MUCKAMORE ABBEY HOSPITAL INQUIRY
WITNESS STATEMENT

Statement of Professor Donna Fitzsimons
Date: 6 March 2024

I, Professor Donna Fitzsimons, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry.

The statement is made on behalf of The School of Nursing & Midwifery Queen's University, Belfast in response to a request for evidence by the Inquiry Panel.

This is my first statement to the Inquiry.

In exhibiting any documents, I will use my initials "PDF" so my first document will be "PDF/1".

Qualifications and positions

1. I am Head of the School of Nursing and Midwifery since I joined the University in 2016, and an elected Member of Senate since 2018. I have been Vice Chair of the Regional Ethics Committee from 2004 - 2014 and member of the Scientific Research Committee on Northern Ireland Chest Heart & Stroke 2015 - 2023. I am a current European Society of Cardiology (ECS) Board Member (2014-2024), where I am currently Co-Chair of the Advocacy Committee. I was previously an elected Councillor on the ECS Board (2016-2018) and Chair of the ESC Council on Cardiovascular Nursing & Allied Professionals (2011-2013). I am Co-lead and PI of the NI Cardiovascular Clinical Research Network which undertakes Cardiovascular research throughout Northern Ireland and I sit on the British Heart Foundation Research Fellowships Committee since 2022 as well as on the Editorial Board of several high quality peer reviewed international journals.

2. I am a qualified Nurse. I hold a BSc (Hons) degree in Nursing, inclusive of RGN (1987) together with ENB 124 Coronary Care Nursing Course (1989). I attained

a Doctor of Philosophy Degree (1998). The qualifications have been conferred to me by the University of Ulster.

3. Staff Members within the Learning Disability Nursing Team to include Mr Paul McAleer, Professional Lead, Professor Michael Brown and Deputy Head of School Professor Karen McCutcheon Deputy Head of School have provided and coordinated the provision of information to provide this statement to the Inquiry.

Modules/Topics to be addressed

4. I have been asked to provide a statement for the purpose of M2: Professional Education.

5. My evidence relates to paragraphs 9 to 17 of the Inquiry's Terms of Reference.

6. I have been asked to address a number of questions/ issues for the purpose of my statement. I will address those questions/issues in turn.

Q1. How does the pre-registration curriculum cover the needs of complex patients with distressed and challenging behaviours in inpatient settings?

7. The pre-registration curriculum was co-designed with people with learning disabilities, their families/carers, learning disability nurses, service providers, and has been approved by the Nursing and Midwifery Council (2019). The programme contains three parts and the evidence that students gain in each part is developmental and incremental. That is, students gradually increase the level they are practicing throughout, with a view to them meeting the required standards in the final part of the programme. Students are required to pass academic assessments on taught theoretical content and practice learning assessments in order to move through each part of the programme.

8. Specific modules in part two of the programme identify and examine the factors which contribute to distressed and challenging behaviours across a range of settings and environments, including inpatient settings. Theoretical knowledge and approaches to practice learning environments are informed by relevant policy, subject specific research, legal and ethical standards, principles of safeguarding, social inclusion, and person-centred care. They are delivered by registrants with expertise in the specific field of learning disability, as well as a range of other professionals including those with a background in adult, children's and mental health nursing as well as psychology, public health and physiotherapy.

9. The Positive Behaviour Support framework is applied as a primary means of supporting people with learning disabilities who experience behaviour distress and/or mental ill health. Students receive teaching and learning focused on important themes such as adverse childhood experiences, trauma informed care, mental health needs, schema and therapeutic relationships. Students are taught a range of theories on the application of assessment tools, including physical health assessment, behavioural assessment and risk assessment. Teaching also includes a range of theoretical and practical skills designed to support mental health care and intervention, and includes communication skills in counselling and motivational interviewing, and mental health assessment.

10. All taught elements are supported by guest lecturers and practice partners and aligned with practice assessments in practice learning environments Students are provided with two practice-based 'masterclass' from specialist practitioners, people with learning disabilities, and carers in part two and three of the programme. Masterclasses are focused on themes such as adult safeguarding, psychological therapies, and forensic health and social care. As an example of a practice partnership approach, in part two, for the last four years students have received an induction day from the Belfast Health and Social Care Trust which focuses on Positive Behaviour Support, Adult Safeguarding and Raising Concerns, HSC Values, and an overview of Muckamore Abbey Hospital. This induction did not take place this year due to the imminent closure of the hospital.

Students also receive teaching and learning on legislative and policy frameworks which focus on the rights and needs of people with learning disabilities.

11. Students are supported to apply theoretical teaching in practice through a tripartite assessment process in part one, two and three. Students must demonstrate a range of competencies and proficiencies in practice learning environments in order to move through gateways in each part of the programme. Students are supported in practice learning environments by practice supervisors, practice assessors and academic staff. Proficiencies and competencies regarding challenging behaviour are assessed in each part of the programme, and whilst not specifically directed at inpatient settings, students must demonstrate these competencies and proficiencies whilst in practice learning environments in all settings where people with learning disabilities are supported.

Q2. How does the pre-registration curriculum cover interventions to protect patients from abuse from other patients in inpatient settings?

12. The pre-registration curriculum provides teaching, learning and assessment on a range of challenging behaviours, and the functional nature of challenging behaviour. Our education is applied to a range of settings where people with learning disabilities may be supported. Students are engaged in learning which helps them to identify individual, interpersonal and environmental factors that may lead to challenging behaviour. Through assessments such as functional behavioural assessments, formulation and specialist risk assessments students are taught a range of strategies for intervention including primary and proactive strategies which include physical assessment, environmental changes, removal of triggers, communication supports, emotional regulation support, active support, and skills teaching. Students also learn about secondary preventative strategies such as de-escalation (interaction), distraction and diversion, sensory regulation, soothing techniques (psychological therapies) and pain relief.

13. Students are educated on adult safeguarding and restrictive practices in line with regional and national legislation, policies and frameworks. This includes environmental restrictions, psychological restriction, coercion, observation, physical / mechanical / chemical restraint, and seclusion. Students are taught to uphold the key principles of a rights-based approach whilst ensuring accountability and good governance principles. Students are expected to demonstrate knowledge and application of appropriate, proportionate and least restrictive principles to any restrictive practice. Students learn about the principles, processes and legislative frameworks involved in multi-disciplinary decision-making regarding restrictive practices and deprivation of liberty safeguarding.

Q3. How does the pre-registration curriculum cover personal physical care?

14. Person centered physical care is incorporated in all the three parts of the pre-registration curriculum and is considered as one of the key cornerstones of the pre-registration curriculum. The Foundations of Learning Disabilities Nursing module commences in semester one Year one introduces students to the fundamentals of person centered physical care. Elements such as personal care, eating and drinking, continence care, moving and handling, and pressure care alongside clinical skills such as blood pressures, monitoring of vital signs and medications management and administration, First aid is explored, including basic life support. As the students move into years two and three, these skills are added to and developed in the context of the life span of the individual with learning disabilities to include additional complexities such as mental health and behaviours that challenge. Students are taught from the outset of the pre-registration programme that caring communication is at the core of being a safe and skilled practitioner. Reflecting the input and expertise of service users, a communication module was embedded in the Year One curriculum to encourage students to critically evaluate and develop their communication skills. This is reinforced in every clinical skills class when students are encouraged and challenged to use these skills in the delivery of safe and person-centred, physical

care. Students' proficiency in relation to person centered physical care is assessed in practice and documented in their electronic practice assessment document (eNIPAD).

Q4. How does the pre-registration curriculum cover structured observations (Level 1 to 4)?

15. Students are educated on the legal and policy context for structured observations, including specific behavioural observations, and continuous observation as part of a behaviour support plan. Teaching is derived from the Mental Capacity Act (NI) 2016 and the Mental Capacity (Deprivation of Liberty) (No 2) Regulations (NI) 2019. Students do not receive specific theoretical teaching on structured levels of observation as there are variations in policy and language across regional HSC inpatient services, with practice informed by, and based on the needs of the individual patient. Furthermore, planned use of restrictive practices such as structured observations should be highly personalised and individually specific, with a clear rationale for their use, and a plan for reduction of the restrictive practice in line with the Regional Policy on use of Restrictive practices in HSC settings (NI) 2023. Students are expected to apply theoretical learning of this legislation and policy in relevant practice learning environments as per the policy of that setting and then document evidence in their practice assessment documentation. Practice learning environments are required to preserve a nursing student's supernumerary status, and therefore they should not be involved in restrictive practices such as assigned structured observations for crisis intervention.

Q5. In your view, does the pre-registration curriculum provide the competencies required to manage complex patients with concurrent diagnoses of learning disability, autism and mental health disorder, without future education?

16. The pre-registration curriculum provides the competencies required for Registered Nurses in Learning Disability to practice at the point of entry onto the NMC' register knowledge and skills are developed by further professional development and expected to mature over time. Whilst learning disability nursing students will be required to demonstrate competencies in managing co-morbidities relating to a range of neuro-developmental and psychological disorders, Registered Nurses in Learning Disability are expected to engage in continuous professional develop and learning in order to meet the specific needs of people in their care. Furthermore, people with complex needs relating to concurrent diagnoses of learning disabilities, autism and mental health disorder are likely to require care planned interventions from specialist multidisciplinary services. Service delivery models should incorporate a training needs analysis so that multidisciplinary staff (including learning disability nurses) have access to the most up-to-date, evidence-based interventions in order to meet the biopsychosocial needs of these individuals.

Q6. How does the University record and reflect on student reflections on their placements?

17. With respect to reflections on and within placements, the student is required to reflect and record their experiences within the regional electronic Practice Assessment Document (eNIPAD). The eNIPAD which is used by all three universities in Northern Ireland and across the five health and social care trusts, is designed to capture and demonstrate students learning and is judged not in terms of volume but authenticity, relevance, and quality. The eNIPAD is embedded into the curriculum and specific modules within the programme. The students receive guided instruction on how to do this within the eNIPAD and within a Practice Learning Handbook entitled the Northern Ireland Practice Assessment Document (NIPAD), provided at induction and exhibited hereto at PDF/1.

18. Within the eNIPAD there are reflective activities which students must complete and must be authenticated by practice assessor/supervisor.

- Students are required in every placement to self-assess/reflect on progress during the progress review and final discussion. This must be signed off by their practice assessor within practice and will inform discussions with the Link lecturer and/or Academic assessor during progress, formative and summative assessments.
- Students are required to complete weekly learning logs in each placement which are designed to guide the student to reflect within the practice setting each week. These must be signed off by the practice assessor/supervisor.
- For each part of the programme there is particular reflective accounts that document specific standards for proficiencies. When undertaking these reflections, students can use any recognised model for reflection. All reflections must be authenticated in practice and students are accountable for what is disclosed in the reflections. To encourage truthfulness “practice supervisors and link lecturers/practice tutors are encouraged to embrace the opportunity for positive development from reflections within a cultural of learning” (PDF/1 at page 21).

19. Students are encouraged to have courageous conversations and if in any situation the student feels unsure on how to present their personal reflection, they are signposted to contact their link lecturer/practice tutor for additional support and guidance.

20. Further academic reflective assignment form part of the Caring and Communication Module in Year one of the pre registration programme. Nursing students are required to complete an assignment using the structure of the Gibbs reflective cycle (REF), reflecting on an experience from clinical practice which focuses on caring and communication skills. This assignment forms part of the assessment strategy for the students BSc programme and is undertaken after their first clinical placement.

21. Personal tutors are also required to meet their students at least three times in the academic year to discuss the students’ progress both within the university setting and practice setting using the eNIPAD and reflection to guide these discussions around practice. This reflective process “develops awareness of thoughts

(intellectual), feelings (affective) and actions or omissions (behaviour), relating to a particular experience of area of practice". (PDF/1 at page 21). The reflective process is widely used in nursing and students are guided throughout the programme to develop these reflective skills to evidence particular practice outcomes, ensuring that it is not simply a story but an authentic, critical, analysis that leads to a future action.

Q7. What is the structure for Registered Nurses in Learning Disability to access post-registration education?

22. The School of Nursing and Midwifery at Queen's offers a range of education options for post registration nurses across all disciplines of nursing at both undergraduate and post graduate level. Registered nurses may access programmes of study as a commissioned student under the service level agreement held with the Department of Health (as administered in conjunction with the Education Commissioning Group). Alternatively, registered nurses may opt to study independently of these arrangements and pay tuition fees themselves. In the case of the service level agreement, the Education Commissioning Group notifies the School which programmes of study it would like to commission and the number of student places available. The School receives the names of the registered nurses identified for these places directly from the respective Trust Education Team. The School has no input into the selection process of either the programmes that are commissioned under the service level agreement, or the identification of the registered nurses that are selected for a funded place. This is at the discretion of the Commissioners.

Q8. Describe the post-registration courses available that are specific to Registered Nurses in Learning Disability.

23. Queen's offers an MSc program in advanced professional practice, covering a range of specialist pathways. An intellectual disability pathway was established in September 2022. This pathway includes two intellectual disability specific modules developed and delivered by the learning disability nursing teaching team

in the university. Each module runs for 12 weeks at 3 hours per week. The modules are:

HSN7081 - Advances in Health Evidence and People with Intellectual Disabilities

HSN7082 - Contemporary Care Delivery in Intellectual Disability Practice

These are the learning disability specific post-graduate modules currently offered within the School of Nursing and Midwifery at Queen's University, Belfast. Additional modules focusing on specific care and support needs can be developed and delivered if requested as part of the commissioning process.

Q9. Are there specialist programmes for Registered Nurses in Learning Disability relating to the management of distressed and challenging behaviours? If so, please provide details.

24. To our knowledge there are no specialist programmes in Northern Ireland for Registered Nurses in Learning Disability or other Healthcare professionals to manage challenging behaviour. Queen's University School of Psychology provide a MSc programme in 'Applied Behavioural Analysis'. The Clinical Education Centre offer a range of short courses which support development of knowledge on individual factors. Learning Disability Nurses who require specialist programmes in relation to the management of distressed or challenging behaviour will have to access programmes in England, Scotland or Wales. Furthermore, any such specialist programme must educate practitioners beyond the "management" of the challenging behaviour to teach comprehensive multi-disciplinary assessment processes that recommend preventative strategies and evidence-based interventions to achieve positive outcomes for people with learning disabilities and their families / care givers.

Q10. Does QUB provide a nursing research programme with studies including inpatient learning disability settings? If so, please provide details.

25. All teaching is evidence-based and facilitates learning within one's area of specialism. There are several PG programmes that include research and evidenced based practice in which students from a learning disability background can pursue MSc and PhD studies. The MSc programme requires all students undertake one of two research modules. The two research modules focus on (i) quantitative methods and statistics and (ii) qualitative methods and analysis. A further level 7 module, Evidence-Based Practice is available as an option within the MSc programme. There is no research programme specific to any field of nursing, including Learning Disabilities. Students undertaking the research and evidence-based practice modules benefit from shared learning with other nursing, midwifery and other students on the MSc programme. Module assessments enable students to apply learning to their area of practice.

Q11. Was there any system to ensure post-registration students could raise concerns about placements?

26. Post-registration programmes do not include clinical placements.

Q12. Did pre-registration or post-registration students raise concerns about the delivery of care at MAH? If they did, please provide details.

27. Nursing students have a responsibility to bring to the attention of a registered nurse or midwife, normally their mentor, Ward Manager or their deputy, practices that may be unsafe or adversely affect standards of care:

- Behaviour that is in breach of professional codes and standards
- Practice or behaviour that breaches Trust policy and procedures.

The Link Lecturer is the students first point of contact if students encounter any issue on placement that they do not understand or are unsure of. The student in the first instance is encouraged to always ask questions of the mentor but if for any reason they feel they need more support; they are advised to get in touch with their link lecturer who there are to support them during their practice placement experience. They are the link between the university and practice. There have been no recoded concerns raised by students about the delivery of care at MAH and no reported observations of covert behaviour at MAH.

Furthermore, it has not been necessary to remove any student based on student, mentor, Practice Education Facilitator or Link Lecturer feedback.

Q13. If concerns were raised, what action was taken, if any?

28. One student had raised an issue on 13 December 2018 regarding being asked to undertake a duty that she was not competent to deliver. The mentor and student explained that this was outside of their scope of practice and did not participate in the clinical duty as requested. The incident was reported on to the manager and has also been addressed by the link lecturer with the ward staff. Apart from this one issue raised there were no further issues or concerns raised by students to any member of School staff regarding their placement in this clinical setting. Feedback had been very positive with students identifying the wealth of learning experiences available and praising the support of their mentors and staff. We are confident as a School that the students are well supported by both practice and the University and that the area continues to comply with the NMC education standards.

29. In addition, as an indication of our close working relationships with our Practice Partners, a senior member of staff in the School had been invited to sit on the panel investigating this facility on behalf of the Belfast Health and Social Care Trust.

Q14. If the answer to question 12 is in the negative, when and how did the School of Nursing first hear about concerns at MAH?

30. The School of Nursing and Midwifery at Queen’s University Belfast had been closely monitoring the students’ experience in this placement setting and also its suitability as an educational learning experience. Due to our close working relationship with our practice partners, the School was alerted to the fact that there were problems on 1 November 2017 by the Practice Education Team at the Belfast Trust.

Q15. What action was taken, if any?

31. The following actions have been undertaken as a result of this enquiry by the School:

- Once alerted to the fact that there were problems in the facility, each placement area in use was re-audited and risk assessed using a regionally agreed audit tool by a senior learning disability lecturer Dr Lynne Marsh, a member of the Practice Education team and the area manager. This was completed within five working days of being informed of the issues. After the re-audits were completed and carefully analysed by myself as Head of School the Director of Education and the Professional Lead for Learning Disability, the decision was made to continue with the placements as they were deemed to be safe and deliver a quality experience to the students.
- As an added measure to further support students on the first day of placement all students were requested to attend a mandatory induction session that addressed the following: safe practice, safeguarding, personal safety, whistle blowing, and awareness of CCTV use.
- Link lecturer visits to the area were increased to fortnightly which included meeting students and mentors.
- Senior managers from the Trust and the Deputy Director of Nursing met with the learning disability students to share what had been happening and to reinforce processes if they identify any causes for concern.
- Student evaluations of placement were undertaken and carefully reviewed promptly on completion of placement. No issues or concerns were raised by the students.
- The link lecturer was invited to meet all practice area managers at clinical practice meetings to enhance communication and partnership working with the School.
- The external examiner for the School was facilitated to visit the clinical practice area as part of an annual quality assurance regarding suitability of the learning environment.

- Safeguarding issues are a monthly agenda item for discussion at School Management Board and are reported at School Board.
- The School entered into a novel Joint Appointment with the Learning Disability Team with BHSCT which sought make a significant investment that would contribute to professional development and innovation in the area.

Q16. Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of paragraphs 9 and 17 of the Terms of Reference?

32. The School of Nursing and Midwifery has met with the Belfast Health and Social Care Trust and has been proactive to finding solutions to staff shortages and development.

Declaration of Truth

The contents of this witness statement are true to the best of my knowledge and belief. I have produced all the documents which I have access to and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed: Donna

Date: 6 March 2024

List of Exhibits (Professor Donna Fitzsimons)

PDF/1	Practice Learning Handbook entitled the Northern Ireland Practice Assessment Document (NIPAD), 2023

PRACTICE LEARNING HANDBOOK
Please use with your Electronic Practice Assessment Document (EPAD)
Northern Ireland Practice Assessment Document (NIPAD)

FOR NURSING STUDENTS AND THOSE SUPPORTING AND ASSESSING THEM IN PRACTICE

Please note the term EPAD and NIPAD are used interchangeably

EPAD is the electronic version of the NIPAD

Students, please bring this handbook with you to practice learning in order to make it available to practice supervisors, practice assessors and/or academic assessor. This must be provided to a Practice Supervisor at the beginning of every practice learning experience.

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IMPORTANT CONTACT DETAILS

Placements Office: 028 9097 2225 or clinicalallocations@qub.ac.uk
Student Support (Registry) Office: 028 9097 5719 or nur.registry@qub.ac.uk
Student support: You can contact our Student Support Administrator at any time with a query on nursingstudentsupport@qub.ac.uk and your query will be dealt with urgently.

You can contact the school at any time on 028 9097 2233. School reception opening hours are 8.30am to 4.30pm, Monday to Friday.

A full list of staff contact details can be accessed on our website:

http://www.qub.ac.uk/schools/SchoolofNursingandMidwifery/Connect/Staff/

INTRODUCTION

Welcome to the practice learning component of the pre-registration nursing education provision in Northern Ireland. This handbook is intended to provide students, practice supervisors, practice assessors and link lecturers/practice tutors/academic assessors with the core information around the practice learning component of the programme. In addition, it focuses on setting the context for practice learning and how the Practice Assessment Document (PAD) is used to facilitate learning and development. In line with the 2018 Nursing and Midwifery Council (NMC) Standards of Proficiency for Registered Nurses, this learning occurs with the context of person-centred nursing.

Throughout this handbook, reference is made to the Practice Assessment Document (PAD). For clarity, the Northern Ireland PAD (EPAD) is the Ongoing Record of Achievement (ORA), portfolio of evidence and assessment document for the practice learning element of pre-registration nursing programmes.

Developing evidence for learning may not be new to some students. However, for many students it will be a new experience, and the way in which they need to develop the evidence within the EPAD will be new to all students. This can appear daunting and overwhelming in the beginning. Indeed, the EPAD may also be new to those supervising and assessing students in practice. This handbook intends to provide all the supporting information for student, practice supervisors, practice assessors and link lecturers/practice tutors/academic assessors in order that the structure, context and process of developing through the EPAD, including supporting students in this process, is clear. The EPAD is key in this process, and it is important that students have the direction, guidance and skills necessary to make it successful.

DEVELOPING THROUGH LEARNING IN PRACTICE

Future nurses will be expected to meet the essential mental and physical health needs of people of all ages and conditions, as well as in their own field of practice. The NMC envisage students learning across a diverse range of settings with a focus on the journey of the person receiving care, a journey that reflects the current and future configuration of services. Practice learning constitutes 50% of this programme. Within practice learning, students are expected to develop the knowledge, skills and attributes to become a registered nurse, applying the theoretical aspects of the programme into the provision of person-centred care. Practice learning throughout the programme will provide students with experience of 24-hour and 7-day care.

Over the minimum 2,300 hours of practice learning required by the NMC, students will have the opportunity to learn in direct contact with healthy and ill people and communities. Students will be required to use this experience to organise, deliver and evaluate their nursing care on the basis of the knowledge and skills they have acquired. Theory and practice learning will address essential physical and mental health needs of all people, including babies, children and young people, pregnant and postnatal women, adults and older people. This includes people with acute and long-term conditions, people requiring end of life care, people with learning disabilities and people with mental ill health.

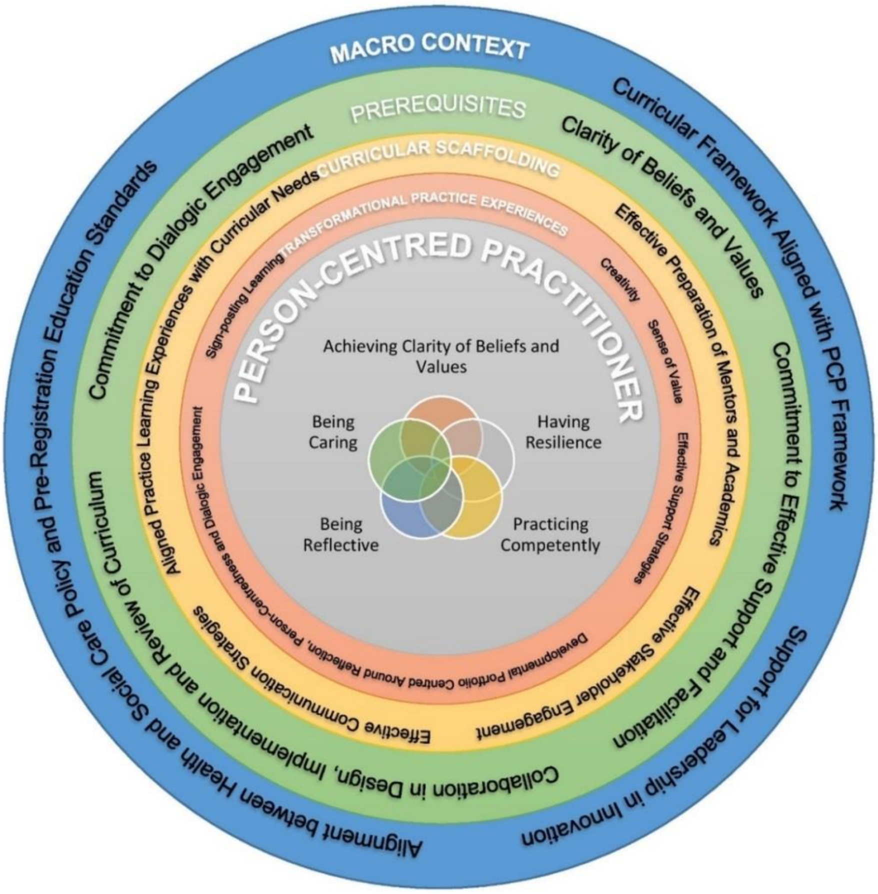
Developing evidence for the EPAD is largely a self-determined process whereby evidence is created through documenting learning experiences. In order to achieve this, a learning environment that incorporates opportunities for analysis of learning is fundamental. This will allow a facilitated learning approach and will encourage constructive dialogue between the student and those supporting them in practice that is focused on learning. The EPAD is the vehicle for this, providing opportunities for these processes to take place, primarily through reflective processes and discussion.

LEARNING IN THE CONTEXT OF PERSON-CENTREDNESS

The Framework for Practice Learning

The 2018 NMC Future Nurse standards that regulate pre-registration nursing education have person-centredness at their core. This requires that pre-registration nursing curricula consider how to place people at the centre of learning in order that the person-centred context of practice is also the context of their learning and development. The development of the EPAD has been influenced by the Framework of Practice Learning (Cook, 2017[1]), which emerged from pedagogical research around developing person-centred nurses through practice learning. The framework signifies the factors that are central to a transformative learning experience in developing person-centred practitioners. It is an interplay between each layer that leads inwards to the desired outcome; however, each layer interplays with the other and so the model is dynamic. Broadly, the outer layers of the model reflect elements that generally precede those that come below them (not in a hierarchical sense). McCormack[2] (2003) asserts that being person-centred necessitates engaging in a therapeutic dialogue between the professional and the person in their care. This engagement is predicated upon a value base of trust, mutuality and knowledge exchange. The FPL reflects this through the engaging the student and educator (be it practice supervisor or academic) in a dialogue that illustrates value of the other, mutuality and sharing of knowledge and experiences in a dialectic manner. This is not merely dialogue, but one that leads to action and positive change.

Figure 1 – Framework for Practice Learning (Cook, 2017)


MACRO CONTEXT
Curricular Framework Aligned with PCP Framework
Support for Leadership in Innovation
Alignment between Health and Social Care Policy and Pre-Registration Education Standards
PREREQUISITES
Clarity of Beliefs and Values
Commitment to Effective Support and Facilitation
Collaboration in Design, Implementation and Review of Curriculum
Commitment to Dialogic Engagement
CURRICULAR SCAFFOLDING
Effective Preparation of Mentors and Academics
Effective Stakeholder Engagement
Effective Communication Strategies
Aligned Practice Learning Experiences with Curricular Needs
TRANSFORMATIONAL PRACTICE EXPERIENCES
Creativity
Sense of Value
Effective Support Strategies
Developmental Portfolio Centred Around Reflection, Person-Centredness and Dialogic Engagement
Sign-posting Learning
PERSON-CENTRED PRACTITIONER
Achieving Clarity of Beliefs and Values
Having Resilience
Practicing Competently
Being Reflective
Being Caring

The ultimate aim is to develop registered nurses who are focused on person-centredness, and who will be equipped with the knowledge, skills and attributes necessary to practice in such a way as to promote optimal person-centred outcomes. Developing nurses within this framework is seen as a way to realise person-centred practice. It is within the context of person-centredness that students are to develop their practice outcomes. Without this, there is a danger of a task orientated model of practice emerging, which is not in keeping with the person-centred approach to care being embraced nationally. Students will undertake practice learning in environments where a variety of factors can influence the philosophy of care as a result of culture/microcultures, performance targets and financial constraints. Learning within a person-centred context will enable students to develop their skills within a holistic mind-set in order that they are practitioners who have the ability to deliver on person-centred outcomes by the point of registration.

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[1] Cook, N.F. (2017) *Co-creating person-centred learning and development experiences with student nurses in practice through action research* (Doctoral dissertation, Ulster University).

[2] McCormack, B. (2003) A conceptual framework for person-centred practice with older people. *International Journal of Nursing Practice*, 9, 202–209.

WHAT IS THE EPAD?

EPAD is the regional practice assessment document for pre-registration nursing students within Northern Ireland. It was developed to enhance consistency in supporting students in practice, alongside ensuring another layer of consistency in how and what students learn in practice. EPAD is designed to support and guide students and those supporting them towards successfully achieving the criteria set out in the *Future nurse: Standards of proficiency for registered nurses* and *Standards for education and training* (NMC 2018). It is therefore a record of a student's learning in practice, a tool to guide that learning and also a record of their achievements through the evidence developed and authenticated in practice. This all comes together to inform student assessment in practice.

Students will work and learn alongside many professionals in practice and will learn with and be assessed continuously by practice supervisors, practice assessors, and academic assessors. This form of continuous assessment is an integral aspect of their learning and development as they progress to achieve the knowledge, skills and attributes of a registered professional nurse. It is therefore important that they are able to show and document evidence of their progressive achievement in the EPAD. Students should engage positively in all learning opportunities and take responsibility for their own learning; they should seek direction and guidance and know how to access support when, and as, they need it. Being able to ask for help or support is an important attribute of being a professional.

Students will work with, and receive written feedback from, a range of people including:

- Service users (people in their care, including their families and carers)
- Practice supervisors
- Practice assessors
- Academic assessors
- Other health care professionals.

It is essential that students reflect on this feedback and wider learning objectives and positively engage in reflective dialogue with those who are supervising and assessing them in practice. EPAD is the tool that facilitates all of this to occur.

It is important that students and those supporting them in practice read this handbook in preparation for practice learning as it outlines the key processes and policies that directly influence students' practice learning experience and use of the EPAD.

CONSENT, CAPACITY AND AUTONOMY

The philosophy of healthcare is based on autonomy and capacity, autonomy being the person's right of self-determination and capacity being the person's ability to make their own decisions. Practitioners are required to consider a person's autonomy in all aspects of care to determine what matters to them and to act as a facilitator in the person's decision making.

Much attention is delegated to the notion of capacity, which acts as gatekeeper, determining whether or not the right of autonomy will be respected in each individual's case. However, the relationship between autonomy and capacity is often ambiguous and the capacity to consent might not be constant nor is it easily assessed (McLarnon, 2017[3]). The following pointers can help support the practice of informed consent.

- Timely and careful explanations must be provided in the absence of undue influence.
- Capacity must be assessed at the relevant time.
- All dialogue must be recorded to provide evidence that appropriate communication has taken place with relevant parties.
- Discuss reasonable alternatives and allow protected time for adequate, genuine two-way dialogue.
- Level of risk should not determine what risks are discussed; it is important to think carefully before relying on therapeutic exception i.e., is the reason for withholding information made clear in notes and is it justified in terms of autonomy?
- Important to be aware that issuing of leaflets does not constitute required dialogue.
- Assess if the person has understood advice given and was the advice delivered to the person in a comprehensible way?
- Ensure explanations are timely and careful.
- Practitioners need to counter-balance concern to benefit the person with a commitment to trusting their ability to engage in decision-making with us.

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[3] McLarnon, KA (2017*) Consent* to medical treatment of the mature minor: is autonomy achievable? *Primary Health Care*, 27, 5, 35-42.

SUPPORTING STUDENTS IN PRACTICE – THE NORTHERN IRELAND REGIONAL APPROACH

The process of supervising and assessing students is one of partnership to ensure a safe and effective learning and assessment that upholds public protection. It is also a process which fosters a positive learning relationship with the student and enhances their professional and personal development, empowering the student to become a resilient, critical thinker and decision maker who can analyse, reflect on and improve their practice. Students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting; this means they are supernumerary. However, they should always be considered part of the Team.

Northern Ireland has three Universities who deliver NMC approved programmes and a regional approach has been adopted to the implementation and delivery of the new NMC Education Standards which includes the standards for student supervision and assessment (SSSA). The SSSA model will reflect the new roles including:

- Nominated person
- Practice supervisor
- Practice assessor
- Academic assessor

Every student will be allocated:

- At least one practice supervisor for every practice learning experience
- A practice assessor for each practice placement or series of practice placements; and
- An academic assessor for each part of the programme.

All three individuals work together to ensure safe and effective learning experiences that uphold public protection and safety of people. Separating out the supervision and assessment roles ensures greater consistency and more objectivity in the assessment process.

The shared responsibility between the practice assessor and academic assessor ensures robust, objective, fair and transparent assessments and shared decision making to uphold public protection and ensuring only those who have met all programme requirements and proficiencies and are clearly able to demonstrate the principles of The Code are entered on to the NMC professional register.

Supervision of Students

All NMC registered nurse and midwives are capable of supervising students and serving as role models – students may be supervised by other registered health and social care professionals who have been suitably prepared for their roles.

Assessment of Students

Students will have a practice assessor for each practice learning experience, or a series of experiences, who will oversee their learning, provide feedback and make records regarding the student's progress in their learning and development. A tripartite formative assessment (practice assessor, link lecturer/practice tutor and student) will occur approximately halfway through the practice learning weeks for the part of the programme, reviewing progress and providing guidance and direction for the student's learning and development in the remaining weeks of practice learning for that part, leading up to the summative assessment. During the final placement of each part of the programme, the practice assessor will work in partnership with the academic assessor to evaluate and recommend the student for progression to the next part of the programme through the summative assessment process.

KEY ROLES AND RESPONSIBILITIES

The Nominated Person

This will be the ward sister/charge nurse /team leader or an identified suitable person. The name of the nominated person will be detailed on the Practice Learning Environment Educational Audit, and they will oversee and provide continuity for the student. They will actively support the student's learning. For those on Ulster University and Queen's University programmes, the name of the nominated person will be identifiable on the InPlace™ system.

The nominated person will:

- be responsible for identifying the students allocated practice assessor and for identifying practice supervisor/s to ensure continuity of the learning experience
- ensure there is support and oversight of practice supervision to ensure safe and effective learning
- ensure the practice assessor and practice supervisor/s will receive on-going training and support to fulfil their roles
- be involved in dealing with any matters of underperformance/concern alongside the practice supervisor and link lecturer/practice tutor/academic assessor.

The Practice Supervisor

Every student will be allocated at least one practice supervisor for every practice learning experience. Practice supervisors will have knowledge and experience that will meet the NMC (2018) outcomes for the role of practice supervisor or will have completed a practice supervisor preparation programme. The number and type of students that can be supported in a practice learning environment will be detailed within the Practice Learning Environment Educational Audit. There may be different models of supervision offered depending on the practice learning environment for example Hub and Spoke, 1:1.

Preparation programmes are available, delivered and supported by identified key personnel in both practice and education environments to prepare practice supervisors for their role, where indicated. This education will be delivered via eLearning and face to face. The opportunities to prepare for the role are flexible and designed to meet the needs of practice supervisors from various professions and practice supervisors supporting different student groups. The supervisory role that non-registered professionals play will be dependent on the skill, which is being taught, the knowledge and experience of the professional, what oversight there is and the environment where the learning is taking place. Where there is **no access** to a registered nurse, registered midwife or other registered health and social care professional, these practice learning experiences will be managed through a hub and spoke approach or enriched practice learning model. If the spoke experience is in a different organisation to the hub, any issues that arise will be managed by the practice assessor, nominated person and the link lecturer/practice tutor.

The practice supervisor will:

- in conjunction with the practice assessor, organise and co-ordinate student learning activities in practice, ensuring quality, safe and effective learning experiences that uphold public protection and the safety of people
- ensure the level of supervision provided to students reflects their learning needs and stage of learning.
- encourage and coordinate students to work with and learn from a number of people who are not registered healthcare professionals but who can positively contribute to their learning
- use their professional judgment and local/national policy to determine where activities may be safely delegated to students and the level of supervision required
- facilitate practice based independent learning as appropriate
- serve as role models for safe and effective practice in line with the NMC Code and the professional duty of candour
- support learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes

- support and supervise students, providing feedback on their progress towards achievement of proficiencies and skills
- have current knowledge and experience of the area in which they are providing support, supervision and feedback
- set and monitor realistic achievement of proficiencies through the development of evidence identified within the programme specific Practice Assessment Document (EPAD
- liaise with others (PET, practice assessor, link lecturer/practice tutor, academic assessor, nominated person) to provide feedback and identify any concerns about the student's performance and agree action as appropriate
- support learning in an inter-professional environment, selecting and supporting a range of learning opportunities for students with other professions
- be accountable for their decisions
- ensure requirement and rights around informed consent are implemented and that public protection is maintained
- contribute to the student's ongoing record of achievement in the student's EPAD by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising
- contribute to student assessments to inform decisions for progression at summative assessment through reviewing evidence to ensure its authenticity, standard and completeness
- identify when a student is underperforming or where there are professional concerns, taking prompt action to notify the practice assessor in order for those concerns to be documented and actioned promptly.

The Practice Assessor

The student will have a nominated practice assessor for each placement or series of placements.

- To assess a nursing student, you must be a registered nurse with appropriate equivalent experience for the student's field of practice.
- To assess a midwifery student, you must be a registered midwife.
- To assess a specialist community public health nurse (SCPHN) student you must be a registered SCPHN with appropriate equivalent experience for the students' field of practice.
- To assess a Specialist Practice student, you must have a SPQ annotation and have appropriate equivalent experience for the students' field of practice.
- To assess a prescribing student, you must be:
- a registered healthcare professional and an experienced and current prescriber with suitable equivalent qualifications for the programme the student is undertaking
- able to evidence active prescribing for a minimum of three years (usually)
- able to confirm that your scope of prescribing practice aligns to, or exceeds, that of the prescribing student.

In exceptional circumstances, the same person may fulfil the role of the practice supervisor and practice assessor for example, prescribing programmes, specialist practice and specialist community public health nursing programmes. In such instances, the student, practice supervisor/assessor and the University will evidence why it is necessary for the practice supervisor and assessor role to be carried out by the same person.

Students will have a practice assessor for each practice learning experience, or a series of experiences, who will oversee their learning, provide feedback and make records regarding the student's progress in their learning and development. A tripartite formative assessment (practice assessor, academic assessor and student) will occur approximately halfway through the practice learning weeks for the part of the programme, reviewing progress and providing guidance and direction for the student's learning and development in the remaining weeks of practice learning for that part, leading up to the summative assessment. During the final placement of each part of the programme, the practice assessor will work in partnership with the academic assessor to evaluate and recommend the student for progression to the next part of the programme through the summative assessment process. This tripartite assessment will be face to face. However, in exceptional circumstances other communication mediums will be acceptable including Zoom, Facetime and Skype. Exceptional circumstances might include inclement weather/illness. In the event of an underachieving student or any student issues or concerns the expectation is communication will take place face to face in a timely manner. Summative assessment is provisional until all practice hours are completed and there are no arising professional/performance issues.

If there are any concerns regarding a student, the practice assessor should inform the link lecturer/practice tutor/academic assessor and nominated person and seek guidance from the Practice Education Facilitators (or equivalent).

Preparation programmes are available face-to-face and online, supported by key persons in both practice and education environments for the role of practice assessor. The opportunities to prepare for this role are flexible and designed to meet the needs of practice assessors.

The practice assessor will:

- plan out the student's learning journey within the practice learning environment in conjunction with the practice supervisor(s) and student
- make and record objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources through the Ongoing Record of Achievement
- periodically observe the student in order to inform decisions for assessment and progression in partnership with the academic assessor
- ensure that assessment decisions are informed by feedback sought and received from practice supervisor/s
- work in partnership with the nominated academic assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards
- confirm that all the evidence required for the specific part of the programme has been provided by the student and authenticated by practice supervisor/s. This will include evidence of authenticity, standard of completeness and relevancy to the claimed proficiencies
- in exceptional circumstances, agree alternative arrangements with the academic assessor, link lecturer/practice tutor and student if all three parties cannot be present at the assessment
- maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing
- provide assurances that they maintain their professional knowledge and skills and critically reflect on their role through a range of processes which includes NMC revalidation, supervision and appraisals.

The Academic Assessor

The student will have an allocated academic assessor for each part of the programme. The academic assessor will be an affiliated member of staff from the student's University. They will be registered nurses with appropriate equivalent experience for the student's field of practice. They will hold relevant qualifications as required by their university and have completed an academic assessor preparation programme or have equivalent experience.

Students at Ulster University and Queen's University will identify who their academic assessor is for each part of the programme through the InPlace™ system. All students will be assigned to a different academic assessor for each part of the programme. Students will not be assigned to the same academic assessor in concurrent parts of the programme. The academic assessor will not simultaneously be the practice supervisor and practice assessor for the same student. The academic assessor will be advised as to who the practice assessor is for the student(s) they are assessing (e.g., through the InPlace™ system).

The academic assessor will:

- collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme
- have an understanding of the student's learning and achievement in practice, including any concerns around underperformance

- make and record objective, evidence-based decisions on conduct, proficiency and achievement, and make recommendations for progression, drawing on student records and other resources
- communicate and collaborate with the practice assessor at scheduled, relevant points in the programme structure and student's progression
- work in partnership with the practice assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and for entry (or additional entry) to the NMC professional register on successful completion of the programme
- forward the outcome of summative assessments to the appropriate person within a timely manner and advise the appropriate University personnel of any issues concerning students
- maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing and confirming
- be informed by the link lecturer of any student underperformance issues.

The Link Lecturer/Practice Tutor

Schools of Nursing in Northern Ireland operates a link lecturer/practice tutor system with an identified member of staff allocated to each practice learning setting. While they are also the academic assessor, their role has other aspects:

The link lecturer/practice tutor will:

- support students and practice supervisors in clarifying the learning opportunities available to develop evidence for the EPAD
- be available to support and advise students and practice supervisor in relation to challenges to student learning within the PLE
- maintain accurate and appropriate records as required
- ensure the relevant process is followed in the event of concerns/issues regarding a student (Appendix 1)
- ensure that necessary measures are taken to make effective use of the learning potential in PLEs
- assure quality practice learning experiences through PLEEA and monitoring of the quality of the learning environment in collaboration with practice partners
- take part in the tripartite formative assessment
- also undertake the role of academic assessor for allocated students
- collaborate with the appropriate University personnel, nominated person, practice supervisor/assessor and the PET regarding issues which may impact on students' learning experiences or performance, including feedback questionnaires
- encourage students to complete evaluation questionnaires
- provide assurances that they maintain their professional knowledge and skills and critically reflect on their role through a range of processes which includes NMC revalidation, supervision and appraisals.

The Student

While there are a number of people to support students in practice, the student also has a set of key responsibilities that are central to effective learning in practice to become a registered nurse.

The student will:

- respect the rights and wishes of people in their care at all times who have the right to decline and withdraw consent for them to participate in their care. Students will make this explicit when first giving information regarding the care people are about to receive

- be open and honest with people and adhere to a professional duty of candour

- always introduce themselves, making it clear that they are a nursing student and not a registered practitioner to avoid misrepresentation

- in a situation where they are asked to perform a procedure for which they have not been fully prepared or inadequately supervised, not participate in that procedure. They should decline and discuss the matter as quickly as possible with the nominated person or practice supervisor/assessor.

- follow the Uniform Policy set out in this handbook, including guidance on wearing an authorised name badge

- complete the orientation induction with an identified member of staff at the beginning of each new practice learning experience. This includes ensuring that they are properly orientated to the practice learning setting in relation to roles and responsibilities of team members and emergency procedures on their first shift of duty as appropriate

- provide their EPAD to their practice assessor within the first two days of practice learning. They must maintain their EPAD for the duration of the programme

- within the first week of each practice learning experience, complete the initial discussion with the practice assessor. They should identify together the experiences needed to meet the learning needs of the student.

- take responsibility for ensuring that all necessary parts of the EPAD for practice learning are completed appropriately. If there are challenges with designated people not completing their elements, they must raise this with the practice assessor, link lecturer/practice tutor or nominated person at the earliest opportunity

- work with their practice supervisor/s as often as possible, taking the initiative but always within the limits of their knowledge, experience and skill. Students should not be afraid to admit when they are unsure and ask for assistance but also not use this as an excuse for not taking responsibility

- review their progress in developing their evidence in the EPAD on an ongoing basis, and formally at designated times, with the practice assessor and link lecturer/practice tutor

- at the end of each practice learning experience, submit identified elements from the EPAD in its fully completed format (no errors or omissions) to the University as per the guidance within the handbook. Until this is done, practice learning is incomplete; late or missing submissions will be classified as non-submission and may delay progression

- be aware that documentation compiled as part of the EPAD must be stored safely and can be requested for inspection by the University staff at any point

- safeguard those in their care:

- i. Should a student acquire information that they deem should be passed on to a professional they should obtain the person's permission to do so. Circumstances may arise, e.g., suspected abuse, where safety considerations may outweigh the duty of confidentiality.
- ii. Real names and addresses must not be used in coursework material. Students must not include any information in their coursework that links with a practice learning facility or person.

- ensure they maintain all EPAD documentation in a safe and professional manner. As this contains signatures and information pertaining to practice areas, this information should only be used for the purposes outlined. The material should not be circulated to anyone other than those specified. If a student misplaces their EPAD, they should inform the University immediately.

- raise and escalate any concerns as soon as possible through the following process (See Appendix 1):

    1. Raise any concerns with any aspect of their practice learning experience as soon as possible with the following people in this order; the practice supervisor/assessor, the nominated person, the link lecturer/practice tutor, a senior member of School staff at the University or a member of the Practice Education Team (within Health and Social Care Trusts).
    2. Seek help immediately from an appropriately qualified professional if someone for whom they are providing care has suffered harm for any reason.
    3. Seek help from their practice supervisor/assessor, nominated person or link lecturer/practice tutor if people indicate that they are unhappy about their care or treatment.
    4. Make an accurate record of any of the above, should it be needed in the future.
    5. It is recognised that it might not be easy for a student to raise and escalate a concern; they may not be sure what to do or the process may seem quite daunting. For additional advice at any stage, we recommend that students talk to the identified people as early as possible. They can also speak to their professional body, trade union or Protest (https://protect-advice.org.uk/), who can offer valuable confidential advice and support.

- not breach any HSC Trust/University or other practice setting policies with regards to bullying and harassment. Bullying and harassment in any form is unacceptable behaviour and will not be permitted or condoned (see Appendix 2 for Processes). Sexual, sectarian and racial harassment and harassment on the grounds of disability or sexual orientation constitute discrimination and are unlawful under the sex discrimination, fair employment, race relations, disability, sexual orientation and age legislation. Harassment is also a criminal offence under the Protection from Harassment (NI) Order 1997, and it may contravene the Health and Safety at Work (NI) Order 1978. Students should be familiar with their university's policies on bullying and harassment

- familiarise themselves with and adhere to policies and procedures of the University and the organisation where they are undertaking practice learning

- maintain an accurate record of duty/attendance within the EPAD and the practice learning facility off-duty (where available). This is to ensure there is an accurate record of completing the required number of hours set by the NMC

- undertake practice learning experiences across all days of the week (including weekends) over the full 24 hours in the same manner that a Registered Nurse would. This includes 12-hour shifts and night-duty (unless a reasonable adjustment has been formally agreed that indicates otherwise). Hours on duty do not include breaks

- not make requests for specific off-duty except on the occasion of a special event. This includes requests for their off duty to be set to permit them to undertake paid employment elsewhere. Any requests should be discussed with practice assessor, nominated person and link lecturer/practice tutor prior to it being agreed

- students must inform the University and practice learning facility of any absence before the time they are expected on duty. This must also be recorded on the Record of Attendance within the EPAD. Students will continue to be marked absent until they inform University that they have returned to practice learning. All outstanding hours must be made up by students in order to complete that part of the programme

- at the end of each practice learning experience provide feedback on their experience through the completion of a student evaluation within the required timeframe.

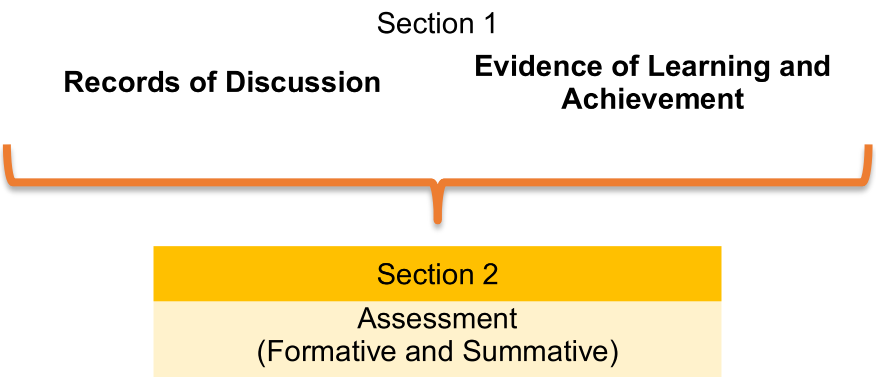
GUIDANCE FOR USING THE EPAD TO FACILITATE LEARNING AND ASSESSMENT IN PRACTICE

Assessment criteria in the PAD are based on the NMC *Future nurse: Standards of proficiency for registered nurses* and *Standards for education and training* (NMC 2018). The proficiencies have been designed by the NMC to apply across all four fields of nursing practice and all care settings (NMC 2018). *Students must be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen fields of nursing practice (NMC, 2018, p6).* This Practice Assessment Document is designed for all four fields of practice but is tailored to each field.

The PAD, often referred to as a portfolio, is structured in two main sections:

1. The Ongoing Record of Achievement which is composed of two sub parts
    a. Records of Discussions
    b. Evidence of Learning and Achievement
2. Assessment Documents for formative review and summative assessment.

Section 1 provides the evidence of the student's learning journey and how they have met the standards of proficiency; this achievement is ratified in section 2 at time of assessment.



Section 1

Records of Discussion

Evidence of Learning and Achievement

Section 2

Assessment
(Formative and Summative)

Components of Assessment and Feedback

The NMC standards of proficiency are set out under seven platforms and two annexes:

- Being an accountable professional.
- Promoting health and preventing ill health.
- Assessing needs and planning care.
- Providing and evaluating care.
- Leading and managing nursing care and working in teams.
- Improving safety and quality of care.
- Coordinating care.
- Annex A: Communication and relationship management skills.
- Annex B: Nursing Procedures.

These are mapped against the evidence that students must develop in order to demonstrate that they have achieved these proficiencies and related skills. These can be assessed in a range of practice learning experiences but must be achieved to the required standard *by the end of each Part of the programme (end of each year).* These are the forms of evidence students will be demonstrating achievement in:

- Professional Values in Practice
- Communication and Relationship Management Skills
- Promoting Health and Preventing Ill Health
- Leading and Coordinating Care Episode
- Reflections
- Care Documentation

- Health Numeracy & Calculation of Medicines
- Quality Improvement in Practice
- Service User/Carer Feedback.
- Identified worksheets (e.g., Children's Worksheet)

Other documents that students will need to complete in the EPAD are:

- Signature Log
- Record of Underperformance
- Record of Attendance
- Practice Supervisor Notes
- Practice Assessor Notes
- Academic Assessor Notes
- Record of Learning with Other Health Care Professionals

Each of these will now be detailed in the pages that follow.

Professional Values in Practice

Professional Values reflect a number of proficiency statements and are captured under the 4 sections of The Code (NMC 2018). All must be achieved *by the end of each practice learning experience.* Any deficit in achievement requires an action plan to address that deficit.

Nursing Procedures

This component of evidence relates to clinical nursing procedures that students must achieve by the end of the particular Part of the programme they are undertaking. Achievement for each skill/procedure can be authenticated by any NMC registrant. Some skills can be achieved over the three years of the course; specified procedures for that part must be achieved within that part of the programme for the student to successfully progress to the next part of the programme. Some programmes may address nursing procedures across all three years.

Students will be prepared with the core concepts for the nursing procedures that they will undertake in practice during theory blocks; they will have records of these. Where they have no such record related to a particular skill, and when this procedure is one that the practice supervisor identifies as appropriate to learn in the practice learning setting as a pre-registration nursing student, such nursing procedures are to be taught, recorded and supervised by the practice supervisor. The practice supervisor will retain accountability for this process.

The following key is used to indicate the student's achievement for each of the nursing procedures:

Yes: *Student demonstrates proficiency in this nursing procedure at the expected standard and has the required underpinning knowledge*

Should a practice supervisor indicate ***Yes*** for any nursing procedure, they are verifying that the student has performed this nursing procedure to the required standard and with the required underpinning knowledge at that point in time. The student is expected to retain that standard and is reassessed across other practice learning experiences where the opportunity exists to do so, either directly in that practice learning environment, or through accessing the opportunity elsewhere through arrangement with the practice supervisor.

No: *Student does not demonstrate proficiency in this nursing procedure at the expected standard and/or does not have the required underpinning knowledge*

Should a practice supervisor indicate ***No*** for any skill, they are verifying that the student has performed the nursing procedure but not to the required standard. ***No*** should not be indicated if the student did not have the opportunity to undertake the skill. If a student is scored with a ***No***, this should be addressed within a development plan in the records of discussions. Should a ***No*** remain against a nursing procedure by the time of the first opportunity for the summative assessment, the student will not meet the standard for progression. The student will have a two-week period within which to demonstrate proficiency to standard with the required underpinning knowledge and this should be documented in the two-week action plan.

NOA: *The opportunity to demonstrate proficiency in practice was not available during this practice learning experience*.

Before a practice supervisor selects this category, they must be certain that an opportunity to demonstrate proficiency is not available (e.g., through a hub and spoke approach). Selecting ***NOA*** means that a student has not been assessed in their ability for this nursing procedure. ***NOA*** cannot be recorded against a nursing procedure for every practice learning experience in that Part of the programme, the student must be afforded the opportunity to achieve and demonstrate proficiency before the final opportunity for the summative assessment.

The following principles should be followed by students and practice supervisor on each practice learning experience:

- At the beginning of each practice learning experience, the student and practice assessor should review progress in achieving proficiency in nursing procedures to date on previous practice learning experiences.
- Nursing procedures not yet achieved should be prioritised to develop during the current practice learning experience.
- Students cannot achieve the criteria for the summative assessment with a ***No*** remaining against any skill, or ***ONA*** only for any skill.

Communication and Relationships Management

This set of evidence is set out against Annex A in the NMC (2018) standards of Proficiency. This is not the only place students will record their development in relation to these proficiencies as they must integrate the skills of communication and relationship management in all of their interactions and communications with people. Indeed, in completing some of the evidence in other parts of the EPAD, students will likely have achieved many of the proficiencies here and so they should be cross checked and signed off as achieved accordingly.

As part of this evidence, there are a number of aspects of talking therapies in which students are expected to develop and apply their skills. To assist, the following are indicative competencies/proficiencies under some of those skills in order that all involved can clarify what each form of therapy and the associated techniques refers to:

Motivational Interviewing

- Supports the person and creates a positive environment for change.
- Draws out ideas and solutions from the person.
- Determines person’s reasons and potential methods for change.
- Emphasises the person’s freedom of choice, autonomy and personal responsibility.
- Uses a range of open-ended questions to seek information.
- Affirms the person by saying something that recognises and reinforces their strengths, abilities and/or efforts.
- Uses reflective listening statements to convey understanding or facilitate discussion.
- Summarises what the person has said at key points in the discussion to direct the conversation.
- Invites the person to talk about behaviour change.
- With permission gives information and advice (sign posting)
- Responds to change talk (e.g., statements about desire, ability, reasons and need for change) with elaborating questions, affirmation, reflections or summaries to elicit the person’s intrinsic motivation for change.
- Recognise signs that the person may be ready to commit to implementing change
- Summarises the person’s perceptions of the issue, including reasons or need for change and ambivalence about change.
- Uses evocative (key) questions to encourage commitment talk.
- Works in partnership with the person to help identify goals and develop a specific change plan.

Solution Focused Therapy

- Focuses on solution building and future goals.
- Establishes a positive relationship.
- Uses future-focused questions.
- Focusing on what is already working, rather than focusing on the past.
- Compliments and validates what clients are already doing well.
- Invites clients to do more of what is working.
- Understands the uses of the “Miracle Question”.

Cognitive Behavioural Therapy Techniques

- Helps the person identify helpful and unhelpful coping behaviours.
- Identifies and helps the person to modify core beliefs.
- Uses appropriate assessment tools to identify core issue (e.g., PHQ-9 (Kroenke, 01))
- Understands interplay between thoughts, feelings and behaviours.
- Applies the principles of Functional Behavioural Analysis **(**A antecedent; B behaviour; C consequence).

Play Therapy

- Applies an understanding of the nature and development of play.
- Uses play (e.g., toys, doll therapy in dementia), recognising its importance to human development.
- Works constructively with parents/carers/others.
- Takes responsibility for physical safety.

De-escalation Strategies and Techniques

- Being empathetic and non-judgement in approach.
- Respectful of personal space.
- Uses non-threatening non-verbals.
- Avoids overreacting.
- Focuses on feelings.
- Focuses on realistic expectation.
- Sets goals (e.g., SMART).

Reminiscence Therapy

- Recalls memories using a variety of themed methods.
- Use of multi-sensory triggers.
- Engaging the person using prompts (e.g., music or photographs, conversation to trigger early memories and thoughts).
- Observes level of engagement and responds appropriately.

Promoting Health and Preventing Ill Health

This learning log is mapped to Annex A and through completing this log students will demonstrate that they have achieved the necessary communication and relationship management skills for the particular part of their programme of study.

Health Education Episode

This is a comprehensive activity that must be completed to address the proficiencies that are set out in Platform 2 (Promoting Health and Preventing Ill Health). This may occur in different parts of the programme for students from different Universities depending on how their curriculum is constructed. However, the structure is the same.

Leading and Coordinating Care Episode

This activity focuses on developing and evidencing leadership, management and coordinating care skills that incrementally build over the three years of the programme. This also includes developing skills in appropriate delegation to ensure safe and effective care. Additionally, this evidence will enable the student to demonstrate how they have developed the skills required to be an effective supervisor of students in practice on registration as a nurse. Being able to work effectively with other healthcare professionals requires a number of key skills. In developing this evidence, students will also engage in learning activities that develop these skills and provide evidence of their achievement.

Reflections

The reflection process has developed over time and is used widely in nursing. It is widely recognised as an invaluable learning method, providing fresh insights that enable practitioners to enhance health care practice and thus improve the quality of care. The reflective process develops awareness of thoughts (intellectual), feelings (affective), and actions or omissions (behaviour), relating to a particular experience or area of practice. Being able to reflect in and on practice is therefore a core skill for nurses. It informs critical thinking, the development of insight into how we practice and impact upon others and is central to being relational with others.

Students will have particular reflective accounts to document related to specific standards of proficiencies. Students may not always encounter a practice situation to inform this reflection and in such cases, they can have an in-depth discussion about the focus of the reflection with an NMC registrant and then reflect on that discussion in order to show learning through reflection. In undertaking reflections, students can choose any recognised model for reflection, including that of the NMC for revalidation. Additionally, it should be noted that on completion of a reflection, the student should include what actions they will take based on that reflection. All reflections must be authenticated by a practice supervisor.

It is important to remember that reflections are an account of a student’s personal experiences. They underpin professional practice and therefore must be truthful and authentic. To ensure truthfulness, practice supervisors and link lecturers/practice tutors are encouraged to embrace the opportunity for positive development from reflections within a cultural of learning. Students will be accountable for what is disclosed in reflections. The information recorded will help focus their thoughts, feelings and actions in practice, with a view to improvement. To facilitate professional development, students should select events and situations which are of particular significance to them, and which will meet the identified proficiency. Reflections should be succinct but also have depth and completion. The following points may assist this process, remembering that the focus is on learning and development:

- Reflections to be personal and specific to the student perspective.
- Events which are a particularly good example of their practice, outlining reasons why they deem this to be so.
- Events that are meaningful, perhaps in terms of representing a key decision or dilemma.
- Events where they now think they would have done things differently and an analysis of why this was so.
- Raising and escalating concerns protocol should be followed were required; reflections are not the process to do this.
- Situations where they feel challenged by lack of knowledge, experience, skill or resources.
- Events about which they feel uncomfortable; these might involve moral or ethical dilemmas.

Rather than describing events and situations, the focus needs to be on analysing the effect that the experience(s) has had upon them. They should be reasonably succinct but complete and with depth.

Courageous Conversations
For students, there may be times when they experience a situation and feel that it could have been handled differently or in a better way. If this is the case, it can be difficult to write clearly and honestly about it if they feel that those who will read it might feel they are judging others or their practice. It is very important for students to think carefully about these situations and to discuss what happened with their practice supervisor, link lecturer/practice tutor or the nominated person before they start writing, in order to fully understand why the situation happened in the way that it did. The focus of this discussion should be on the difference between their expectation and what happened. Often there is a reason why thing don't always work out as they should, and those supporting students in practice should be able to explore this with them in the context of their experience and knowledge of the context of the care given. If students are writing a reflection, it is important they think about the reason for the reflection and the learning outcomes it relates to. If they can the focus the reflection on the specific learning that they took from the experience, this will help to avoid the dilemma of being truthful and potentially hurting other people's feelings. The learning they take away is then specific to them. Students are encouraged to have courageous conversations as part of learning to challenge practice in line with the standards of proficiencies from the NMC. In any situation where a student feels unsure about how to present their reflective accounts, they should make contact with the link lecturer/practice tutor and ask to discuss it with them for additional guidance and support.

If a situation occurs in practice where the student feels the care, they witnessed placed either a person or a colleague at risk, the student has a duty to disclose this using the procedure for Raising and Escalating concerns (see Appendix 1).

Care Documentation

Documentation underpins so much of nursing practice. It is vital that students, in becoming a professional nurse, can make accurate records that communicate matters effectively. This underpins continuity of care and safety. Students will develop evidence through undertaking different types of care documentation. However, they will not submit those individual documents but will complete a learning record where their practice supervisor will authenticate that they have completed the care documentation to standard and where the student will record what they have learned from doing this. This is the evidence of achievement of the related proficiencies.

Health Numeracy and Calculations of Medicines

This activity log will enable students to access learning experiences that will facilitate developing competence in medication administration, numeracy and the application of the principles of pharmacology/pharmacotherapeutics. Through completing this, students will develop related evidence that is authenticated by a practice supervisor.

Quality Improvement in Practice

Continually improving the quality of care is central to the skills of a registered nurse. In developing the necessary evidence in this set of activities, students will apply processes that review the quality of what occurs in practice but also inform future practice through responding to that review (e.g., audit). In developing this evidence, students will need to engage with quality improvement methodologies (e.g., Institution for Healthcare Improvement (IHI) science, Lean method/approach, PDSA) and should ensure they are integrating with regional approaches (e.g., Quality 2020).

Supporting people with learning disability to access and use general healthcare (particular fields only)

Throughout practice learning students will meet children, adults and older people with learning disabilities who are in contact with hospital and community health services providing mental and physical health care, including primary, secondary and tertiary services. Within Northern Ireland 'learning disability' is defined as '*Reduced ability to understand new or complex information, or to learn new skills (impaired intelligence); and reduced ability to cope independently (impaired social functioning), which started before adulthood, with a lasting effect on development*.' (DH 2005, p1). This is different from 'specific learning difficulties' (for example, dyslexia, dyscalculia and dyspraxia) and these are not included within the definition of learning disabilities.

Across their course, students will need to develop their skills in working with people who have a learning disability and their families and other carers and as part of meeting the NMC proficiencies. This worksheet is designed to support their learning and development through:

- developing their communication abilities and confidence, in obtaining information from and providing accessible information to people with learning disabilities, making the necessary reasonable adjustments
- exploring the factors that may positively and negatively impact on the health of people with learning disabilities
- participating in activities that support inclusion of people with learning disabilities in valued social activities and provide equity of access to and equity of outcome from hospital and community health services.

Research has shown that some services provide high quality support to people with learning disabilities. However, there have been persistent documented concerns that access to and the outcomes of contact with health services for people with learning disabilities can result in poor experiences of care, avoidable distress, and on occasions preventable and avoidable deaths have been reported (CIPOLD, 2013; https://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf ; LeDeR 2018 https://www.bristol.ac.uk/media-library/sites/sps/leder/LeDeR_Annual_Report_2018%20published%20May%202019.pdf).

These avoidable events often have their origins in a poor-quality nursing assessment, limited understanding of the requirements of consent by staff and failure to make required reasonable adjustments. Limited communication abilities of staff and lack of confidence in working with people with learning disabilities often underpins the poor-quality care provided. All of the above factors can result in 'diagnostic overshadowing', which occurs when changes in the mental (e.g., level of engagement, mood, behaviour) or physical (levels of activity, appetite, sleep, breathing, colour) characteristics of a person with learning disabilities are attributed to their learning disability, rather than the more likely explanation of changes in their mental or physical health. As a result, necessary observations are not undertaken, investigations may not be performed and effective and prompt intervention may not commence, all leading to reduced health outcomes for people with learning disabilities (Barr and Gates 2019).

In response to the above concerns the NMC (2018) Future nurse: Standards of proficiency for registered nurses includes enhanced expectations of the proficiency and confidence of nurses (across

Annex A and B) in supporting people with learning disabilities to attain and maintain their mental and physical health. This includes the need for effective communication to ensure people have the opportunity to make informed decisions about examination, treatment and care, and the provision of reasonable adjustments in order that people access and use hospital and community health services and achieve positive health outcomes. The NMC Proficiencies are structured across seven platforms and designed to reflect your developing professional role as you progress through your course. This worksheet uses these seven platforms to provide a framework for students to explore their abilities, skills and confidence in supporting people with learning disabilities. The focus of this worksheet is on their actions to support people with learning disabilities to obtain equity of access to and equity of outcome from hospital and community health services.

Child-Centred Care Worksheet (particular fields only)

This worksheet enables students to focus their development of knowledge and skills in working with children and their families, aligning to the NMC proficiencies of caring for people across the lifespan. It is complete across parts of the programme to enable students to focus on this area of practice when at the most opportune time in practice learning.

Service User/Carer Feedback

Students must obtain feedback from three service user/carers for each part of the programme; these must have no areas of concern. This feedback is a required element for summative assessment. This feedback is important in providing the student, and those assessing and supervising them, with valuable insight into the personal experience of care. It is important that such feedback is authentic and safeguards the person providing feedback, who may feel vulnerable. The following process must be followed to obtain this feedback:

1. Feedback should be sought from service users and carers/families by the practice supervisor(s)/assessor. It should not be sought by the student directly as the process should be anonymous.

2. Practice supervisor(s)/assessor should seek the consent of service users and carers/families who are involved in providing feedback. Service users and carers/families should be informed that:

    a. completion of feedback by service user is voluntary and will not impact on the care they receive
    b. if the service user consents, their identity will remain confidential. The practice supervisor(s)/assessor will provide a copy of the documentation and invite the service users/carers to complete this. They may provide assistance if required/ requested. Practice supervisor(s)/assessors should confirm that what they have recorded accurately represents the views of the service users and carers/families
    c. no identifying details will be recorded on the documentation
    d. feedback received will help to inform the student’s development across their programme
    e. the student will not fail the practice learning component of their programme based on their feedback, but these are an essential component of the overall summative assessment process

3. The practice supervisor/assessor should sign and date the documentation.

4. The practice supervisor/assessor should discuss the feedback with the student and record this within the EPAD.

5. Should the feedback highlight any areas of concern, a learning plan must be developed by the student and practice assessor to address these. This must include obtaining an additional set of feedback from service users and carers/families to monitor development.

Service users' and carers/families' feedback should be stored safely within the EPAD and must be available for the summative assessment in order to confirm achievement of the linked practice learning outcomes.

INFORMATION FOR SERVICE USER/CARER/FAMILY

We would like to give you the opportunity to provide feedback about your experience with the student nurse whose name is on the next page.

There are some important things for us to highlight before you decide if you wish to take part:

- Feedback received will help to inform the student's learning
- Your comments will help the nursing student to think about themselves and how they provide care. You may withdraw your feedback at any time.
- Your name/details will not be recorded on this form. This means that the student and other staff will not know that it is you who provided the feedback.
- You may choose not to fill in the form and that is okay.
- If you do not want to take part your care will not be affected.
- Should you require any help in completing the form then please ask a member of your family, carer/ friend or the person who gave you the form (this person is called the student's practice supervisor/assessor).

If you would like to take part, then all that you need to do is fill out the form provided to you by the nurse. This involves some tick box questions and a space for comments.

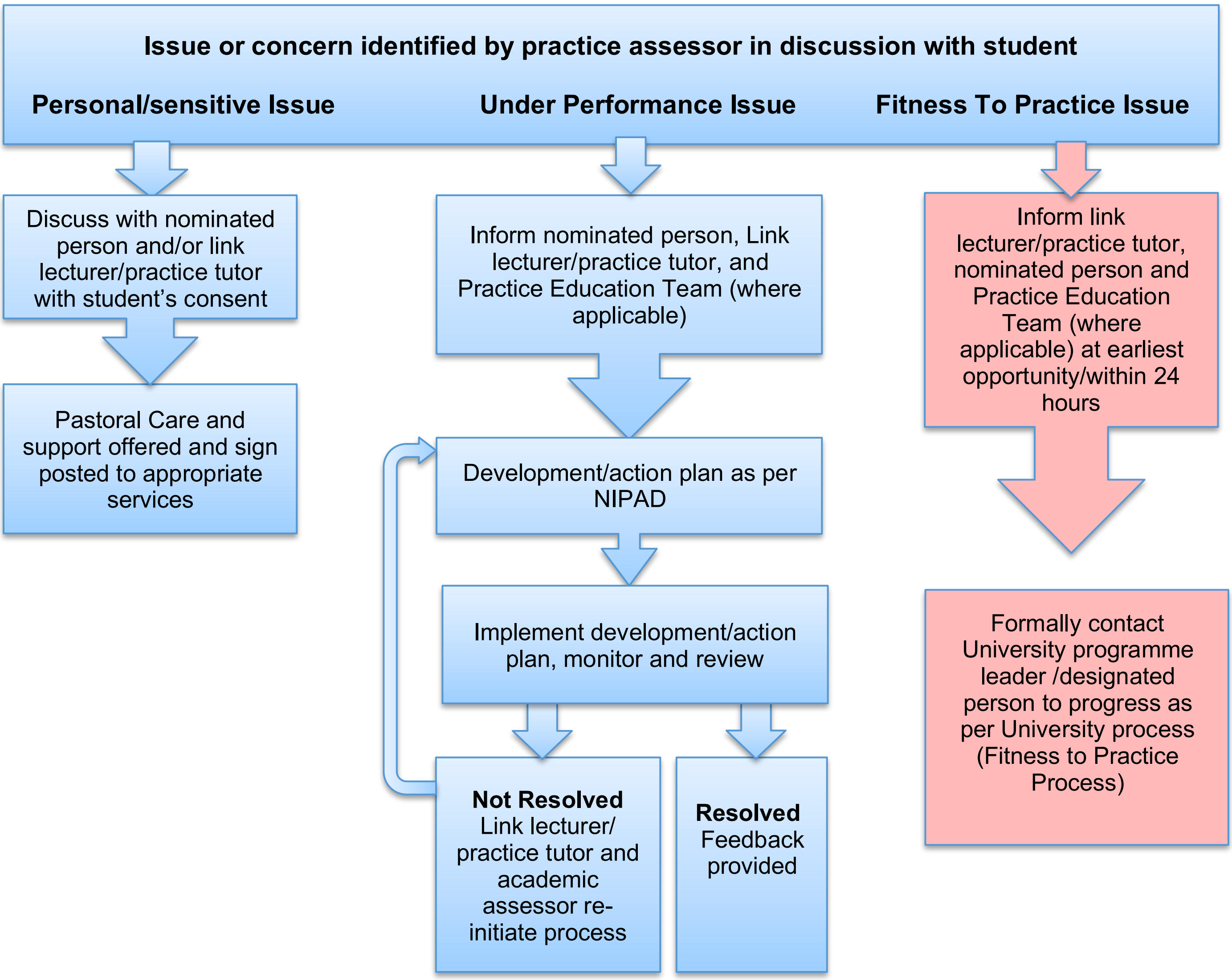
Record of Underperformance

This should be completed if the practice assessor and nominated person have concerns about a student’s performance, outside of set review times (Initial, Progress and Final). It must be completed as soon as is possible after an issue has arisen and there should be no delay in informing the link lecturer/practice tutor and nominated person. The academic assessor should record their notes in the academic assessor notes section. Practice assessors should also cross-reference to this record in the Record of Discussions. This record is only to be used if required (duplicated as necessary), otherwise it is left blank. Underperformance is when a student is performing below the level expected for their stage of their education. This can be in relation to their knowledge, skills, attitudes or values. This includes dealing with any issues surrounding professionalism. Practice assessors should communicate any ongoing concerns to the practice assessor in the next practice learning experience.

Once the issue is identified and documented, there must be an explicit, time limited action plan for the student to address the matter. Any matter that relates to Fitness to Practice may also be dealt with by a Fitness to Practice panel at the University who will consider this document in their deliberations and may impose further actions/decisions.

The following algorithm should also be followed for escalating concerns/issues regarding a student in practice learning environments.

Figure 2 – Process for managing an identified concern/issue


Issue or concern identified by practice assessor in discussion with student
Personal/sensitive Issue
Under Performance Issue
Fitness To Practice Issue
Discuss with nominated person and/or link lecturer/practice tutor with student’s consent
Pastoral Care and support offered and sign posted to appropriate services
Inform nominated person, Link lecturer/practice tutor, and Practice Education Team (where applicable)
Development/action plan as per NIPAD
Implement development/action plan, monitor and review
Not Resolved Link lecturer/ practice tutor and academic assessor re-initiate process
Resolved Feedback provided
Inform link lecturer/practice tutor, nominated person and Practice Education Team (where applicable) at earliest opportunity/within 24 hours
Formally contact University programme leader /designated person to progress as per University process (Fitness to Practice Process)

Record of Attendance

This should be completed daily and authenticated weekly by a practice supervisor or practice assessor. 100% attendance in practice is mandatory. Students must respect the need for punctual reporting for duty.

When undertaking practice learning, students will be allocated to *either* day *or* night duty on all of the days of the week (including weekends). Each week should involve 37½ hours of practice (or 75 hours over two weeks). These 37½ hours represent contact time with people and in such breaks do not contribute to these. In order to maximise their learning, off-duty should align with that of the practice supervisor where possible. All students are expected to undertake night duty. They may only request specific hours of off-duty for very exceptional circumstances and with the agreement of the nominated person, practice supervisor and link lecturer/practice tutor. Students **should not** request their off duty to be planned around any part-time employment they may have.

The year planner identifies what weeks of the year are designated as holiday weeks. **These cannot be altered or reorganised with the practice supervisor/assessor or link lecturer/practice tutor. The University will not make amendments to allocations to accommodate holidays that are booked outside of these designated holiday weeks.**

Students must inform the University and practice learning facility of any absence before the time they are expected on duty. Students should report the nature of their illness as a referral to Occupational Health may be necessary to determine whether a student is fit to resume practice learning. Absences must also be recorded on the Record of Attendance within the EPAD. Students will continue to be marked absent until they inform the University that they have returned to practice learning. All outstanding hours must be made up by students in order to complete that Part of the programme. Absences of less than five days should be made up during the allocated practice period (where possible) and must be rearranged with the practice assessor, nominated person and link lecturer/practice tutor. **Absences of more than five days must be managed through the allocations team at the University.**

Please note that changing a student's allocated off-duty as a result of sickness/absence must be recorded as sickness/absence. All absences, even though made up, will be declared on references and should be documented on all job applications. If a student is experiencing any difficulty of a professional, academic or personal nature, they should contact the relevant University personnel (e.g., personal tutor/studies advisor course director/year co-ordinator) so that the appropriate support can be provided.

Any absence related to medical issues must be followed up with the appropriate medial certification. Medical clearance to return to practice learning may be required; students should check with the University to clarify what is necessary for their specific circumstances.

Practice Supervisor Notes

These are completed by the practice supervisor/s as they feel necessary. They provide an opportunity to record positive comments or issues of concern outside of the formal initial, progress and final review. For example, there may be some outstanding performance by the student that the practice supervisor wishes to capture or there may be a repeated pattern of lateness in attendance that the practice supervisor wishes to make a record of. If no additional notes are required, then nothing has to be recorded.

Practice Assessor Notes

These are completed by the practice assessor as they feel necessary. They provide an opportunity to record positive comments or issues of concern outside of the formal initial, progress and final review. For example, there may be some outstanding performance by the student that the practice assessor wishes to capture or there may be a repeated pattern of lateness in attendance that the practice assessor wishes to make a record of. If no additional notes are required, then nothing has to be recorded. These notes may also be used to document any additional notes regarding assessment (e.g., when the assessment could not occur in person with the academic assessor and what the arrangement was).

Academic Assessor/Link Lecturer Notes

These are completed by the academic assessor at each visit to the student in practice.

Record of Learning with Other Health Care Professionals

At times, students will have days in practice learning settings with other health care professionals (e.g., physiotherapist, social worker). This record is where they identify what they have learned, and this is authenticated by that professional.

AUTHENTICATING EVIDENCE

A portfolio can include a variety of sources of evidence that demonstrate learning. It can be big or small, thick or thin. It is not judged in terms of volume but in terms of its relevance and quality. Through the EPAD students are being asked to demonstrate that they possess the knowledge and skills they claim. However, the EPAD offers students the opportunity to do so in a creative way that is unique to them.

It is crucial that practice supervisors, practice assessors and link lecturers/practice tutors/academic assessors familiarise themselves with the content of this handbook prior to supporting a student on practice learning. Framing learning within the context of person-centred nursing is fundamental to the development of evidence, providing constructive feedback, and shaping the delivery of nursing care.

All evidence in the EPAD is required to be authenticated by a practice supervisor, practice assessor or link lecturer/practice tutor/academic assessor. In signing to authenticate evidence, this person is verifying that the student did what they have claimed to have done, that it was done to standard, and that the content of the evidence is too standard and reflects their performance. The evidence must also meet the proficiency it is claiming to meet. It is therefore essential that evidence is not authenticated until the person doing so has had time to consider it, review the standard and only then should authenticate it if it meets the principles outlined. Evidence that is below standard should not be authenticated and the student should be guided on how to improve it for reconsideration.

PRINCIPLES FOR DATA PROTECTION, CONSENT AND AUTHENTICITY IN DEVELOPING EVIDENCE FOR THE EPAD

While the use and sharing of service user information is an essential part of providing direct health and social care, all professionals involved have a legal duty to keep all personal information confidential, sharing only what is necessary to provide appropriate care. The right of service users to privacy and the professional's duty of confidentiality apply regardless of the form in which the information is stored or communicated – this can be electronic, on paper, spoken word, photographic or biological.

There may be times when students are using their experiences of caregiving to demonstrate learning and achievement (e.g., through reflections). As they do so, they will, no doubt, be thinking about particular people they have cared for. It is important that students do not include information in their EPAD evidence that could be used to identify the people whose care is being discussed. Students and those authenticating their evidence are responsible for ensuring that there is no breach in data protection legislation, including those set out in General Data Protection Regulation (GDPR) requirements, or the NMC Code.

The following principles of good practice are highlighted when considering the development of evidence for the EPAD:

- Students should be careful where they store their EPAD when **in practice** and **at home**. When in practice, they should make sure to ask the nominated person or practice supervisor if there is a secure location where they can store their EPAD – students should not leave their EPAD on display in the care environment where anyone who is passing can take a look at the contents.

- Any identifiable information should be anonymised – this means that **no names** or **health care numbers** should appear in any evidence or in any rough notes made in practice.

- Evidence should not identify the **Trust** or specific name or location of the **care environment**. It should be sufficient to refer to a ward setting as surgical, medical or rehabilitation and a specific care setting as X-ray or the emergency department. Care should also be taken when referring to individual **staff members**. It is safer to refer to staff using their designation, for example, staff nurse, ward manager, health care assistant.

- Students should be careful when using notes during staff handovers. In some settings these may be handwritten, and it is tempting to use a notebook which they carry with them during a shift. It is safer to write any required information on a single sheet of paper that can then be referred to. Some settings use pre-printed handover sheets that contain the information required to plan care. Regardless of the type of notes, they should be used only for the purposes of care giving and disposed of safely according to the Trust's/organisation's procedures before leaving the care setting at the end of a shift. If students are in any doubt, they should discuss this with their practice supervisor or nominated person.

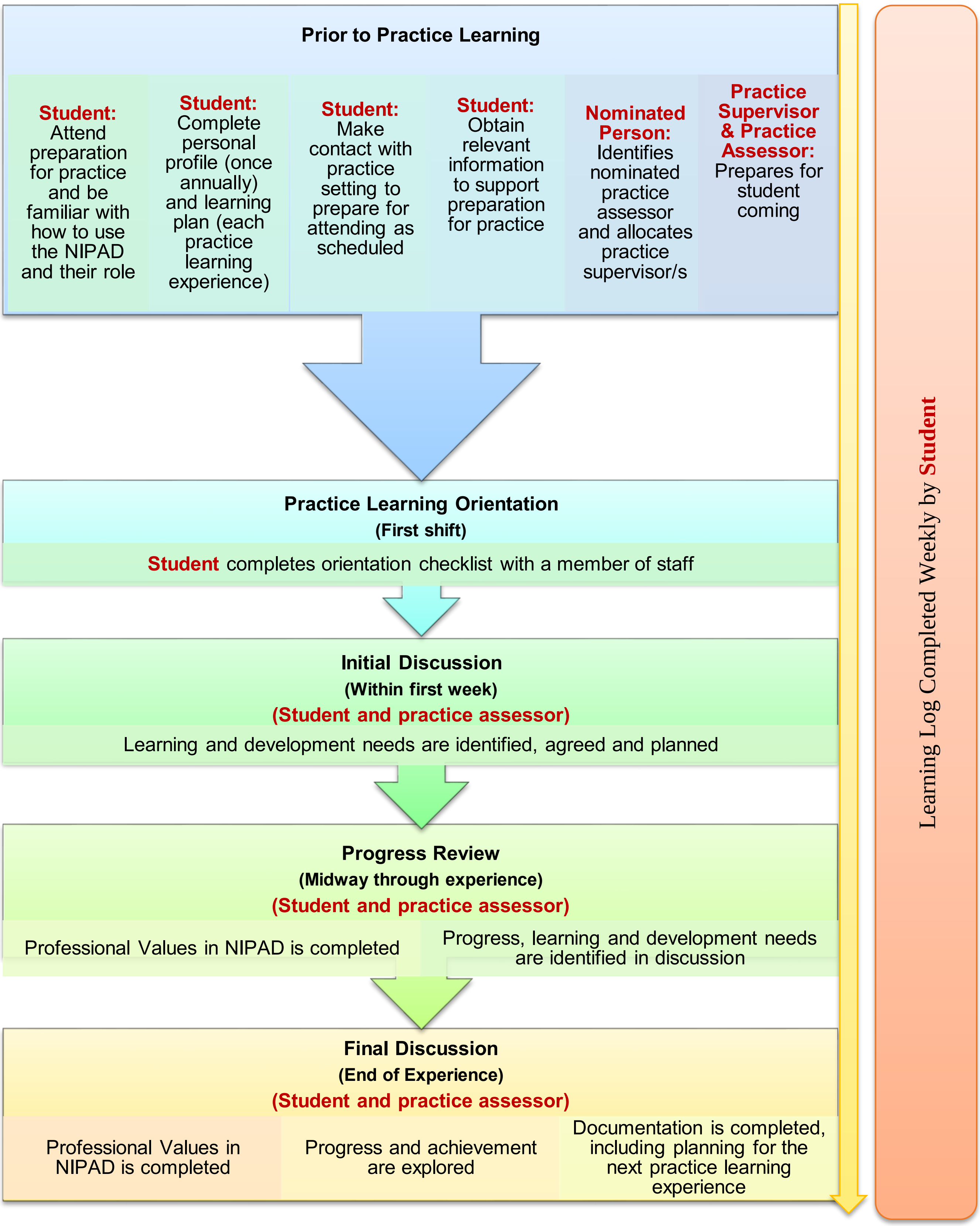
- If students ever feel they are at risk of using service user information in their EPAD evidence that could include personal identifiable information, they should seek advice immediately from their practice supervisor or the nominated person.

- People in our care have the right to know that information given by them in confidence will only be used for the purpose for which it was originally given and should therefore not be discussed with any third party. Access healthcare records (governed by local policies on the handling and storage of records) should be kept to a minimum and only used when necessary for the care being provided. A registered practitioner should closely supervise the use of records and should countersign any written entry made by students into such records.

THE ONGOING RECORD OF ACHIEVEMENT

The NMC require students to have an Ongoing Record of Achievement (ORA) that documents their learning achievements and developmental needs. It also helps to capture development of the evidence. Students and those supporting them should follow the process below for completing this element of the EPAD:

Figure 3: The Ongoing Record of Achievement



Prior to Practice Learning

Student: Attend preparation for practice and be familiar with how to use the NIPAD and their role

Student: Complete personal profile (once annually) and learning plan (each practice learning experience)

Student: Make contact with practice setting to prepare for attending as scheduled

Student: Obtain relevant information to support preparation for practice

Nominated Person: Identifies nominated practice assessor and allocates practice supervisor/s

Practice Supervisor & Practice Assessor: Prepares for student coming

Practice Learning Orientation
(First shift)
Student completes orientation checklist with a member of staff

Initial Discussion
(Within first week)
(Student and practice assessor)
Learning and development needs are identified, agreed and planned

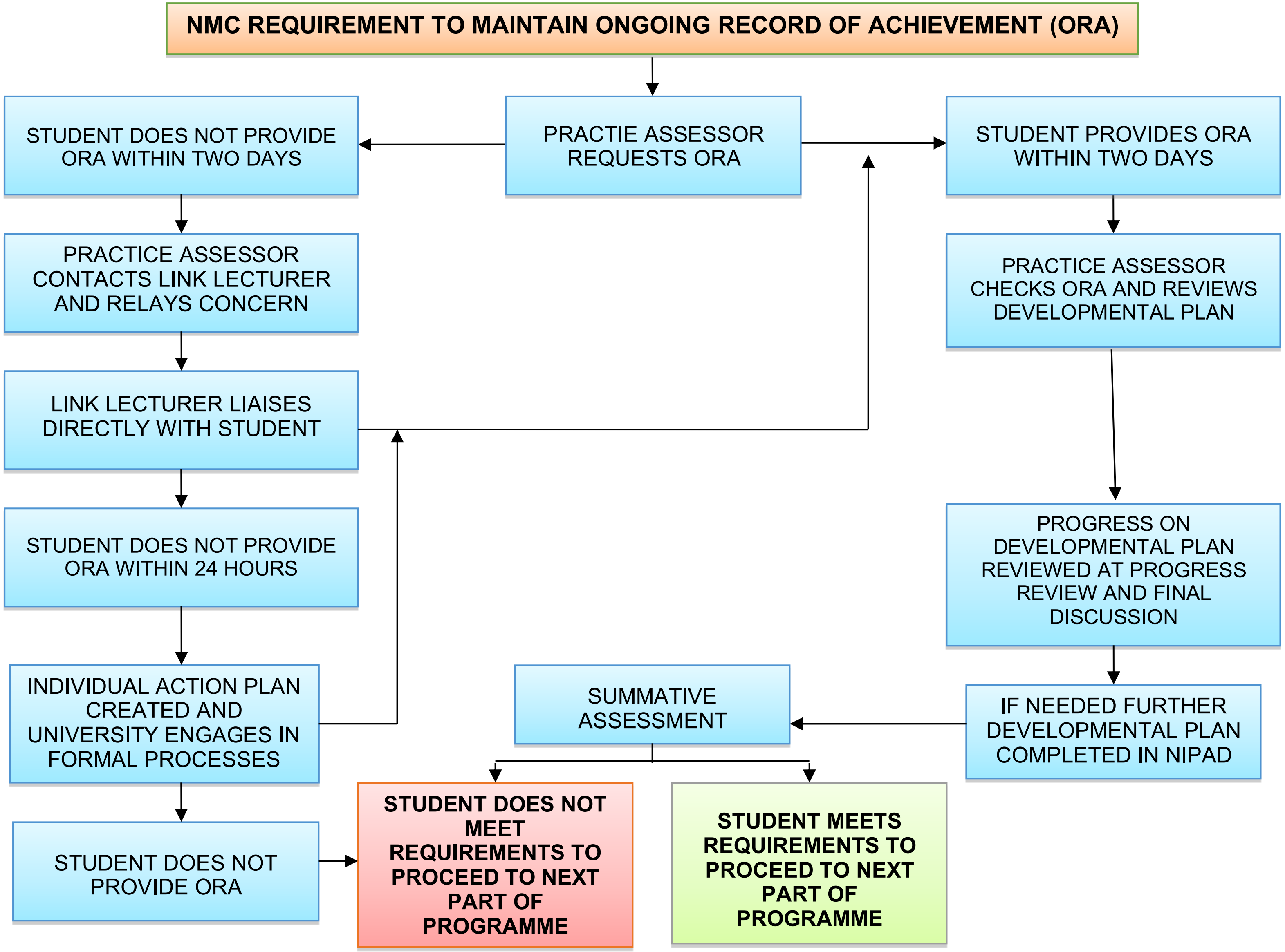
Progress Review
(Midway through experience)
(Student and practice assessor)
Professional Values in NIPAD is completed
Progress, learning and development needs are identified in discussion

Final Discussion
(End of Experience)
(Student and practice assessor)
Professional Values in NIPAD is completed
Progress and achievement are explored
Documentation is completed, including planning for the next practice learning experience

Learning Log Completed Weekly by **Student**

ONGOING RECORD OF ACHIEVEMENT MANAGEMENT FLOW CHART

Figure 4 – Ongoing Record of Achievement



NMC REQUIREMENT TO MAINTAIN ONGOING RECORD OF ACHIEVEMENT (ORA)

PRACTIE ASSESSOR REQUESTS ORA

STUDENT DOES NOT PROVIDE ORA WITHIN TWO DAYS

PRACTICE ASSESSOR CONTACTS LINK LECTURER AND RELAYS CONCERN

LINK LECTURER LIAISES DIRECTLY WITH STUDENT

STUDENT DOES NOT PROVIDE ORA WITHIN 24 HOURS

INDIVIDUAL ACTION PLAN CREATED AND UNIVERSITY ENGAGES IN FORMAL PROCESSES

STUDENT DOES NOT PROVIDE ORA

STUDENT PROVIDES ORA WITHIN TWO DAYS

PRACTICE ASSESSOR CHECKS ORA AND REVIEWS DEVELOPMENTAL PLAN

PROGRESS ON DEVELOPMENTAL PLAN REVIEWED AT PROGRESS REVIEW AND FINAL DISCUSSION

IF NEEDED FURTHER DEVELOPMENTAL PLAN COMPLETED IN NIPAD

SUMMATIVE ASSESSMENT

STUDENT DOES NOT MEET REQUIREMENTS TO PROCEED TO NEXT PART OF PROGRAMME

STUDENT MEETS REQUIREMENTS TO PROCEED TO NEXT PART OF PROGRAMME

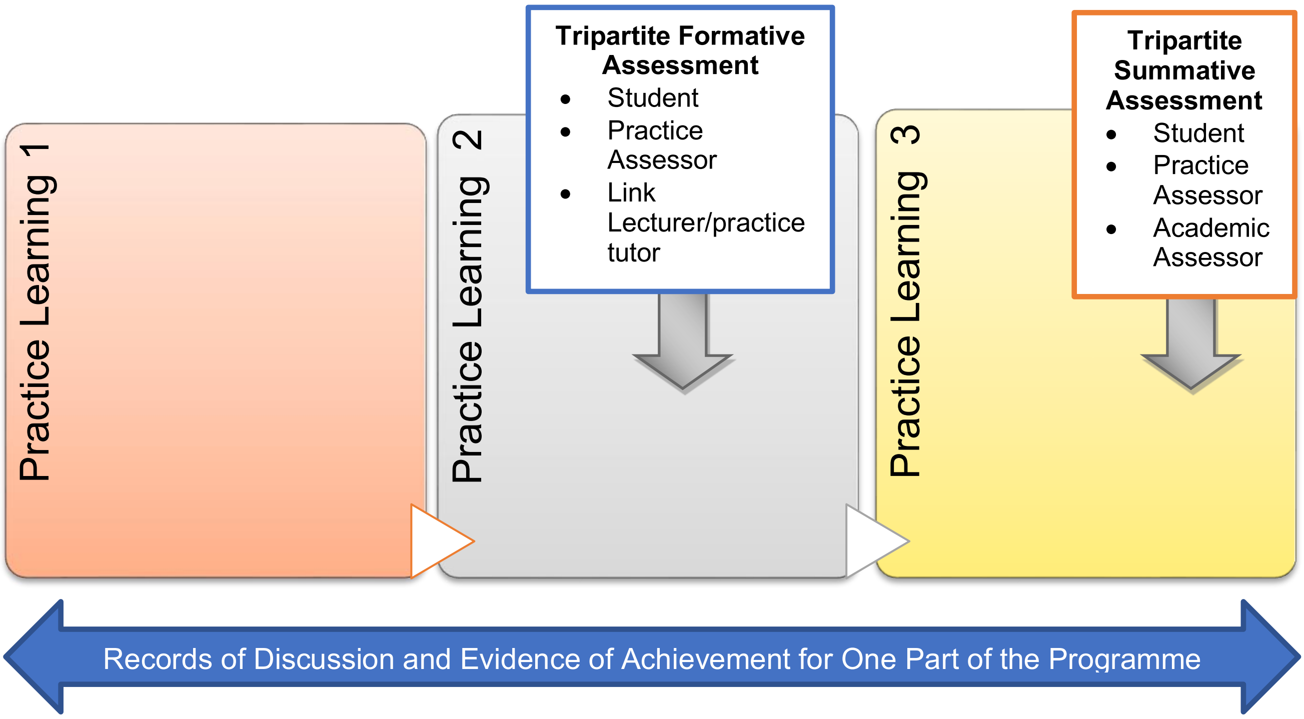
THE ASSESSMENT PROCESS

Students will develop their evidence across the whole part of the programme, at the end of which they will have a summative assessment. This is figuratively illustrated in Figure 5 (please note the number of practice learning experiences will vary). However, the learning journey has a variety of formative processes to support them in developing evidence for that summative assessment:

- The Records of Discussions for each practice learning experience provide formative feedback on their achievements and areas for development. These form a central component of the summative assessment as they a form of communication between the practice assessors and academic assessors.
- Tripartite formative assessment halfway through the total weeks of practice learning for that Part. The purpose of this tripartite formative assessment is to identify progress to date and to focus the student's learning on the learning and development of evidence that needs to occur before the summative assessment takes place. Additionally, evidence within the EPAD to date is reviewed to ensure it is of sufficient standard to support the achievement of the identified proficiencies.

The first attempt at summative assessment is undertaken towards the end of the final practice learning experience of that part of the course, permitting a minimum period of two weeks for a second attempt. The final two weeks is the period of time for the student to address any aspects of their learning and development that prevented them from passing the first attempt at summative assessment. They will then have a second and final attempt at summative assessment at the end of those final two weeks.

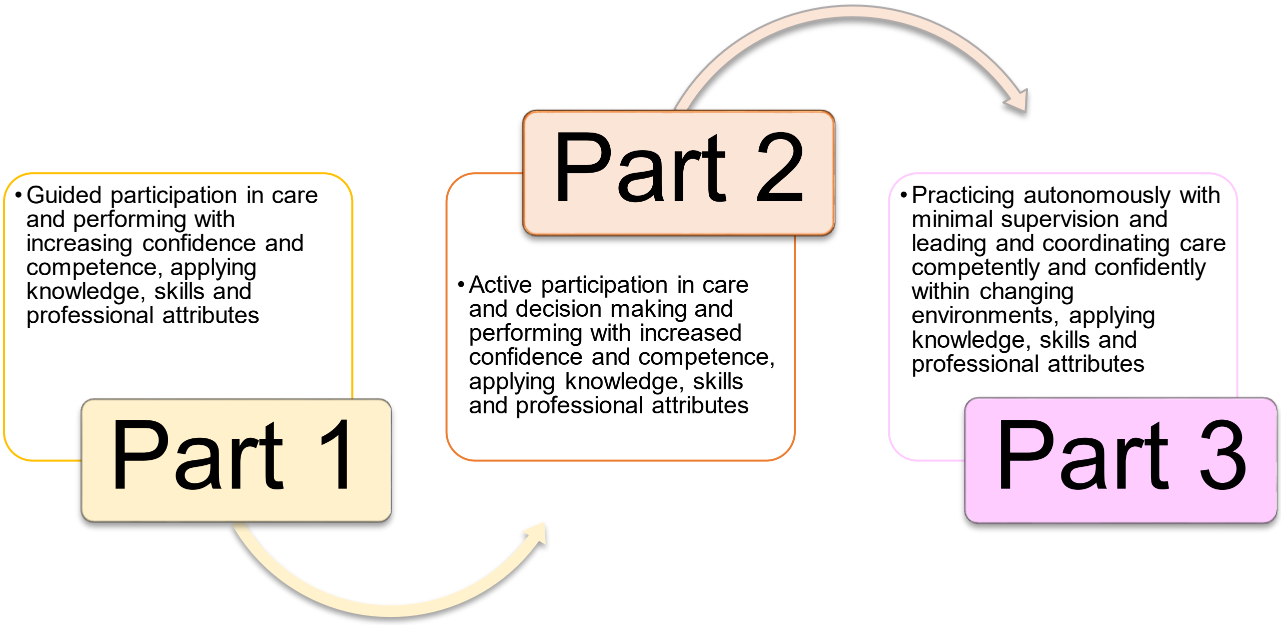
Figure 5: Assessment Strategy Across Each Part of the Programme in Practice


Tripartite Formative Assessment
Student
Practice Assessor
Link Lecturer/practice tutor
Tripartite Summative Assessment
Student
Practice Assessor
Academic Assessor
Practice Learning 1
Practice Learning 2
Practice Learning 3
Records of Discussion and Evidence of Achievement for One Part of the Programme

Incremental Developmental Nature of the EPAD

Each Part of the programme addresses a number of the NMC 2018 Standards of Proficiencies. The evidence that students develop in each Part is developmental and incremental in that in the subsequent part, students increase the level they are practicing with a view to them meeting the required standards in the final Part of the programme. This is broadly described in Figure 6. Figure 7 provides an overview of the programme structure, illustrating where practice learning occurs.

Figure 6



- Guided participation in care and performing with increasing confidence and competence, applying knowledge, skills and professional attributes

- Active participation in care and decision making and performing with increased confidence and competence, applying knowledge, skills and professional attributes

- Practicing autonomously with minimal supervision and leading and coordinating care competently and confidently within changing environments, applying knowledge, skills and professional attributes

Completing a Tripartite Formative Assessment

The tripartite formative assessment is completed approximately halfway through the number of practice learning weeks for the Part of the programme the student is in. Practice assessors should provisionally review the student’s progress in developing their evidence for proficiencies in preparation for the tripartite formative assessment. This would involve reviewing the evidence and documentation within the EPAD.

The tripartite formative assessment should follow the following process:

1. The student, practice assessor and link lecturer/practice tutor should agree a process to undertake the formative assessment. This will need commitment from all parties to dedicate time to undertake the process.

2. The student is responsible for providing all of the EPAD documentation to date, set out in a logical order.

3. Student, practice assessor and link lecturer/practice tutor should:

    a. review the student’s achievement towards developing the required evidence for that Part of the programme, ensuring the evidence is authenticated, to standard and meets the stated proficiencies
    b. record a summary of progress and key areas for development in order for the student to focus on developing in the areas necessary to demonstrate achievement in the remaining evidence for the summative assessment. This should include reviewing the ORA to date.

Completing a Tripartite Summative Assessment

The first attempt at the tripartite summative assessment is undertaken towards the end of the final practice learning experience of that part of the course. Students must be afforded a period of two further weeks in which they can address any deficits in evidence for that Part of the programme. Students therefore have two opportunities to pass the summative assessment in order to meet the criteria to be recommended to progress to the next Part of the programme or the NMC live register. Practice assessors may provisionally review the student's progress in the EPAD in preparation for the tripartite summative assessment with the academic assessor and student. This would involve viewing the evidence and documentation within the EPAD.

The tripartite summative assessment should follow the following process:

1. The student, practice assessor and/or link lecturer/practice tutor should agree a date and time to undertake the formative assessment. If the link lecturer is unavailable for this formative date and time they will contribute to the assessment at the next available opportunity whilst the student is on practice placement.

2. The student is responsible for providing all of the EPAD documentation to date, set out in a logical order.

3. Student, practice assessor and academic assessor (link lecturer) should:

    a. review the student's achievement in providing evidence of achievement of all proficiencies for that Part of the programme. All evidence must be present, authenticated, be of standard and meet the specified proficiencies to be accepted
    b. the academic assessor must review the student's academic performance in advance of the summative assessment in order that they can have an informed discussion with the practice assessor
    c. if all of the evidence meets the criteria in (a) and the course regulations (b) permit the student to progress in terms of academic performance for that Part, then the student can be recommended to progress by the practice assessor and academic assessor. The student then completes their final two weeks of practice learning to consolidate their practice and complete the required hours for that Part of the programme.

Please note: This assessment is provisional until all practice hours are completed. It may be reviewed should an issue (professional or otherwise) arise in the time between the assessment and all hours being completed.

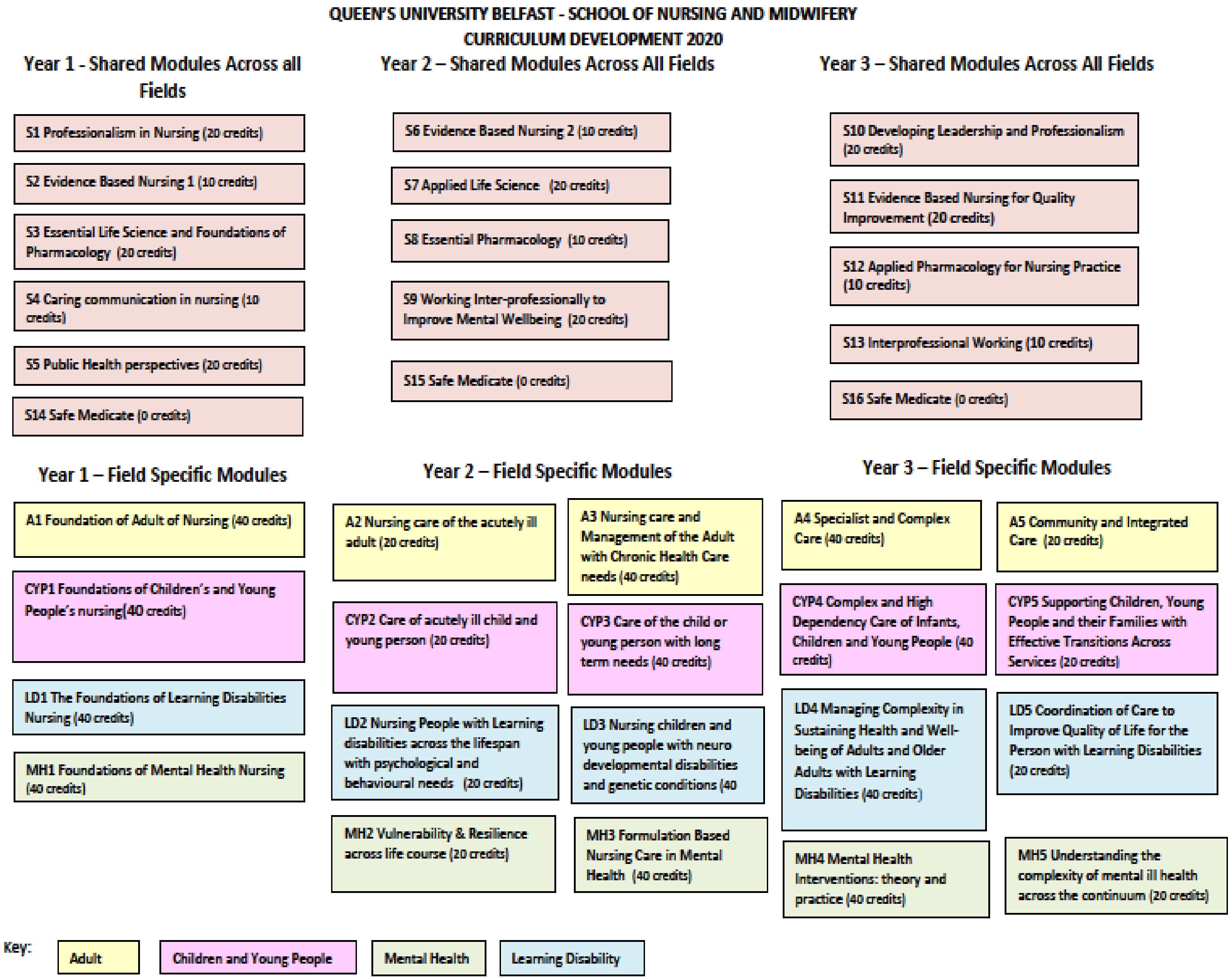
d. If a. and b. are not yet fully achieved, then:

    1. the evidence that is in deficit must be identified in the assessment documentation
    2. an action plan to support the student to access the learning experiences necessary to develop the outstanding evidence must be set in place. This takes place over the final two weeks of practice learning for that Part of the programme
    3. after two weeks, the final attempt at summative assessment is completed again as for (a) and (b) above
    4. should (c) above still not apply, then the practice assessor and academic assessor recommend that the student does not progress to the next Part of the programme.

Please note that students have some nursing procedures for which evidence of achievement occurs over all Parts of the programme. These are considered in the final summative assessment for the programme. This also applies to the communication and relationships proficiencies and some worksheets (e.g., Children's worksheet).

Please note that all assessments are provisional and subject to ratification at the Board of Examiner's and in line with the course regulations.

Figure 7: Practice Learning Experiences Map



QUEEN'S UNIVERSITY BELFAST - SCHOOL OF NURSING AND MIDWIFERY
CURRICULUM DEVELOPMENT 2020

Year 1 - Shared Modules Across all Fields

S1 Professionalism in Nursing (20 credits)
S2 Evidence Based Nursing 1 (10 credits)
S3 Essential Life Science and Foundations of Pharmacology (20 credits)
S4 Caring communication in nursing (10 credits)
S5 Public Health perspectives (20 credits)
S14 Safe Medicate (0 credits)

Year 2 – Shared Modules Across All Fields

S6 Evidence Based Nursing 2 (10 credits)
S7 Applied Life Science (20 credits)
S8 Essential Pharmacology (10 credits)
S9 Working Inter-professionally to Improve Mental Wellbeing (20 credits)
S15 Safe Medicate (0 credits)

Year 3 – Shared Modules Across All Fields

S10 Developing Leadership and Professionalism (20 credits)
S11 Evidence Based Nursing for Quality Improvement (20 credits)
S12 Applied Pharmacology for Nursing Practice (10 credits)
S13 Interprofessional Working (10 credits)
S16 Safe Medicate (0 credits)

Year 1 – Field Specific Modules

A1 Foundation of Adult of Nursing (40 credits)
CYP1 Foundations of Children's and Young People's nursing(40 credits)
LD1 The Foundations of Learning Disabilities Nursing (40 credits)
MH1 Foundations of Mental Health Nursing (40 credits)

Year 2 – Field Specific Modules

A2 Nursing care of the acutely ill adult (20 credits)
A3 Nursing care and Management of the Adult with Chronic Health Care needs (40 credits)
CYP2 Care of acutely ill child and young person (20 credits)
CYP3 Care of the child or young person with long term needs (40 credits)
LD2 Nursing People with Learning disabilities across the lifespan with psychological and behavioural needs (20 credits)
LD3 Nursing children and young people with neuro developmental disabilities and genetic conditions (40
MH2 Vulnerability & Resilience across life course (20 credits)
MH3 Formulation Based Nursing Care in Mental Health (40 credits)

Year 3 – Field Specific Modules

A4 Specialist and Complex Care (40 credits)
A5 Community and Integrated Care (20 credits)
CYP4 Complex and High Dependency Care of Infants, Children and Young People (40 credits)
CYP5 Supporting Children, Young People and their Families with Effective Transitions Across Services (20 credits)
LD4 Managing Complexity in Sustaining Health and Well-being of Adults and Older Adults with Learning Disabilities (40 credits)
LD5 Coordination of Care to Improve Quality of Life for the Person with Learning Disabilities (20 credits)
MH4 Mental Health Interventions: theory and practice (40 credits)
MH5 Understanding the complexity of mental ill health across the continuum (20 credits)

Key: Adult | Children and Young People | Mental Health | Learning Disability

FACTORS INFLUENCING PRACTICE LEARNING EXPERIENCES

For each practice learning experience, there are a number of factors that need to be considered in terms of managing this element of the programme.

Location of Practice Learning Experiences

Students accept a place on the course on the understanding that they cannot self-select practice learning experiences. Practice learning experiences are throughout Northern Ireland and students are allocated based on streaming students to meet the required experiences for the curriculum and the associated NMC standards.

For each field, these are largely located as follows:

Field	Health and Social Care Trust	Independent Sector
Adult Nursing	UU - Northern and Western QUB – Belfast, Southern and South Eastern OU – Across all HSCTs	Across Northern Ireland
Mental Health Nursing	Across all HSCTs	Across Northern Ireland
Children's Nursing	Across all HSCTs	Across Northern Ireland
Learning Disability Nursing	Across all HSCTs	Across Northern Ireland

Practice learning experiences in other fields (e.g., Learning Disability experience for Adult Nursing students) will often occur across Northern Ireland. All allocations are provisional subject to mapping between the three Universities in Northern Ireland and to any changes in educational audit that govern students accessing practice learning settings.

Students are not permitted to secure or alter any practice learning experience. To do so may result in disciplinary action. Allocations may only be secured by the Practice Learning Office.

Every endeavour is made to place students as geographically close to their home address as possible. Students with extenuating or special circumstances will be given consideration; however, this does not guarantee allocations close to home. The expectation is that student will travel to the allocated practice learning setting during their programme; applicants who accept a place on the course do so on the condition that they undertake the practice learning experiences allocated to them by the University. Students can access their allocations in InPlace™, which is available at: https://inplace.ulster.ac.uk or https://inplace.qub.ac.uk . This software works best in Google Chrome. Students will automatically be sent log-in details to access the system.

Travel to Practice Learning Facilities

As far as possible, the University will attempt to place the student as close to their **home address** as is geographically possible. However, this is not always possible due to the number of pre-registration nursing students and limited availability of practice learning experiences. Students should expect to have to travel to meet the requirements of practice learning modules.

Currently, excess travelling expenses incurred to attend practice learning, up to a specific limit, will be reimbursed under the Bursary Office conditions (see student bursary booklet). This is subject to review by the Department of Health (Northern Ireland) on an annual basis.

Please note that students using their own vehicles to travel to people's homes in the community are responsible for ensuring they have appropriate insurance cover, normally Class 1 Business Insurance.

Students are responsible for ensuring they are aware of the conditions around extra expenses when securing extra accommodation or intending on claiming travel expenses. The details of this are located within the Bursary Booklet provided to students.

Students should bear in mind that significant periods of time are spent on practice learning. This may have a bearing on the accommodation secured while attending on campus for theoretical components of the course. Students who are required to take up additional accommodation for the duration of a practice learning experience will be reimbursed providing it falls within certain defined rules and limits (see bursary office booklet). If hospital accommodation is not available only NI Tourist Board Approved Bed and Breakfast/Hotel should be used. Students must provide proof of that hospital accommodation is unavailable when submitting their Student Claim Form for Excess Travel Expenses as the Bursary Unit will not reimburse without this proof. Please see Appendix 3 for the protocol for the submission of these forms.

Students will be provided with an updated year planner/calendar (online) to illustrate the structure of the course, indicating when they are out on practice learning and when they are in class. This is subject to change and students should refer to the Bursary Booklet which is updated annually and made available to students.

Students are prepared in a manner to be effective registered practitioners in both hospital and community settings; therefore, it is appropriate that students nearing the end of their course are given the opportunity to experience independently visiting people in their own homes if undertaking a practice learning experience within a community setting.

Students may visit people's homes on their own under indirect supervision to deliver care if they are deemed competent to do so by their practice supervisors and/or practice assessors.
Practice supervisors/practice assessors must ensure the level of supervision provided to students reflects their learning needs and stage of learning. As well as this, they must use their professional judgment alongside local/national policy (e.g., lone worker policies) to determine where activities may be safely delegated to students.

Supervision in the Community

Students should not be undertaking any activity on their own that they have not demonstrated proficiency in. Before visiting any person independently, students must be adequately prepared by their practice supervisor and/or practice assessor. Following a visit to a person, the student must report to the registered practitioner who delegated the visit. The student should use this opportunity to reflect on their experiences as an autonomous registrant. Practice supervisors, and/or practice assessors will make the final decision to delegate care to students based on the following considerations:

Suitability

- Students must have been involved in the care of the person under the direct supervision of a registered practitioner.
- Intervention or situation must be as predictable as possible.
- There are no legal or trust policy restrictions to students delivering care.
- There is an agreement between the student and delegating registrant regarding the suitability of the delegation.
- The practice supervisor/s, and/or practice assessor or registrants must obtain the consent of the person who must be made aware that they can withdraw this consent at any time.

Risk management

- Students must be made aware of action to take in case of unforeseen events.
- Practice supervisor/assessor or registrants must ensure students understand the local lone worker policy.
- Students must be aware of Trust/relevant protocols relating to the aspect of care being delivered.
- The delegating registrant must determine that the household/neighbourhood is safe for the student to attend.

Support

Practice supervisor/s, and/or practice assessor or registrant must ensure that:

- Students can be fully briefed prior to the visit
- Students must have immediate access to a registered practitioner’s mobile phone (If the student does not have mobile phone access, visits should be restricted to houses with a phone). The student should leave their contact details at the practice learning setting base with an approximate time of return and details of the visit location
- After the visit, on the same day, the student must give a report/reflect upon care given to the registered practitioners responsible for the person’s care
- Students discuss their experience with their practice supervisor/s, and/or practice assessor.

Transportation

- Geographical location of visits must be considered, students need to be made aware of the route(s) if unsure.
- Students may use their own cars for visits if the student holds a full driving licence, the car is roadworthy and is appropriately insured. The student should check their insurance status with their insurer with regards to business use.
- Neither the University nor the HSC Trusts accepts any liability relating to, or from the use of student’s vehicles.
- Students must not carry people in their care as passengers.

Mitigating Circumstances

Mitigating circumstances will be considered when allocating practice learning experiences. However, Universities cannot guarantee that all students will be within easy travelling distance of their practice learning facility (Please note that *'having a family'* is not normally considered to be a mitigating circumstance.) **Mitigating circumstances will only be considered when the student has gone through the correct channels for applying for such consideration within the correct time frame.**

Students who feel they have mitigating circumstances must meet the designated person (e.g., Course Director/Programme Lead) within the first two weeks of each academic year to discuss the submission of a Mitigating Circumstances. This must be supported with evidence. School processes will be applied to consider the application and apply it where accepted. This does not guarantee that the resource exists to accommodate.

Making Reasonable Adjustments

Some students may have individual needs and personal circumstances that need to be taken into consideration when being allocated and undertaking practice learning, including making reasonable adjustments for students with disabilities. The University has processes and procedures in place to identify and manage such needs formally, which have been developed and agreed with practice learning partners.

Injury in Practice

If a student sustains an injury of any kind in practice, they must immediately inform the practice supervisor/assessor or nominated person. It is essential that local policy is adhered to in relation to dealing with this injury. The relevant incident forms and process agreed with the Universities is followed. Should a student become injured outside of practice, they must also immediately liaise with the University to determine whether they can return to practice learning; they must not return before liaising with the University.

Complaints Process

If a student wishes to make a complaint, they usually are raising an issue about how they have personally been treated and are seeking resolution. If this is the case, they should raise the matter with either their practice supervisor/assessor, link lecturer/practice tutor or nominated person. If an informal complaint is received verbally this may be subsequently requested to be submitted in written form.

Raising and Escalating Concerns

Students should raise and escalate any concerns immediately through the following process (see Appendix 1):

- Raise any concerns with any aspect of their practice learning experience as soon as possible with the following people in this order; the practice assessor, the nominated person, the link lecturer/practice tutor, a senior member of School staff at the University or a member of the Practice Education Team (within Health and Social Care Trusts).
- Seek help immediately from an appropriately qualified professional if someone for whom they are providing care has suffered harm for any reason.
- Seek help from their practice assessor, nominated person or link lecturer/practice tutor if people indicate that they are unhappy about their care or treatment.
- Make an accurate record of any of the above, should it be needed in the future. We advise students to seek advice before submitting any statements (e.g., from the University or their union).

It is recognised that it might not be easy for a student to raise and escalate a concern; they may not be sure what to do or the process may seem quite daunting. For additional advice at any stage, we recommend that students talk to the identified people as earlier as possible. They can also speak to their professional body, trade union or Protest (https://protect-advice.org.uk/), who can offer valuable confidential advice and support.

AccessNI

All students undergo an AccessNI enhanced disclosure check to enter their pre-registration nursing programme of study. This is an NMC requirement and students cannot progress to practice learning without this check being returned to the University by AccessNI for internal review.

Students ***must*** retain their copy of the certificate once it is sent to them by AccessNI. Some practice learning settings require this to be produced to permit practice learning to go ahead. If a student has misplaced this, it will likely prevent them from attending that practice learning setting and may result in delaying their progression.

The University does not keep a copy of this check once they have been processed (for Data Protection purposes).

Practice Learning Experiences Outside the UK

Students at Ulster University and Queen's University may have the opportunity to undertake a period of practice learning outside of the UK. Such opportunities will be limited to a small number of students and will be subject to risk assessment and identification of which proficiencies will be achieved through this experience. This is to ensure the safety of service users, students and staff and show how the intended standards of proficiency are to be addressed. Students will use their EPAD during this experience to document their learning journey and achievements.

Submission of Practice Learning Documentation

Students should ensure all components of EPAD completed by summative assessments. These include:

- Signature Log
- Record of Underperformance if required
- Record of Attendance
- Practice Supervisor, Practice Assessor and Academic Assessor
- Record of Learning with Other Health Care Professionals if applicable
- Professional Values in Practice
- Communication and Relationship Management Skills Learning Log
- Health Education Episode
- Leading and Coordinating Care Episode
- Reflections
- Care Documentation
- Medicines Administration and Optimisation Learning Log
- Quality Improvement in Practice
- Service User/Carer Feedback.

Students must also follow guidance for using EPAD in practice as outlined below:

Guidelines for general use

- Student is responsible for downloading the EPAD software prior to the commencement of practice learning experiences and ownership of electronic device when using their EPAD
- Student will be required to use passwords and encryption for electronic device in order to protect all content; this requires that all devices are security protected on start-up and screen unlock (e.g., PIN, pattern, biometric security). This is essential should you misplace your device in order that it is not accessible by another person.
- Student must only share EPAD information with other authorised users e.g., practice assessors, practice supervisors, the nominated person, academic assessors, link lecturer
- Students should be mindful that all content in electronic device is confidential and will be accountable for any breach of confidentiality
- Students must report loss of their electronic device to their personal tutor/advisor of studies
- Students must back up their EPAD regularly so as to ensure no loss of entries/evidence.
- Students must ensure no entries into their EPAD are in breach of GDPR requirements.

Guidelines for use during Practice Learning Experiences

- Students must have their EPAD with them at all times in practice in order to review your progress with practice supervisors, practice assessors and academic assessors

- Students must make their EPAD accessible to their practice supervisor, practice assessor, academic assessor or nominated person when requested; this requires that a student provides their device (e.g., mobile phone/tablet) to that person or provides log in access where those supporting their learning wish to access on a desktop/laptop computer.
- Students must ensure EPAD is stored safely and securely in non-patient areas
- Electronic device must only be used for documenting progress in EPAD during practice learning experiences
- Electronic device must always be kept in flight mode or vibrate only mode
- Students must adhere to Trust policy in relation to use and storage of mobile electronic devices
- Students must adhere to Trust policy in relation to infection prevention and control when using electronic mobile device

Management of Notes Made at Handovers

Students will undertake practice learning in areas where they will need to take notes at handovers, and at other times, in order to guide their work during that shift/day. Any notes taken by students are likely to contain information that is confidential, and students must dispose of such notes in a manner that does not breach confidentiality and is in keeping with the Data Protection Act and GDPR.

Students are asked to do the following when undertaking practice learning:

1. Make yourself aware of the organisation's policy on taking and disposing of notes.
2. Follow this guidance, seeking advice when you are unsure.
3. Ensure that no note you make leaves the practice environment with you and that it is disposed of as per the organisation's policy. In the absence of a policy, please seek guidance and note that any note should normally be shredded or placed into appropriate confidential waste bins prior to ending your shift.
4. Ensure that you retain any notes safely during the period of a shift so that they are not obtained by any other person (e.g., dropped on floor and picked up by a member of the public).

Use of Mobile Phones

Students who carry a mobile phone or other wireless communication device ***must turn it off*** while in practice learning settings. The practice supervisor and manager may grant exceptions to this on a one-off basis where a student needs to receive an urgent message. This must be by prior arrangement. electronic devices, including phones with cameras are not permitted to be switched on in any practice learning setting.

Practice Supervisor and Assessor Development Information for Students

Practice learning providers and Universities are committed to developing and enhancing support mechanisms within practice learning environments. This requires development programmes and processes to be in place to prepare practice supervisors/practice assessors. The preparation of supervisors and assessors is regionally approved in line with Nursing and Midwifery Council (NMC) Standards for Student Supervision and Assessment (NMC 2018).

UNIFORM AND DRESS CODE POLICY

As a university nursing student on practice learning, students are required to dress in a manner which is likely to inspire public confidence. Therefore, they must adhere to the following policy and behave in a professional manner at all times. Link lecturers/practice tutors should follow the general principles and those principles relating to non-uniform clothing.

General

- Students are required to wear their name badge at all times except where the practice learning provider has a policy stating otherwise.
- Wearing jewellery including rings, earrings and body jewellery is not permitted as this poses a health and safety risk to the student and the people in their care. Students must check the policy in each practice learning environment, which normally permits a single plain band ring only. Visible body piercings are normally not permitted. Therefore, a "bare below elbows policy" is applied, meaning no wristwatches, bracelets, wristbands or rings (other than a wedding band if policy permits) are worn.
- No unauthorised decoration should be worn.
- Perfume/body sprays: it is important to be cognisant of the fact that these can cause irritation and potential nausea to people in our care, especially those who are very ill.
- Chewing gum is not permitted when on duty.
- Fingernails should be short and clean, false nails or nail varnish is not permitted.
- When in uniform hair should be worn above the collar. Long hair must be secured.
- All Health and Social Care Trusts (HSCTs) premises have a strict no smoking policy. Students are required to follow the organisation's policy on smoking.
- Religious/cultural headscarves should be tied closely to the head and fastened securely and discretely. They should be shoulder length or neatly tucked in. When worn with uniform they should be either black or navy.

Uniform

- For most experiences students are required to wear the University uniform purchased at the commencement of their course. This is an authorised tunic with epellet, navy (uniform) trousers and black shoes (not trainers) and socks. Shoes must be *'closed in'* and safe for moving and handling of people and equipment.
- Students should, where possible, change into and out of uniform at the workplace. Where practice learning settings have appropriate changing facilities, these should be used.
- Students who are permitted to wear a uniform for experience outside hospital should ensure the tunic is covered completely when travelling; the uniform coat is therefore a compulsory part of the uniform outside of practice learning settings.
- Students should not be coming from practice learning facilities to the University in their uniform.
- Students should not go shopping, socialising or undertake other activities not related to practice learning in uniform.
- Students must change as soon as is practical if uniform or clothes become visibly soiled or contaminated with blood or body fluids.
- A clean uniform should be worn for each shift.

Dress Code for when uniforms are not worn

In the instance that students are undertaking a practice learning experience where they have been advised by the staff/practice supervisor in that setting not to wear a uniform, the following principles must be followed:

- Smart, clean laundered, clothing safe for moving and handling of people and equipment should be worn
- Students should wear clothing that allows them to be 'bare below the elbows' so as to facilitate good hand washing techniques. Jackets, shirts, jumpers etc. must be short sleeved or capable of being fully rolled up above the elbow
- Denim (of all colours), shorts, baseball caps, ripped style or clothing with overt slogans which may be perceived as offensive are not permissible (i.e., clothing should be as plain as possible).
- Midriff, thigh and shoulder should not be on show and no underwear should be visible.
- Navy or black shoes and socks must be worn. Shoes should be closed in smart, clean, well maintained and have an appropriate professional appearance and safe for moving and handling of people and equipment.

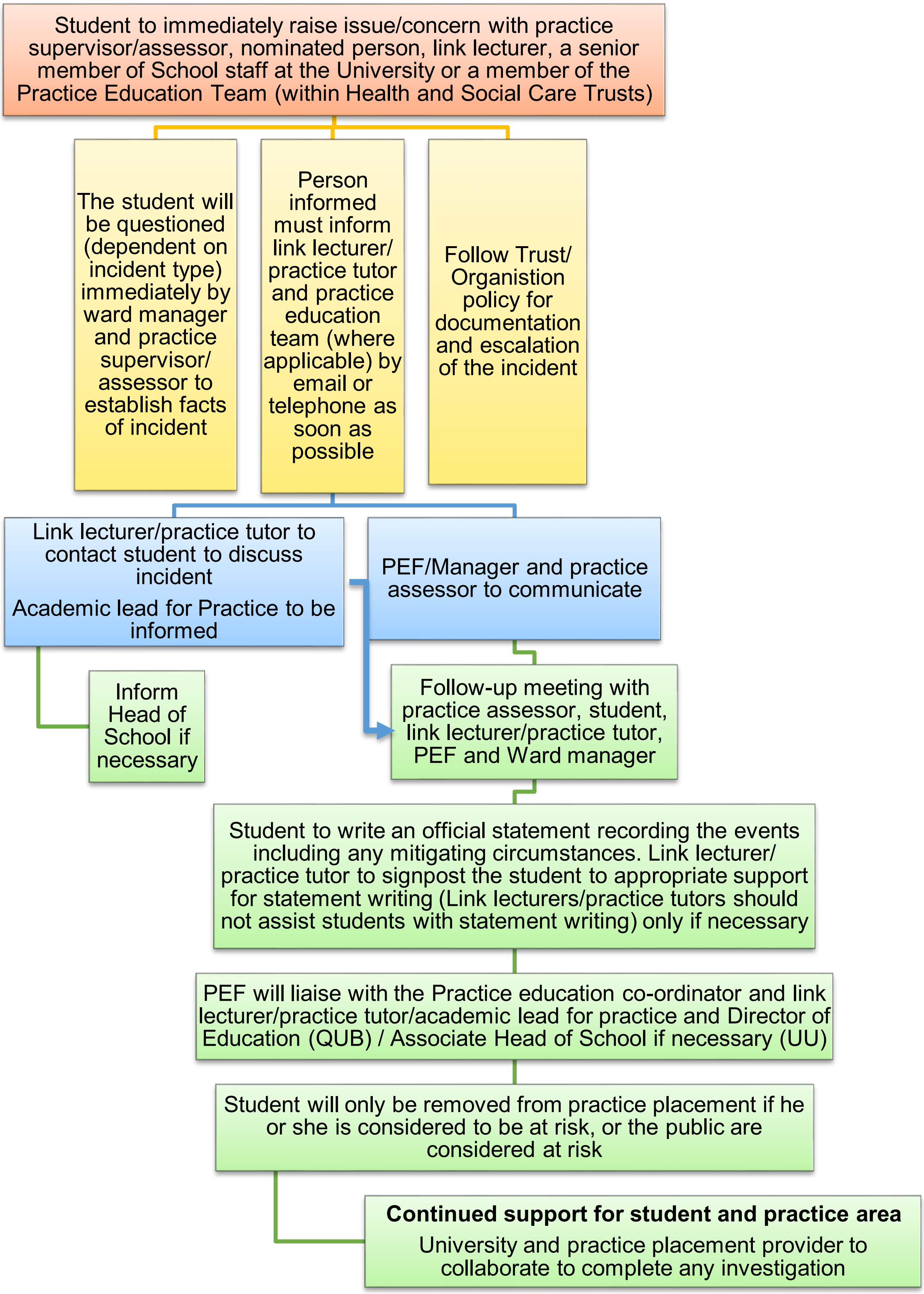
Laundering the Uniform

- Uniforms must be carried separately from other items – clean and dirty uniforms must not be transported together.
- Hand washing uniform is ineffective and unacceptable.
- Wash separate from other items, in a washing machine.
- Wash in laundry detergent in the quantities advised by the manufacturer.
- Dry quickly, or tumble dry, and iron.
- Store in a plastic bag, to prevent contamination with dust or other pollutants.

The company who manufacture the uniform advise:

- Polo shirt – wash at 40^0 C, do not dry clean, do not use chlorine bleach, tumble dry low heat, wash with like colours.
- Jacket – wash at 30^0 C, do not iron, wash inside out, close all fasteners, wash separately.
- Tunics – wash at 60^0 C, can be washed up to 85^0 C, do not use chlorine bleach, we would recommend this garment is washed inside out with like colours.
- Trousers – wash at 60^0 C, can be washed up to 85^0 C, do not use chlorine bleach, we would recommend this garment is washed inside out with like colours.
- Do not use powders with optical brighteners as this will affect colour.

APPENDIX 1 – PROCESS FOR STUDENTS RAISING AND ESCALATING CONCERNS



Student to immediately raise issue/concern with practice supervisor/assessor, nominated person, link lecturer, a senior member of School staff at the University or a member of the Practice Education Team (within Health and Social Care Trusts)

The student will be questioned (dependent on incident type) immediately by ward manager and practice supervisor/ assessor to establish facts of incident

Person informed must inform link lecturer/ practice tutor and practice education team (where applicable) by email or telephone as soon as possible

Follow Trust/ Organistion policy for documentation and escalation of the incident

Link lecturer/practice tutor to contact student to discuss incident

Academic lead for Practice to be informed

Inform Head of School if necessary

PEF/Manager and practice assessor to communicate

Follow-up meeting with practice assessor, student, link lecturer/practice tutor, PEF and Ward manager

Student to write an official statement recording the events including any mitigating circumstances. Link lecturer/ practice tutor to signpost the student to appropriate support for statement writing (Link lecturers/practice tutors should not assist students with statement writing) only if necessary

PEF will liaise with the Practice education co-ordinator and link lecturer/practice tutor/academic lead for practice and Director of Education (QUB) / Associate Head of School if necessary (UU)

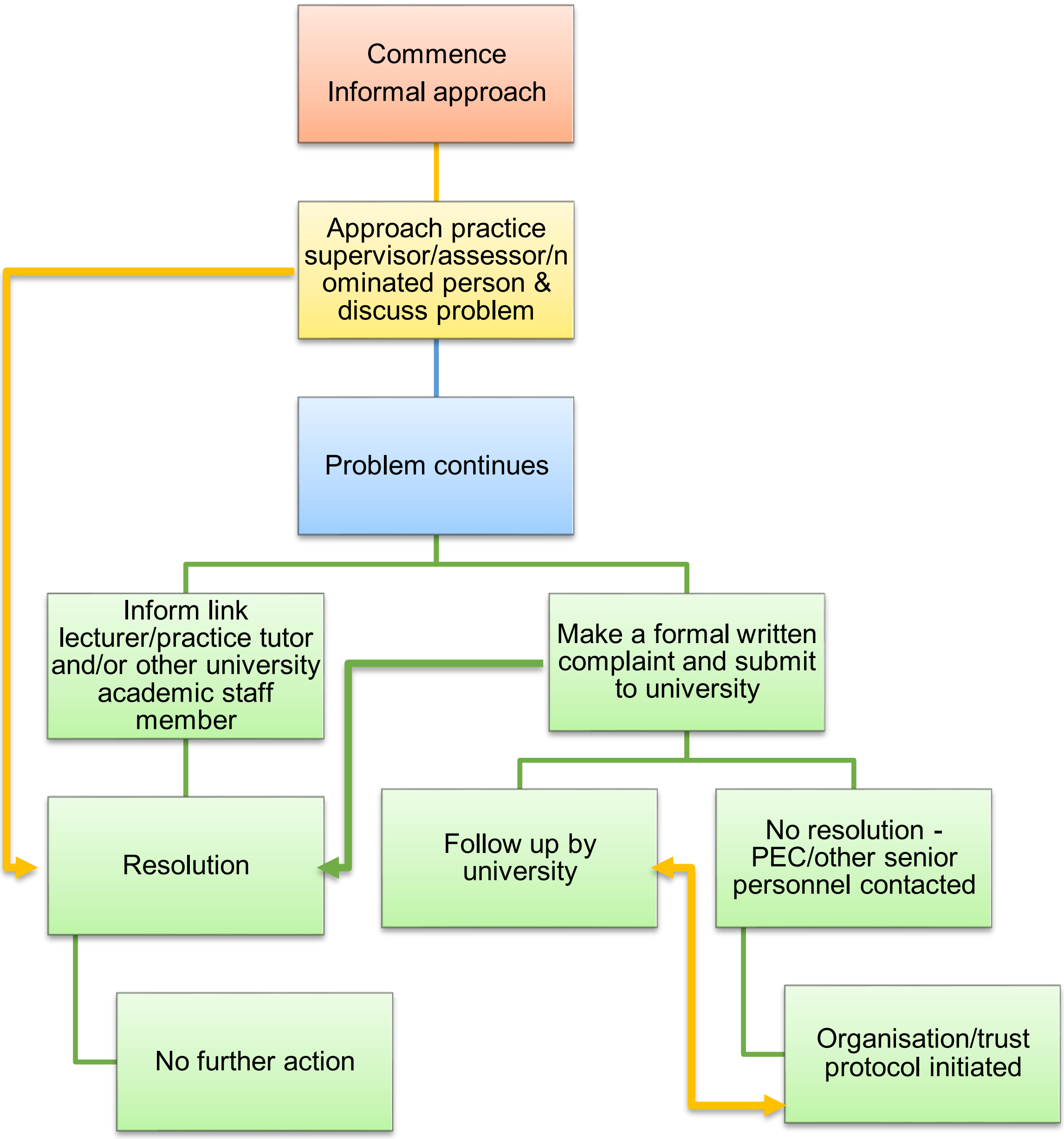
Student will only be removed from practice placement if he or she is considered to be at risk, or the public are considered at risk

Continued support for student and practice area

University and practice placement provider to collaborate to complete any investigation

Please contact Academic Lead for practice for guidance and support

APPENDIX 2 – PROTOCOL FOR BULLYING AND HARASSMENT


Commence Informal approach
Approach practice supervisor/assessor/nominated person & discuss problem
Problem continues
Inform link lecturer/practice tutor and/or other university academic staff member
Make a formal written complaint and submit to university
Resolution
Follow up by university
No resolution - PEC/other senior personnel contacted
No further action
Organisation/trust protocol initiated

APPENDIX 3 - PROTOCOL FOR THE SUBMISSION OF STUDENT CLAIM FORM FOR EXCESS TRAVEL EXPENSES

1. Excess travel and/or accommodation expenses may be refunded under the Bursary Administration Unit conditions. For full information on what students are eligible to claim for, please refer to the guidance on support for students entitled *Guidance on Support for Students Undergoing Full Time Pre-Registration Nursing Education in Northern Ireland*. This is provided to all students on induction and is available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/276460/nhs_bursary_scheme_new_rules_ed3.pdf

2. Student Claim Form for Excess Travel Expenses is available from their University.

3. On completion of a practice learning experience students should submit their completed Student Claim Form for Excess Travel Expenses to the University on or before the 1st of every month. All receipts must be enclosed in an envelope and stapled to the form.

Please note that the Bursary Administration Unit will not accept any Claims submitted six months after the completion of the experience.

4. Claim forms submitted are checked and signed off by the designated University personnel to confirm that student was on practice learning in the area specified by the student on the form. If student asks a member of staff not designated to sign this form, it will be rejected by the Bursary Administration Unit.

5. Once authenticated by the University, claim form is sent to the Bursary Administration Unit every month.

6. The Bursary Administration Unit will return forms to students if they are not completed correctly.

7. Once the forms are received by the Bursary Administration Unit they are processed within their own mechanisms.

8. Payment could take up to six weeks from submitting the form to the University.