University of Greenwich

Faculty of Education and Health

Practice Placement Guidelines

Pre-registration Nursing and Midwifery Programmes

2016/2017

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Section 1: The Organisation and Allocation of Placements

1.1 Organising Placements

1.1.1 It is the function and responsibility of the Placement Office in conjunction with Trust representatives to organise and arrange placements for all Pre-registration Nursing and Midwifery Students. Students are allocated to their placement areas dependent upon their Home Trust, the knowledge, skills and experience they need to acquire and the availability of placements.

1.1.2 The Placement Office send out allocation details to the clinical areas in advance of placements, together with details of any student study days that take place within the student allocation.

1.1.3 For students, details of allocations for placements are on the programme Moodle shell and can be accessed there.

1.1.4 Students should be aware of the placement area to which they are allocated within three weeks of the placement start date; any who are not should contact their Programme Administrator as soon as possible.

1.1.5 Details of the placement areas: address, telephone number and contact name can be found on the relevant moodle pages.

1.2 Changing Clinical Placement Allocation

1.2.1 Students may only change their placement allocation by a **straight swap** with another student from the same cohort and with the approval of the Placement office and the Programme Leader.

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The students are both required to submit an e-mail of agreement, to the Programme Leader **before** the deadline at two weeks prior to the start of the allocation. After this time the request will not be actioned.

1.3 Contacting the Placement Area

1.3.1 Students are responsible for contacting their placement area **at least two weeks** before commencement to introduce themselves, ask any questions and confirm off duty details. This will give sufficient time to identify and clarify any issues with the placement.

1.3.2 This is particularly important when undertaking Community placements; these are arranged on an individual student to mentor basis. Failure to make contact with the mentor can result in a refusal to accept the student on placement.

1.4 Sickness/Absence Reporting (See also 3.10)

1.4.1 If students are unable to attend placement due to sickness or any other circumstances s/he is required to contact the placement area immediately. When on community placements the nurse/midwife will be waiting for you to start their day. It is therefore imperative that you inform them you will not be attending.

1.4.2 Students must forward to the Placement Office or Programme Administrator

- a self-certification sickness form for sickness for days 4-7
- a doctors certificate for sickness above 7 days

1.4.3 The student's Personal tutor keeps a record of students' sickness and absence, taken from their PAD at the end of each semester. This information is used for official records required to enable students to qualify as a Registered Nurse or Midwife at the end of their programme and for references.

1.5 Contacting the Placement Office Team

1.5.1 Students **are not permitted to** contact the Placement Team to discuss issues relating to placements. Any issues must be brought to the attention of the personal tutor, link teacher or programme leader.

1.5.2 Clinical placement staff can contact the office for help or advice regarding dates of placements, allocation of students and attendance, anytime between 9am & 5pm, Monday to Friday.

1.5.3 Postal address:

The Placement Office
Grey Building
Southwood Site
University of Greenwich
Avery Hill Rd
Eltham
London SE9 2UG

Email address:

d.f.denehan@gre.ac.uk – Placement Office Manager

s.bishop@gre.ac.uk - Adult

j.abel@gre.ac.uk – Mental Health

m.l.scovell@grea.c.uk – Learning disabilities

z.thorne@gre.ac.uk – Child and Midwifery

Section 2: Dress Code in Clinical Practice Areas

2.1 Dress and appearance

2.1.1 Whilst in any placement area students must conform to an acceptable standard of dress and appearance. Students must maintain an appearance that is clean, respectful and professional as well as promoting safety and comfort for the student and safety for the patient.

2.2 Personal hygiene

2.2.1 Particular attention must be paid to personal hygiene. Perfumes and aftershaves should be discreet.

2.3 Uniform

2.3.1 Students are required to wear the regulation uniform: dress or tunic and trousers. Uniform must be changed daily to reduce the risk of cross infection.

2.3.2 Black/navy cardigans may be worn with the uniform within Trust premises but **not** when the student is involved in direct patient care. Tights should be black.

2.3.3 Where changing facilities are provided at the Trust premises, students are expected to travel in own clothing and change into uniform at the facilities made available for this purpose. If no changing facilities are available then students may travel from home to placement wearing an outdoor coat that fully covers the uniform dress or tunic.

2.3.4 Students undertaking neonatal special/intensive care placements **must not** wear uniform to and from work. To reduce the risk of cross infection students must change into their uniform in the placement area. Failure to comply with this requirement could result in students being excluded from the placement area.

2.3.5 In settings where uniforms are not worn students are expected to dress informally but smartly. All criteria in items 2.5 – 2.9 should be adhered to

2.3.6 Care must be taken to avoid dressing in such a way that could be seen as politically, culturally, ethnically or sexually provocative or inappropriate.

2.3.7 Jeans or trainers are not acceptable. Shoes should be practical i.e. no high heels or sandals.

2.4 Shoes

2.4.1 Shoes should be clean and black with a low heel with non-slip soles. These should be suitably supportive to enable safe moving or handling of patient/clients and equipment. Wearing open sandals in practice areas is not permitted. 'Croc' shoes / sandals should not be worn in the clinical environment (other than operating theatres)

2.5 Badges

2.5.1 In the interests of patient/client safety, only the name badge supplied by the University of Greenwich may be worn pinned to the dress or tunic. For security purposes students are expected to carry their University Identification Card upon their person when on Trust premises.

2.5.2 Trust identification badges must be visible at all times in placement areas

2.6 Fingernails

2.6.1 Fingernails must be:
- clean and short to avoid transferring bacteria on or under the fingernails
- neatly manicured to avoid scratching patients/clients and other staff involved in direct patient handling procedures.

2.6.2 Nail varnish is not acceptable as this can chip, enter a wound and cause infection.

2.6.3 False / Gel / Acrylic nails are not acceptable

2.7 Hair

2.7.1 Hair shall be clean and worn in a style, which is both 'off the collar', and back from the face. Hair bands should be small and black.

2.7.2 If coloured, hair should be within the natural range of hair colourings and neat in appearance

2.7.3 Beards and moustaches must be kept trimmed close to the face.

2.7.4 False eyelashes are not permitted.

2.8 Jewellery

2.8.1 The only permissible jewellery that may be worn is:

- one plain band finger ring
- small metal earring studs, maximum one per ear

2.8.2 The wearing of other rings, studs or items of jewellery on other visible body parts is not acceptable. This includes eyebrow, nose, cheek or tongue piercing. Bracelets and ankle chains are not permissible.

2.8.3 Wristwatches should not be worn as they are a source of cross infection and may injure a patient/client. Fob watches may be worn but for safety should be pinned to the inside of a pocket.

2.9 Religious dress requirements

2.9.1 Individual agreements will be made by the Programme team regarding religious or cultural requirements, which impact on uniform. Any alterations must conform to infection control and patient handling guidelines and Health & Safety Regulations.

2.9.2 Head coverings should be black, navy or grey and should be of the short variety

2.9.3 Bare below the elbow practice should be adhered to when in clinical areas if this is Trust policy

2.10 Inappropriate dress

2.10.1 Any student whose dress or appearance does not conform to this policy will be instructed to make appropriate changes. They may be sent off-duty and will be reported absent until they return to placement appropriately dressed.

2.10.2 The Personal Tutor and Programme Team will be informed if inappropriate dress is a persistent problem as the student may be in breach of the Programme regulations.

Section 3: Working Hours during Placement, please see appendix 4

2.6 Students in Practice Placements

2.6.1 Pre-registration nursing and midwifery students undertake clinical placements in order to acquire clinical skills, learn about practice, integrate knowledge with practice, develop practice values and meet the learning outcomes & requirements of their respective Programmes. Given the breadth and depth of knowledge, skills and values required for registration, every opportunity in practice counts.

3.1.2 Students must have 100% attendance in order to achieve the required 2300 hours of practice, stipulated in the Nursing & Midwifery Council regulations.

2.7 Supernumerary Status

3.2.1 In defining the term supernumerary status, the Department of Health (2000) states that: 'Supernumerary status means, in relation to a student, that she shall not as part of her course of preparation be employed by any person or body under a contract of service to provide care'

3.2.2 In addition, the Nursing & Midwifery Council state that:
'In relation to students this means that they shall not, as part of the programme of preparation, be employed by any person or body under a contract of service to provide care. Therefore students are additional to the service requirements and staffing establishment figures. However they make a contribution to the work of the unit'

3.2.3 If students were not in the placement the levels of care to patients/clients would not be compromised. Students are in the placement area to undertake supervised practice and provide care commensurate with their stage of the programme.

For example, a student at the beginning of the Programme would be an active observer of practice with supervised participation, whilst a more senior student will be an active participant with minimal supervision

3.3 Hours and long days

3.3.1 Students are expected to work 150 hours per month and record this accurately in their practice assessment document. This could be 5 days of 7.5 hours per shift or in practice areas where 12 hour shifts are the normal pattern it would be three shifts for three weeks then four shifts in the fourth to make the total of 150 hours per month. 12 hour shifts are recorded as 11.5 hours worked as breaks are not included in the total, unless this is normal practice in the clinical area.

However:

- students can choose **not** to work long days and will therefore work 5 x 7.5hr shifts per week

- students working long days must not work more than 150 hours in any four-week period

3.4 Special circumstances

3.4.1 Students who have commitments/long periods of travel may request some flexibility with regard to shift start/finish times. Flexibility is **not** to be expected and is at the sole discretion of the manager of the individual placement area, to whom any request must be made two weeks prior to the start of the placement. Once an agreement has been reached students must adhere to this. This is the exception rather than the rule and would be for a maximum of four weeks

3.5 Bank and religious holidays

3.5.1 Students are expected to work a total of 37.5 hours in weeks where there is a bank holiday.

3.5.2 If the student is allocated to a practice area that closes on a Bank Holiday eg an outpatient department, s/he will be given a directed study activity to complete by the mentor and then recorded as 7.5 hours worked in the practice assessment document.

3.5.3 Students should negotiate in advance with their mentor if time off is required due to religious holidays. This should be taken as part of the normal days off that week where possible.

3.6 Weekends and night duty: nursing and midwifery students

3.6.1 Working 'unsociable hours', weekends, bank holidays and night shifts are part of the working experience of all health care workers. Students need to develop an appreciation of these working patterns and so will be expected to participate in these from the beginning of their programme where a learning opportunity exists and support is given by a mentor It is a requirement that all **nursing students** undertake a minimum of 8 night shifts during the programme. This is not a maximum figure and does not prevent students from doing additional nights should a supported learning opportunity arise.

However, all **midwifery** students are required to adopt the shift patterns of midwives working in hospital and community settings, including night duty, weekend work and on calls from the beginning of the programme. This is recommended in order to appreciate the nature of working practices, maximise effective learning opportunities and promote continuity of mentor support.

3.8 School placements

3.8.1 Students undertaking placements in schools may find that the placement closes for half term breaks. During this time, students must complete a guided study activity and should negotiate this activity with the placement area.

3.9 Study days

3.9.1 Students may be required to undertake a study day during their clinical placement. Information about the days will be included with the allocation details, sent to the placement manager by the Placement Office. Students must **not** attempt to negotiate additional study time. Any student found to be acting in this manner may be subject to a fitness to practice hearing and subsequent removal from the programme.

3.9.2 If a student has to be excused from practice for an exam they will be given written confirmation by the Programme Administrator to give to the placement area. Students are excused for the day of the exam only.

3.9.3 A study day comprises of 7.5 hours. The student will be required to complete a further 30 hours in practice that week.

3.9.4 Guided study periods will be incorporated into the student's placement profile for terms 2-6.

3.10 Sickness

3.10.1 All students must have 100% attendance for placements. It is imperative for the record of a student's practice hours and ultimate registration with the Nursing and Midwifery Council, that any hours/days lost from placement are recorded.

3.10.2 In order to monitor hours in practice students are required to maintain a record of attendance whilst on placement. This is incorporated into the practice assessment document and students are required to obtain the signature of their mentor or a trained member of staff to verify their attendance.

3.10.3 Sickness during placement needs to be made up at the end of the programme and not during any other time, unless sanctioned by the Programme Leader. Students must not self-negotiate retrieval of any placement hours with placement staff.

3.10.5 Sickness is closely monitored. If levels give the Programme Team cause for concern students will be interviewed and possibly referred to the Occupational Health Department to determine his/her fitness to continue on the Programme.

3.10.6 All sickness and absence is recorded on references supplied to potential employers upon completion of the programme.

3.11 Sickness reporting

3.11.1 As soon as the student knows that s/he will not be able to attend placement due to sickness, the clinical area must be contacted. The student should attempt to speak to either their Practice Mentor or the placement manager; if neither is available then a message should be left with the most senior member of staff on duty.

3.11.2 The student should state clearly that s/he will be taking sick leave and give some estimate of how long the sick period will be.

3.11.3 The student should take the name of the person informed of the sickness in order to ensure clarity.

3.11.4 Whilst off sick the student should adhere to Trust policy regarding reporting of continued and return from sickness

3.11.5 In the event of a student suffering an accident in the work place organisational polices and procedures should be adhered to regarding the reporting of and subsequent action required. The student or their nominee should notify the Programme Leader within 2 working days of the accident including; the time, location and details of the accident including any injuries sustained and treatment of such. The Programme Leader will then forward this information to be collated on the Health and Safety database.

3.12 Unauthorised absence

3.12.1 Absence from placement demonstrates unprofessional behaviour that reflects negatively on the student's ability to communicate, to show respect for others and meet the competency requirements.

3.12.2 Unauthorised absence must be reported to the Placement Office immediately.

3.12.3 Absence must be followed up by the student's mentor who will expect the student to apologise for the behaviour, acknowledge its unacceptability and give assurance that it will not recur. Support and guidance may be sought from the area's link teacher and/or Programme Team.

3.12.4 Lateness and poor timekeeping is considered poor professional practice. Timekeeping reflects the student's commitment to the programme and is seen as important in relation to a prediction of future reliability as a healthcare professional. Lateness and/or poor timekeeping must be discussed with the student by the mentor. If the student does not respond appropriately then the link teacher and/or Programme Team should be contacted for further advice.

3.12.5 Absence is taken very seriously, as it is a breach of Programme regulations, and students will be interviewed by the Programme Team. Repeated unauthorised absence will lead to the student being required to leave the programme.

3.12.6 Students are expected to arrange dentist/doctors or other personal appointments during their off duty hours.

3.12.7 Interviews: Third year students near completion of their Programme can attend interviews for staff nurse/midwife posts only. The student must produce evidence of the interview dates and time before being given time off. Time allowed will be commensurate with that which is required. However, informal visits will need to be made during off-duty hours. Students can request a maximum of 3 interview days in their final year.

Section 4: Professional Responsibility

4.1 Confidentiality

4.1.1 Confidentiality must be respected at all times. Students need to be clear regarding what information may be given to whom and in which circumstances eg the information that may be shared with other health professional, patients/clients and relatives. Access to patient medical records & nursing notes may be restricted. These issues need to be addressed by the practice mentor.

4.1.2 Students must not discuss patients/clients outside of the placement area – especially in public places: this includes the hospital/area restaurant and coffee areas that are often used by visitors.

4.1.3 Documentation completed during the placement is sometimes included by students within their theoretical assessments eg care plans, policies and procedures. Permission for its inclusion must always be gained from the placement manager and anonymity for patients/clients and staff maintained at all times.

4.1.4 Documentation must never be removed from the clinical area or photocopied without permission from the clinical staff.

4.1.5 The relationship between the student and the patient/client must remain professional. Whilst students may be friendly, they are not friends of the patient/client. Students should consider carefully the information they disclose about themselves eg where they live, who they live with etc.

4.1.6 The NMC have issued regarding the use of social media and networking sites that students need to take note of. They state that 'Anything posted on a social networking site is in the public domain. Nurses and Midwives could be putting their registration at risk by posting comments about colleagues or patients or any material that could be considered explicit or inappropriate. It is important to remember that you are equally responsible for upholding the code in your personal and professional life' Any student found to be acting in this manner may be subject to a fitness to practice hearing and subsequent removal from the programme.

4.1.7 Students should not use camera phones to take pictures of themselves, staff or patients whilst on placement. Mobile/camera phones must remain switched off if carried whilst on duty

4.2 Escorting Patients/Clients

4.2.1 Students should not accompany or escort patients/clients away from the placement area. The exceptions to this are:

- Where the student knows the patient well, has been assessed as competent and is confident to accompany him.

- Where there is a qualified member of staff present and the student is accompanying the patient/client as a learning experience.

- Where the visit would provide a learning experience but **only** when the patient would normally be travelling without an escort and the student has no responsibility for the patient.

  During a residential home placement, the student may accompany residents in the community but s/he should only do so when confident of both the residents' mental state and his/her ability to support the client in the activity undertaken.

4.2.2 Day trips and outings do occur in some areas. Students may join these if they feel the experience would be helpful to their learning. However, the student must be considered as an addition to the qualified staff and at no time be left in a position of responsibility for the patients/clients.

4.3 Responsibility for Patients and Clients

4.3.1 Students are not to be left alone with patients/clients in a placement area. They must never be asked to be responsible in those situations and are not accountable should a problem arise.

4.3.2 The student should always be supervised in practice by a qualified health professional and undertake independent activities only when assessed as competent to do so.

4.4 Part-time Employment

4.4.1 Many students seek part-time employment to supplement their NHS bursary. While the University guidelines recommend that a student should work a maximum of **15 hours paid work** weekly, s/he needs to ensure this does not compromise learning or jeopardise his/her progress. Students are **not permitted** to undertake any additional work in a placement area/ ward where they are currently undertaking assessment of practice.

4.5 Translation services

4.5.1 Students may be asked to translate for service users at short notice. Whist this is acceptable to do informally for service users who arrive in an area distressed, they should not be used to replace formal paid interpreting services.

4.6 Attendance at court as a witness / providing statements to the Police

4.6.1 Students may be required to give evidence at court or provide a statement to the police if they are a witness to an incident in practice. When summoned to do so it is necessary for the student to comply and it is not a matter of choice. In the first instance as soon as they are notified of this, either by spoken or written communication, the student should contact the Programme Leader. The Programme Team will give ongoing support throughout this time and advise the student of the expectations of them. An academic will be available to support them on the day of their appearance / appointment. Practice staff will also be able to help and support the student. Students should be advised to contact their union for advice and support.

Section 5: Facilitating Learning in Practice

5.1 Support during Practice Placements

5.1.1 During practice placement the student will have the support of placement development manager or equivalent, practice mentor, link lecturer, personal tutor and programme leader

5.2 Practice Mentor

5.2.1 All students should be allocated to a practice mentor, a first level nurse or midwife who is qualified to assess them.

5.3 Selection and Preparation of Practice Mentors

5.3.1 The Nursing & Midwifery Council (2008) Standards to Support Learning and Assessment in Practice states that Mentors must have completed at least 12 months post-registration full time experience (or part-time equivalent) prior to undertaking a mentor preparation course.

5.3.2 Practice mentors will have completed the Mentor Preparation course, ENB 997/8 teaching and assessing course or other recognised teaching and assessing qualification. The link lecturer provides specific preparation and support in relation to the student's educational programme for mentors in the practice area.

5.3.3 All mentors will be updated annually by attendance at a Mentor Update Workshop within the Trust. It is the responsibility of the mentor to ensure that they are annually updated.

5.3.4 A live register of practice mentors is maintained, updated and held by each placement area.

5.4 Roles and Responsibilities of the Practice Mentor

5.4.1 The role of the practice mentor is to:

- orientate the student to the placement area on the first day
- ensure that the off duty supports the development of the mentor-student relationship and meets the minimum contact time (40%)
- supervise, support and guide student learning to facilitate the achievement of specific and personal learning outcomes
- identify and provide access to learning opportunities and resources specific to the placement and student needs
- assist the student to reflect on experiences to facilitate learning in and from practice
- act as a credible role model in the delivery of care
- keep professionally updated in terms of practice and educational changes that impact upon the student experience.

5.4.2 Mentors are responsible for the assessment of the student's level of competence and attainment relevant to the practice assessment outcomes. They must ensure that the student and link teacher are informed as soon as an issue arises.

5.4.3 Each student should work with and be supervised by the mentor for a **minimum** of 40% of their placement i.e. 15 hours per week.

5.4.4 If the practice mentor is not available, then a suitably qualified person will continue to provide supervision and support for the student.

5.4.5 It is acknowledged that in certain placement areas such as learning disabilities, social services, nurseries, schools and residential homes the staff may not hold a professional nursing, midwifery or health visiting qualification. In this instance, the supervisor should have, wherever possible, a current professional qualification relevant to the field of practice. However, in some specific placement areas where staff do not necessarily hold a professional qualification but are highly experienced in the field of practice, a more senior colleague should be available to provide support and supervision.

5.5 Sign off mentor

Nursing

5.5.1 A sign off mentor is responsible and accountable for confirming that a student has successfully competed all the practice outcomes and proficiencies at the end of a programme.

5.5.2 Sign off mentors are allocated time to ensure that students have effective feedback on their performance: equivalent to one hour per week (NMC 2008)

Midwifery

5.5.3 All midwives must be sign off mentors. The information in 5.4.1 to 5.4.4 applies equally to midwifery students and midwifery sign off mentors.

5.5.4 The NMC requires midwifery sign off mentors to have allocated time to ensure that students have effective feedback on their performance: equivalent to one hour per week in the final 16 week placement period of the programme.

5.6 Link Lecturer

5.6.1 This is a member of academic staff who has responsibility for liaising with identified practice areas. S/he oversees placement experience and supports both students and staff.

5.6.2 The link lecturer is involved in the preparation of staff for mentoring and assessing students and ensures that staff are kept informed of curriculum developments that may impact on their roles as mentors

5.6.3 The link lecturer will usually liaise with the student once during the placement as a minimum requirement. The student should prepare for the visit by reviewing current progress towards achievement of practice outcomes and ensuring that s/he brings the practice assessment document to the meeting.

5.6.5 During a visit, the link teacher will monitor practice experiences & student progress and will follow up any issues of concern or difficulties raised by the practice mentor or student.

5.7 Personal Tutor

5.7.1 This is a member of academic staff whose role and responsibility is provide educational & pastoral support for a group of students and to enhance the integration of theory & practice. S/he monitors student's progress through the programme and practice placements.

5.8 Assessment of Practice

5.8.1 More detailed guidelines on practice assessment can be found in the students practice assessment document.

5.8.2 The mentor should meet with the student within 48 hours of starting the placement to discuss the students practice outcomes & individual learning needs and to plan the learning programme & experiences for the placement. S/he should ensure that the student is aware of all the safety aspects of the placement area.

5.8.3 The mentor and student should agree set dates and times when they will meet to reflect on practice and review the student's progress. The dates should be timetabled into the off-duty to give the mentor time to undertake the formative and summative assessments.

5.8.4 The student should take responsibility for their practice assessment document and for ensuring that this is completed accurately, with all sections completed by the end of the semester.

5.8.5 Where the mentor is concerned that a student's progress is unsatisfactory and may not achieve the practice outcomes or skills, the link teacher must be contacted as soon as possible to discuss the issues and to assist in the formulation of a developmental action plan.

5.9 Opportunities for Further Experience

5.9.1 Whilst in placement students may have the opportunity to organise visits to other units/departments/services. The student is responsible for negotiating these activities with their practice mentor and for documenting the visit off-duty rota.

5.9.2 The learning objectives for the visit must be specific and contribute to the practice outcomes and individual learning needs.

5.10 Theory Assessments

5.10.1 Students will have theory assignments to complete as an ongoing process whilst in placement.

5.10.2 Students should be encouraged to discuss these with the mentors as the topic may reflect the clinical placement. Mentors should, however, be cautious in offering to review written work and the student should be referred to university staff for this

5.10.3 Students must not take time off from placement to attend tutorials, to complete theory assignments or deliver them to the University. They can submit up to 10 days in advance of the deadline

5.11 Students' Evaluation of Placement

5.11.1 All students are asked to complete a written evaluation when they have completed their placement. In addition, a group evaluation session may be organised at the end of the placement period.

5.11.2 The information gained is used by the mentors and link lecturer to improve practise experiences for students

Section 6 Professional conduct

6.1 It is expected that students will behave in a professional manner at all times. This includes being punctual for duty both at the start of the shift and when returning from breaks.

6.2 Students should conduct themselves in a courteous professional manner at all times.

6.3 The student is entitled to be treated in a manner which is professional and courteous and at all times. If the student feels that this is not the case please refer to the flow chart entitled 'procedure for responding to any concern or complaint regarding patient care or staff in the practice setting' pg 20

6.4 Should Student behaviour give cause for concern then please refer to flow chart entitled 'procedure for responding to a complaint regarding student conduct in the practice setting' pg 21

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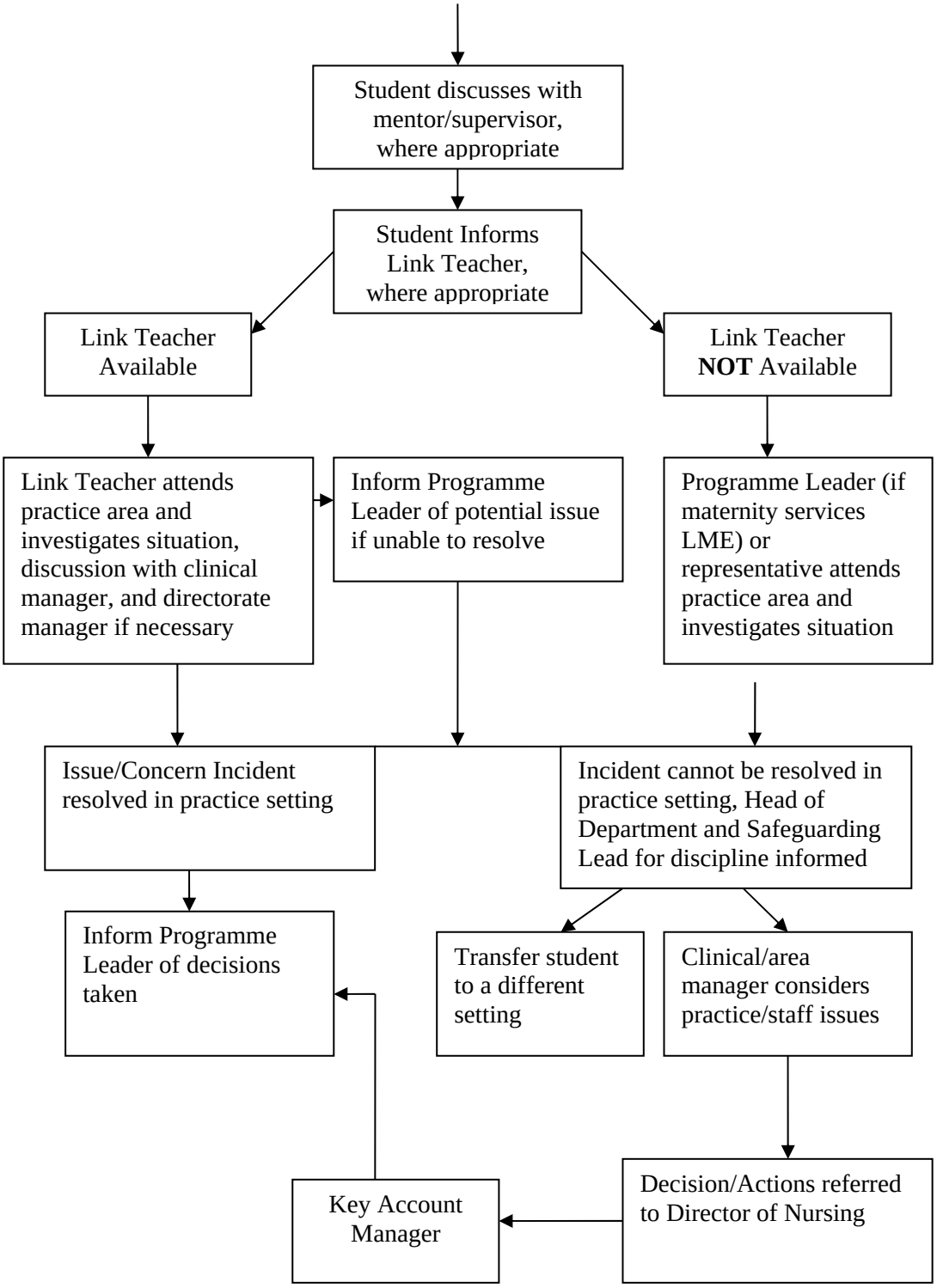
PROCEDURE FOR RESPONDING TO ANY CONCERN OR COMPLAINT REGARDING PATIENT CARE OR STAFF IN THE PRACTICE SETTING (ALSO REFER TO Appendix 3)



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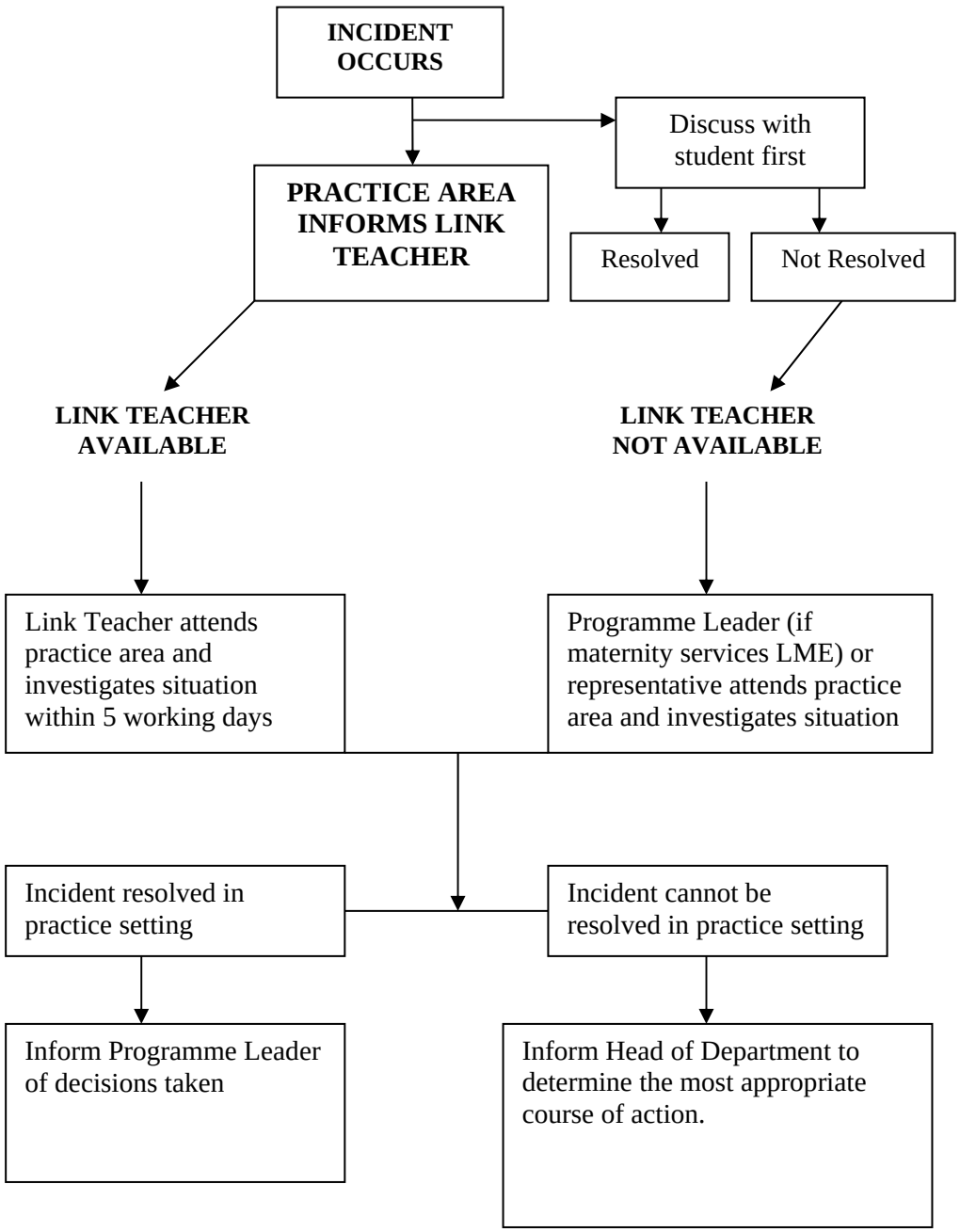
FACULTY OF EDUCATION AND HEALTH

PROCEDURE FOR RESPONDING TO A COMPLAINT REGARDING STUDENT CONDUCT IN THE PRACTICE SETTING



Appendix 1

Guide to optimising the mentor experience

Effective Mentoring is a time consuming, demanding experience but when done well it can be very rewarding. We can all remember the mentors who had a direct positive impact upon our performance as both student and qualified nurses. However this is by design rather than accident and below is a quick guide to help you in this

1. Plan for the students arrival
    a. Speak to the link teacher to ensure that you are aware of the programme the student is on and at which stage they are. It is useful to ask about the courses they are studying to ensure you know the focus of their learning
    b. Familiarise yourself with the Practice Assessment Document (PAD) and what is required of you as a mentor
    c. Consider how being a mentor will impact on your current workload and try to identify ways in which to maximise the amount of time that you spend with the student
    d. If you are not on duty when the student commences be sure to let someone know to expect them in order that they feel welcome

2. Agree your ground rules
    a. Establish the boundaries with the student, i.e. agree when is the correct time to ask questions etc
    b. Agree how feedback will be given and the most appropriate times for reviewing and completing the PAD
    c. Identify with the student any personal learning objectives they may have to enhance the experience

3. Review the students progress
    a. Ensure that positive praise as well as constructive feedback is given
    b. Use real examples of where care can be improved and assist the student to explore how this could be best achieved
    c. Use both formal and informal opportunities to give feedback to the student
    d. Encourage the student to self appraise

4. Evaluate your role
    a. Reflect on your experience as a mentor
    b. Analyse how you established the relationship with your student in order to maximise the learning opportunities
    c. Plan for the next time you are a mentor based on your reflections

Appendix 2
Tips for students in clinical placements

When starting a new placement area it is natural for you to feel anxious about it. The challenge of meeting new people, fitting in with a new team and being exposed to a new clinical environment can be daunting. Even those with experience can feel apprehensive. Below are a few tips to help you in this transition:

- When you first start in the practice area you need to take time to observe the way that the area works before you start to push your learning agenda forward. Your mentor's prime responsibility is to the patient / client and your learning is second to this. There may be instances where you are excluded from care due to patients / clients express wishes or because of confidentiality. This should be respected and discussed with your mentor at an appropriate time.

- You should start to practice independently according to your level of study. This involves you identifying which areas of care that you could safely deliver on your own and discussing this with your mentor. This will start off relatively small and simple in the first year and increasing in complexity as you go through the programme culminating in you being largely independent at the end of your third year. You should never undertake something that you have not been shown or are not confident to do. These matters should be referred to your mentor and discussed with them. You may also want to discuss this with your link teacher.

- All clinical areas invariably have times when their activity is relatively quiet. This gives you opportunities to maximise your learning opportunities by doing things that you may not normally get the opportunity to do. You may be tempted to go to the library, however if there is an emergency in the clinical area you will not be involved. It is very disappointing to return to the clinical area to find out you have missed what would have been an invaluable learning opportunity. The clinical area is full of ways to increase your learning without having to leave. a few suggestions are:

    - Read the patients / clients notes. Look at how the Doctor, Physiotherapist, Occupational Therapist, Pharmacist, Dietician etc make their entries into the patient record. Find out what model of clerking is used, what do the abbreviations mean, which test is for what, what do the blood results mean, what are the normal and abnormal values for them. These are but a few facts that you can find out which will help you understand the patients / clients journey.
    - Talk to a patient / client about their life outside of the clinical environment. Patients / clients can be very lonely and just having someone to talk to for a small amount of time can ease this
    - Familiarise yourself with the equipment and resources on the ward
    - Accompany other professionals whilst they are examining the patients / clients to increase your understanding of multi-professional working

Title:	**Safeguarding Children, Young People and Adults at Risk: Guidance Notes for Students when in Practice Learning Experience (Placements) / Work Experience**
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University of Greenwich

Faculty of Education and Health

Safeguarding Children, Young People, and Adults at Risk: Guidance Notes for Students when undertaking Practice Learning Experience (Placements) / Work Experience

1.0 Introduction

In recent years there have been a number of changes to child and adult safeguarding national policy and some changes to legislation. For example, national policy guidance for child safeguarding was updated last year along with changes in legislation in October 2015 around actions to be taken by professionals when Female Genital Mutilation is identified or disclosed by a child. Therefore this policy has been being reviewed and updated to ensure that it reflects contemporary policy and legislation. It has also been updated to reflect the wider remit of safeguarding work including that related to 'whistle blowing' and the Government Programme PREVENT concerned with extremism and preventing the radicalisation of vulnerable individuals. It has also been updated in light of feedback by those using the policy and processes have been clarified.

1.1 The Policy and Legislative Context

Safeguarding is the term used to describe processes which need to be put in place to protect adults and children from being harmed or further harmed through abuse and neglect. It also includes the actions that should be taken to prevent potential abuse and neglect occurring. Therefore the key principles relating to safeguarding are:

1. It is everyone's responsibility and business to safeguard children, young people and adults from abuse and neglect (Department of Health 2014 & HM Government 2015);

2. Effective child safeguarding needs to adopt a "child centred approach" to ensure that the needs and views of the children are taken into account (HM Government 2015);

3. Effective adult safeguarding is about "Making Safeguarding Personal" to ensure that the needs and views of the adult are taken into account (Lawson, Lewis and Williams 2014);

4. It is important that individuals and agencies in all organisations (e.g. education, local authorities, health, housing, paramedics, police, and social workers) 'Work Together' to ensure a coordinated approach is adopted for effective safeguarding arrangements.

The above principles are further supported by national policy guidance which places responsibilities on those in the placement / work experience areas, including students, to ensure the welfare and safety of these individuals are at the forefront of the care or services they receive (Department of Health 2014 & HM Government 2015).

1.2 Aims of this Guidance for University of Greenwich Students

The overarching aim of this policy guidance is to stop abuse and neglect occurring wherever possible as well as preventing harm and reducing the risk of this happening. Therefore the purpose of these guidance notes is to provide a framework for all students to work within, and the protocols to follow with regards to responding to safeguarding concerns. These include alleged or actual abusive acts and potential safeguarding situations which may occur whilst the student is undertaking practice placements / work experience or any placement learning which forms part of the programme on which the student is registered.

All students must make sure they are familiar with local and national safeguarding policies and procedures that apply to the practice area / work experience area where they are placed. In addition, for those students undertaking professional programmes (nurses, midwives, social workers, paramedics, speech and language, primary and secondary education) they need to be familiar with the relevant codes of practice issued by their Professional and Regulatory Bodies for their profession along with relevant University guidelines (e.g. Programme Handbooks, Practice Placement Guidelines).

The Professional codes issued by the Professional Regulatory Bodies include:
Health and Care Professions Council Standards of Conduct, performance and ethics (HCPC 2016);
Nursing and Midwifery Council Code (NMC 2015);
Department for Education Teachers' Standards: Guidance for school leaders, school staff and governing bodies. July 2011(introduction updated June 2013) (Department for Education 2013).

It is important that students who come into contact with vulnerable or potentially vulnerable children, young people, parents, carers, adults at risk are able to recognise and respond to concerns appropriately. This policy will firstly define what constitutes abuse and neglect, other related concepts and terminology including that of exploitation. It will also identify the signs and symptoms of abuse, neglect and exploitation and provide details of how students should respond to concerns.

2.0 Definitions

2.1 Children and Young People Age Groups

A Child is legally defined as: anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection (HM Government 2015).

However, the terms children and young people are both used within this policy to delineate specific needs as appropriate.

Age Groups - There are three main age groups with which children safeguarding policy is concerned:

- **infant (aged under 1 year)**
- **child (aged under 13 years)**
- **young person (aged 13–17 years).**

(NICE 2009).

2.2 Abuse and Neglect: Children

There are different definitions used to explain what is meant by the types of abuse which can take place.

Within the context of this policy **children and young people**, the following definitions apply:-

Abuse:

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

- **Maltreatment:** Child maltreatment includes neglect, physical, sexual and emotional abuse, and fabricated or induced illness. This guidance uses the definitions of child maltreatment as set out in the document 'Working Together to Safeguard Children' (HM Government 2015).
- **Physical Abuse**: may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

- **Emotional abuse**: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- **Sexual Abuse**: Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- **Neglect:** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

  • provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  • protect a child from physical and emotional harm or danger;
  • ensure adequate supervision (including the use of inadequate care-givers); or
  • ensure access to appropriate medical care or treatment.

  It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

  (HM Government 2015).

- **Child Sexual Exploitation:** The National Working Group Network on Tackling Child Sexual Exploitation (2015) has defined the sexual exploitation of children and young people under 18 years as involving:

  "exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability" (National Working Group 2015).

2.3 Abuse and Neglect: Adults

Safeguarding duties apply to an adult who is 18 years or over and:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

(Department of Health 2014)

The following definitions are used in relation to the types of abuse of vulnerable adults:-

- **Physical abuse** including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate sanctions
- **Domestic abuse:** including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence
- **Sexual abuse** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault, or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial affairs or arrangements, including in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, processions or benefits.

- **Modern slavery and Exploitation:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceived and force individuals into a life of abuse, servitude and inhumane treatment.

- **Acts or neglects of omission** including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withdrawing of the necessities of life such as medication, adequate nutrition and heating.

- **Discriminatory abuse:** This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

- **Organisational abuse:** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices of an organisation.

- **Self neglect -** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding

(Definitions taken from Department of Health: 2014: 14-15)

2.4 Other Categories of Abuse

- **Domestic Abuse** can be defined as: Any incident or pattern of incidences of controlling, coercive, threatening behaviours, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to:

  Psychological
  Physical
  Sexual
  Financial
  Emotional

"Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

"Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

This definition includes the so-called 'honour' based violence, female genital mutilation (FGM) and forced marriage and is clear that victims are not confined to one gender or ethic group.

(Home Office 2013).

- **Honour Based Violence -** is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community (Crown Prosecution Service 2015).

- **Female Genital Mutilation (FGM) -** comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child (HM Government 2014).

FGM and Legislation

Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015

FGM is illegal in England and Wales under the FGM Act 2003 (Lindon and Webb 2016).

"Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. **The duty applies from 31 October 2015 onwards.**

'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act 2003".

Home Office (2015: 2)

The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they:

- are informed by a girl under 18 years that an act of FGM has been carried out on her;

  or

- they observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 years and they have no reason to believe it was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

For the purposes of the professional duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 years or over discloses she had FGM when she was under18 years).

(Lindon and Webb 2016).

- **Forced Marriage** – "A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced" (HM Government 2014: 5)
- **Hate Crime:** Hate crime is any criminal offence which is perceived by the victim or other person to be motivated by a hostility or prejudice based on a person's race, religion, sexual orientation, disability or against a person who is transgender or perceived to be transgender.
- **Inappropriate Restraint:** The purpose of physical interventions is to take immediate control of a situation which can be considered dangerous with the intention of significantly reducing the risk of harm to the person and those around them or to end the situation. Restrictive interventions therefore must only ever be used as a last resort and only then for the shortest possible time (Social Care, Local Government Association and Care Partnership Directorate 2014).Furthermore staff must NOT deliberately restrain people in such a way that it impacts on their breathing or circulation. Additionally restrictive interventions must NOT include deliberate application of pain. It is important that individualised support plans are in place for those who are at risk of being exposed to restrictive interventions.

- **PREVENT:** Prevent is part of the governments counter terrorism strategy - CONTEST. The aim of prevent is to stop people or prevent people becoming terrorists or supporting terrorism. Under the PREVENT duty it is essential that practitioners are able to identify induvial who may be vulnerable to radicalisation and know what to do when they are identified.

  Prevent focuses on early intervention to reduce the chances of individuals who support extreme ideology becoming terrorists.

  Local authorities have a statutory duty to uphold PREVENT duty guidance (HM Government 2011).

3.0 Recognising Abuse and Neglect

3.1 When signs and Symptoms come to light: It is important that students are able to identify the signs and symptoms or triggers of abuse and neglect and share that information with the right people in order that concerns are responded to appropriately and that the individual is provided with support as early as possible.

Incidences of alleged or actual abuse of children, young people or adults can come to light via:-

- A disclosure
- Witnessing an incident
- Observing Signs and Symptoms
- Online Social Networking and Social Media including online communication, such as personal websites, blogs, discussion boards and general content shared online, including text, photographs, images, and video and audio files.

3.2 Potential Signs of Abuse

Type of Abuse	Potential Signs of Abuse
Physical	Bruising, welts, burns, fractures, lacerations, hair loss, evidence of past injuries
Sexual	Difficulty walking/sitting, pain in genital area, bruising/bleeding, reluctance to cooperate with toileting or personal hygiene
Psychological/ Emotional	Loss of interest in self, mood or behaviour changes, appetite changes, alteration in sleep pattern
Financial / Material	Disparity between assets & lifestyle, inability to pay bills, distress at discussing finances, overt interest of others in finances
Discriminatory	Victimisation, lack of care on basis of age, diagnosis, gender, religion, colour
Organisational Abuse	Inflexible routines centred around staff needs, inappropriate use of restraints, patronising or bullying attitudes of staff, lack of choice, dignity & respect
Neglect/Omissions	Loss of aids, over/under sedation, constant fatigue or listlessness, poor hygiene, weight loss, dehydration, unattended physical/medical problems.

4.0 Responding to Concerns of Potential and Actual Abuse and Neglect

4.1 Safeguarding Procedure for students to follow whilst when undertaking Practice Learning Experience (Placements) / Work Experience

Should a disclosure to a student occur, or the student directly witnesses an incident or observes possible signs or symptoms of abuse, a decision needs to be made straight away to ascertain whether the person is at **immediate** risk with regards to their safety (i.e. a crime has been committed, person needs emergency services). In these instances, the student **MUST** seek help straight away either from the senior staff member on duty, their mentor, their supervisor, practice teacher, practice learning facilitator, security staff or police to ensure the safety of the vulnerable person.

If the individual is not at immediate risk, the student still has a duty to inform their mentor, supervisor, practice teacher, practice facilitator or senior person on duty of their concerns immediately or as soon as possible within 24 hours. It is important this timescale is met, to ensure prompt and appropriate action is taken to protect the person at risk. In these instances students are not in breach of confidentiality: they are informing relevant personnel on a 'need to know basis'. Information sharing needs to be in accordance with local policies and procedures of the placement area and professional bodies.

4.2 Placements in School Settings

With regard to issues of concern raised Specifically within Schools it is important that the student reports these immediately within the placement area to their practice teacher / mentor and the schools Designated Officer for Safeguarding where the incident occurred.

Students will be expected to document their concerns in line with the placement's / work experience area's policies and procedures: this can include completing an incident form, an alert form, a report or nursing notes (the latter is applicable to nursing / midwifery students only). Students are expected to ensure the information provided is factual, clear, concise and timely. For those undertaking a professional programme, students need to ensure their documentation is in line with professional regulations regarding good record keeping.

Further action with regards to the investigation into the concerns raised by the student will be led either by the organisation or the local authority in which the student is in placement / work experience. This may include the police where an alleged criminal offence has taken place, in which case the police will take the lead. Students **MUST NOT** under any circumstances start their own investigation.

It is important students do not discuss any actual or alleged incidents of abuse with people who are not involved including other service users, patients, family, peers or any social networking sites. If a student is suspected of breaching confidentiality, this will be investigated and penalties will be incurred. In a serious case of abuse a student may be asked to present their observations, as a witness, at a Disciplinary hearing and in respect of a criminal offence being committed, as a witness in court. Should a student be required to be a witness, they can access support from the University throughout the process.

4.3 Role of Staff within the Faculty of Education and Health

The Faculty of Education and Health acknowledge that it can be difficult for students to report abuse and the experience can be an emotive one, however everyone has a duty safeguard the people they care for. Within the Faculty, there are appointed Safeguarding Leads for children / young people and adults. The role of the Safeguarding Lead is to:-

- provide advice and guidance to Faculty Executive on Safeguarding Policy & Practice
- ensure the student is being supported throughout the whole process,
- liaise with the placement area in particular with regards to any investigations being carried out
- inform the Head of Department and the programme leader of the final outcomes of any investigations to which students are involved.

In instances where a student has a concern, in addition to reporting these to the mentor / supervisor / practice teacher / practice placement facilitator / senior person in the placement area, students should also report these issues in the first instance to their relevant Programme Leader within 24 hours. If the student is unable to contact the Programme Leader, they should report this to their link tutor / liaison teacher who in turn will discuss this with the Programme Leader. The responsibility of the Programme Leader will be to report the safeguarding issues to the Head of Department and to liaise with the appropriate Faculty Safeguarding Lead, to alert them to the issues. The Programme Leader or the appropriate Safeguarding Lead will normally contact the placement area within 24 hours of the safeguarding issue being raised by the student. Contact with the placement area is to ensure appropriate action has been taken and to discuss what further action will follow.

The student will be offered support throughout this process by the Safeguarding Lead, Link Tutor, Liaison Teacher, Personal Tutor, Programme Leader and / or the Listening Ears Service.

In some circumstances, it may be in the best interest of the student to be transferred to another placement area / work experience area, due to the seriousness of the alleged abuse reported, or the impact of the allegation with regards to the student's education: this decision will be made by the programme leader in discussion with both the student and the placement area / work experience area.

4.4 Roles and Responsibilities Reminder

It is important to remember that not up to the student to decide whether or not a child, young person or vulnerable adult has been abused but they must report concerns. It is then responsibility of the placement organisation to follow up concerns in accordance with their local safeguarding policies.

4.5 Flowchart

The attached flowchart provides a summary of the actions to be taken by all students (see Appendix A).

Reference List

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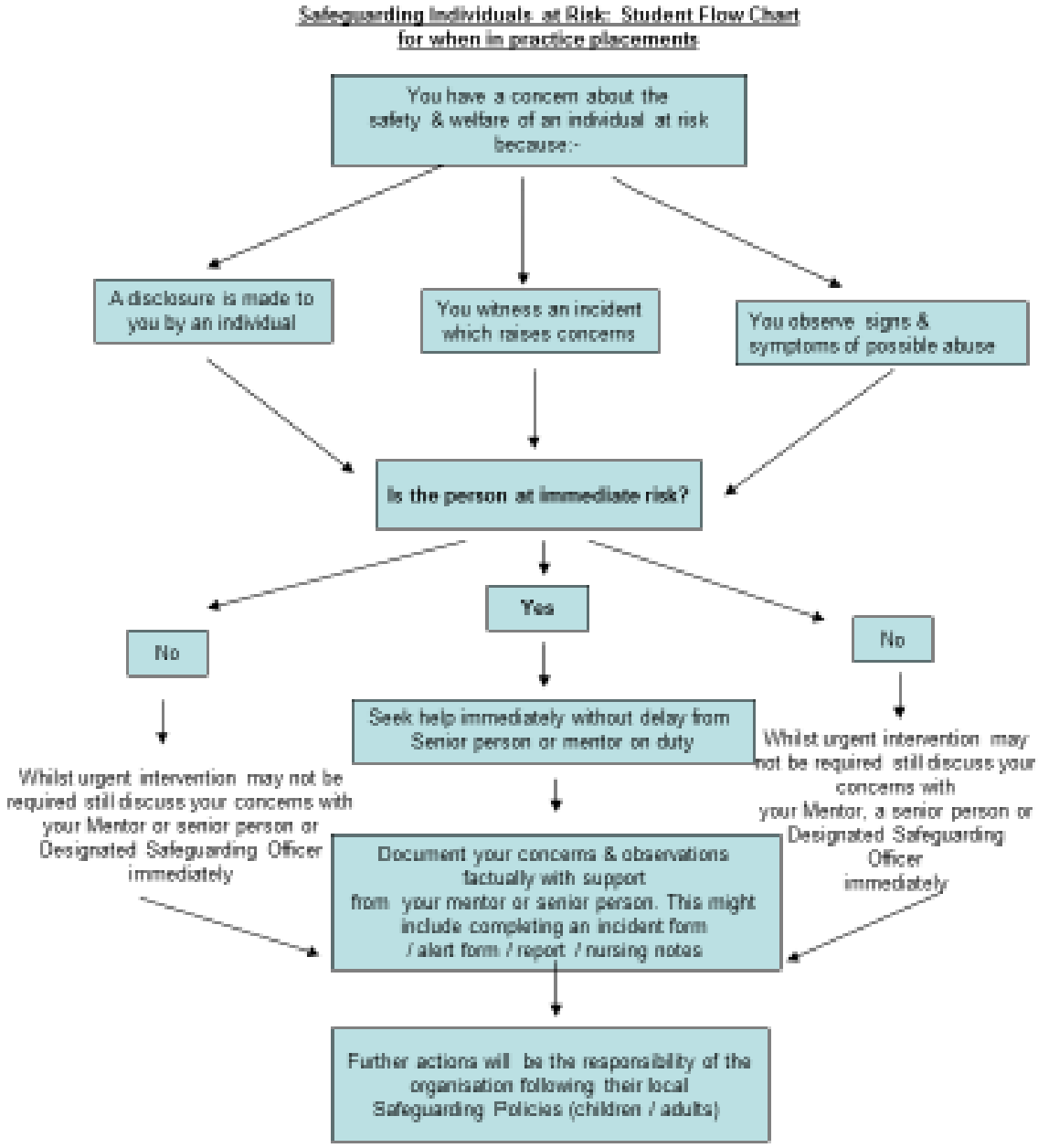
Appendix A.



N.B. If the suspicion / incident involves either your mentor or senior person on duty, contact the next management tier or the Safeguarding Lead for your placement area

Additional support can be obtained via the University. This can include support from the Link Tutor, Personal Tutor, Programme Leader or Listening Ears Service

STUDENTS ARE REMINDED OF THEIR RESPONSIBILTY WITH REGARDS TO MAINTAINING CONFIDENTIALITY & SHARING INFORMATION

NOTE: If you feel that your concern has not been appropriately responded to, you must inform your programme leader immediately.

Appendix 4

Recording of practice hours – guide for students

The NMC guidelines (2010) state that in order to be eligible to join the professional register at the end of your 3 year programme you have to achieve a minimum of 2300 hours in practice. This is not a maximum and students should attend all allocated shifts to the end of their programme even if this number is achieved. Failure to do so will result in suspension of bursary and may jeopardise registration.

In order to achieve the desired number you need to carefully log your hours.

As a rule your practice hours are divided as follows:

			Total	Running total
Year 1	Semester 1 10 x 37.5 hours	Semester 2 10 x 37.5 hours	750	750
Year 2	Semester 3 10 x 37.5 hours	Semester 4 10 x 37.5 hours	750	1500
Year 3	Semester 5 10 x 37.5 hours	Semester 6 14 x 37.5 hours	900	2400

In order to manage this you need to aim to complete 375 hours per semester, 1-5 and 525 for semester 6.

Please note the following:

1. Practice hours can only be counted if you are in direct contact with patients or if you are following an approved virtual learning experience supplied by the University.

2. Attendance at Trust study days can be counted as this is facilitated by practice and directly related to patient care.

3. Self-directed study and in from practice theory weeks cannot be counted.

4. If you are required to attend university for an exam, you can record 7.5 hours in your PAD. This ensures that you do not attend practice for an additional 7.5 hours this week but cannot be counted to your practice hour's total. The same applies for attendance at congress.

5. Routinely leaving practice early and not completing 37.5 hours per week can cause problems. It is very nice when your mentor tells you that you can go home early and on the odd occasion this is fine, however if you make a habit of it you will see your total hours in practice begin to fall short.

6. If long days are calculated as 11.5 hours you should work 3 long days for 3 weeks and then 4 in the fourth week of placement. Routinely not doing the 4th long day in

a 4 week period loses 11.5 hours per month. This adds up over the three years. You should be aiming for a total of 150 hours over 4 weeks.

7. Only the hours you are actually in placement areas doing direct patient care will be signed in your PAD so if you only work 8 hours of an 11.5 hour shift that is what is signed for.

If you find yourself at a shortfall at the end of the semester you should make an appointment with your Programme Leader to discuss this. Your attendance in placement will be monitored and recorded by your Personal Tutor, to inform your reference at the end of your programme.

Any shortfall of hours at the end of your programme will need to be made up before you will be put forward to the NMC to be registered even if you have passed everything academically.