the 'Final assessment of proficiency' and supporting less experienced mentors when they are working with a failing student
Summative Assessment	Determines the extent to which a student has achieved the outcomes for all or a substantial part of a programme

References

Andrews, M & Roberts D (2003) Supporting student nurses learning in and through clinical practice: the role of the clinical guide. *Nurse Education Today* 23(7):474-81.

Health Professions Council (2010) Guidance on Good health and Good Character <http://www.hpc-uk.org/publications/brochures/index.asp?id=220> accessed 26.2.12

National Patient Safety Agency <http://www.npsa.nhs.uk> accessed 26.2.12

Nursing and Midwifery Council (2010) <http://www.nmc-uk.org/Students/Good-Health-and-Good-Character-for-students-nurses-and-midwives/> accessed 20.2.12

RCN (2010) Principles of Nursing Practice