UNIVERSITY OF PLYMOUTH
School of Nursing and Midwifery

PRACTICE HANDBOOK

Placement Learning Information for Nursing, Nursing Apprentices and Nursing Associate Programmes

September 2021/22

University of Plymouth
Faculty of Health
School of Nursing and Midwifery

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ALL STUDENTS PLEASE NOTE

This handbook provides you with an overview of practice learning and the associated assessment processes, it should be read in conjunction with the programme handbook and University regulations. All the information in this handbook is correct at the time of posting and it provides a guide for you. Courses are regularly reviewed and updated so details may change. We endeavour to treat students as individuals and we may on occasion, at the discretion of the programme team or exam board, make exceptions to the processes outlined in this document.

The University of Plymouth is proud of its teaching and research and it undertakes all reasonable steps to provide educational services in the manner set out in this handbook and in any documents referred to within it. It does not however guarantee the provision of such services. Should industrial action or circumstances beyond the control of the University interfere with its ability to provide educational services, the University undertakes to use all reasonable steps to minimise the resultant disruption to those services. Changes to capacity or configuration, service pressures in health and social care services or government/ Nursing and Midwifery Council requirements may also have an impact on placements which are outside the University's control. We will, however, endeavour to support you to continue and achieve your programme within the context of any such constraints.

1. LEARNING IN CLINCAL PRACTICE

The Quality Assurance Agency (QAA) (2017) identified work-based learning as "learning that is integral to a higher education programme and is usually achieved and demonstrated through engagement with a workplace environment, the assessment of reflective practice and the designation of appropriate learning outcomes". Learning in the workplace, therefore, is a fundamental component of all nursing and nursing associate programmes. The Nursing and Midwifery Council (NMC) requires students undertaking these programmes to complete 50% of their programme in clinical training. The time spent in practice will focus on developing skills, knowledge and competence/proficiency. Nursing students will be assessed in practice against the NMC (2018) Standards of proficiency for registered nurses and nursing associate students will be assessed against the NMC (2018) Standards of proficiency for nursing associates .

The nursing and nursing associate programmes are designed to enable students to practise safely, confidently and competently in a variety of relevant clinical settings. In order to do this you will experience a range of different placements over each academic year as well as simulated practice. All of the placements have been planned to facilitate the best use of clinical practice time balanced against the capacity of the placement area to accommodate learners.

1.1 Student role and responsibilities

Students are required to develop a sense of self-management and autonomy from the outset of the programme. You will need to be proactive in identifying your role within the team. This will require a recognition of the need to work as part of a team, to listen and learn but also to question and challenge. To help you appreciate your role it is important to identify relevant objectives that enable you to:

- Take responsibility for your own learning
- Recognise the 'transferability' of your skills and knowledge
- Appreciate how you contribute to safe and effective care

Practice placements provide exposure within health and social care settings, which can be based in or out of hospital. You are responsible for checking your POW account for your placement allocations, contact details and information about the placement.

It is very important to be familiar with the opportunities available in your placement prior to its start, so that you can plan your learning accordingly; you are responsible for your personal and professional development. This information will be available on POW, when you click on the link to your placement. A wide range of information is also available to support you in preparing for practice on the placement section of POPPI. Students will attend an introduction/induction at the beginng of the programme

as well as undertaking manadatory training prior to commencing placement and a placement specific induction once in practice. It is essential that you follow all local policies and guidelines and that you are always practising under the direct or indirect supervision of a health or social care registrant - known as your practice supervisor. Some activities, such as administration of medication via any route, will always require direct supervision throughout your programme. Please familiarise yourself with any local policies which stipulate other such activities.

2. ALLOCATION TO PLACEMENT

Placements are normally allocated at the start of the academic year for the year ahead to enable students to arrange travel, accomodation and dependant care. In addition this enables planning of placement assessment activities. This will normally be within a 'locality' - a set geographic area within the radius of a trust, comprising both acute and community placements including those in the Private, Voluntary and Independent (PVI) setting. These details will be released via Placements on the Web; the aim is to advise students within a 6-8 week period prior to your placement. Nursing associate placements will be organised by your employers.

Allocation is arranged, where possible, based on home or term-time post-code or in the employing host organisation for apprentices. Travel to placement can be expected up to a maximum of two hours one-way, as calculated by an online route planner for car journeys or taking into account the public transport network if you do not have access to a car. It is your responsibility to manage your attendance in placement by making the necessary travel, accommodation and dependent care arrangements. Please consider the range of options available to you via the following link: Travel and accommodation information for professional placements - University of Plymouth . Your placement area may also be able to signpost you to other alternative accommodation.

Students who find themselves in a financially difficult position should seek advice in the first instance from Finance Information. Please discuss other concerns with your personal tutor.

There is minimal flexibility to change a placement as we are required to fulfil our placement contract with our placement providers and there is high demand for placements across the School of Nursing and Midwifery due to the increasing student numbers to meet future workforce requirements. A formal opportunity will be provided for you to exceptionally swap with a peer on a 'like for like' basis if you have concerns about your allocated placement. This will be via a survey available for a week following placement release to students; both parties need to confirm their agreement. If you experience a change of circumstances during the year which may impact on location of your placement, you must speak to your personal tutor who will discuss alternative

options. If these are not achievable, your personal tutor will submit a request for consideration via an online form. No emails from students regarding changes of placement will receive a response from the central placements allocation team, programme leads or Associate Head of School for Practice Placements. It is very important that students do not contact the placement areas directly either, as initial allocations and any subsequent changes must go through the Placement Development Team Practice Leads/ PVI team who have the overview of all learners coming to the host from any Approved Education Institution or profession.

The full policy can be found here .

3. PLACEMENT CONFIGURATION

Students on our pre-registration nursing programmes will experience two main assessed clinical placements per year. These will normally comprise a hospital and a community-based placement. Students on our single field programmes (BSc and MSc) have all your practice placements in your specialist field. Students on our dual field programmes will experience a mix of the two fields in placement i.e., placement one field one, placement two field two. In year 3, students take field specific modules e.g., child health field modules and child health practice. In year 4, the students take the alternate field modules and alternate field practice placements. Part-time and recognition of prior learning (RPL) students need to refer to *Appendix A* and your programme handbook; nursing associate students need to refer to your programme handbook.

A range of different approaches to placement models exist across the university footprint. Placement areas will be categorised/ identified broadly as either:

- In hospital
- Community (linked to the acute setting or in the PVI sector)

Some of these may be in more specialist areas and we will endeavour to provide you with a range of experiences. Students who meet the criteria will have the opportunity to take an optional placement at a fixed point in your programme; a consolidation period will also be provided in the final year of the programme/ field (see section 3).

Figure 1 demonstrates the placement pattern of a typical full-time BSc/ MNurs nursing student across their programme; MSc students will normally follow the structure for years 2 and 3.

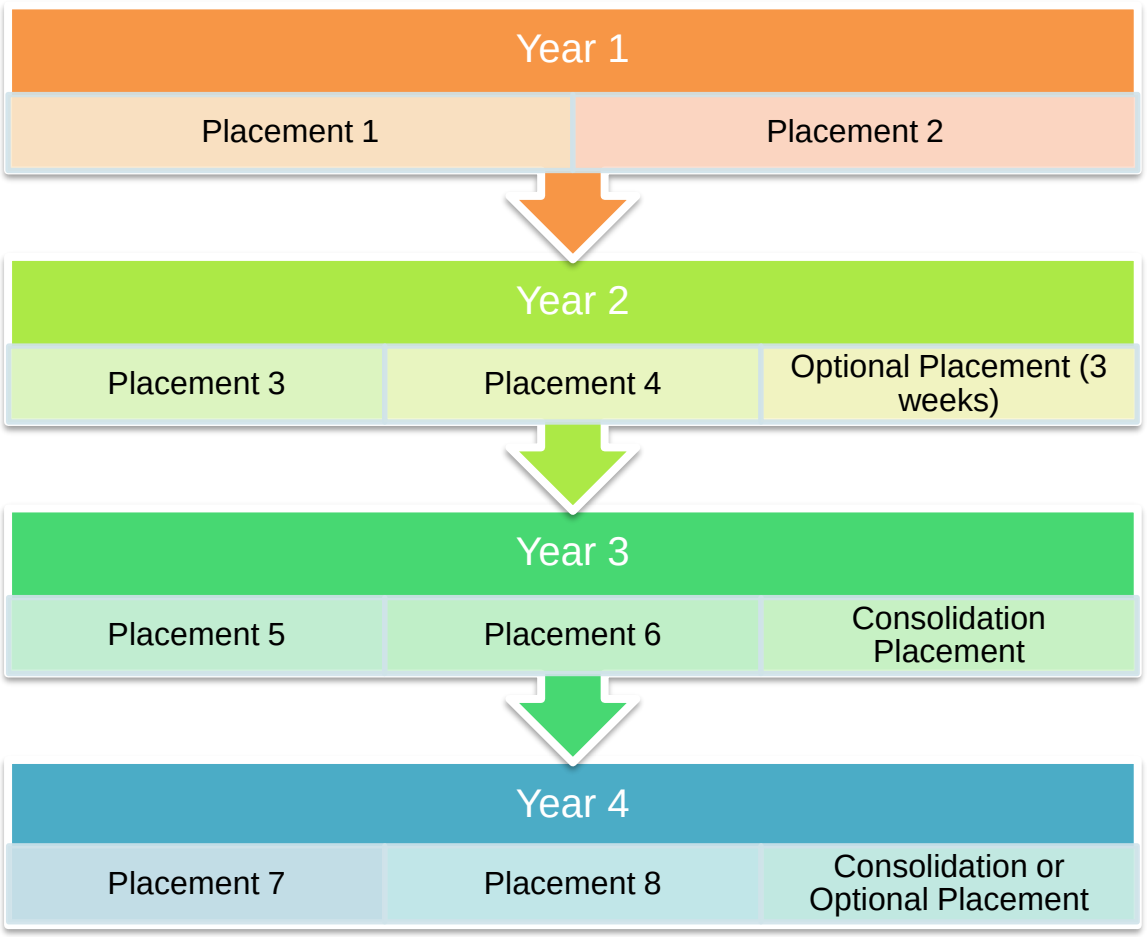


Figure 1: Placement pattern full-time nursing students

3.1 Hub and spoke placements

Hub placement: This is the setting where you have been allocated for the main part of your placement; it is where your assessment will take place and your learning is overseen by a practice assessor.

Spoke placement: As part of the 'hub' placement, you may undertake a series of 'spoke' or 'satellite' placements overseen by a range of practice supervisors who feedback to the 'hub' practice assessor.

3.2 Collaborative learning in practice (CLiP)

Students are likely to experience a CLiP placement within their programme. This is where larger numbers of students are supported to work and learn together using peer-coaching techniques to develop and enhance learning. Please prepare for these placements by reading the guidance provided.

3.3 Cross-field experience

Whilst our programmes lead to registration in a specific nursing field, the NMC requires all nurses to: "*be able to meet the person-centred holistic care needs of the people they encounter in their practice who may be at any stage of life and who may have a range of mental, physical, cognitive or behavioural health challenges".*

Throughout the programme there will be many opportunitites for you to gain this experience (for example caring for a person on a cardiac ward who also has depression, or for a child with an eating disorder) and demonstrate your understanding through keeping a mini reflective log in your electronic Practice Assessment Document ePAD. You are required to document at least one reflection from each of the fields of nursing practice you are not studying (adult, child, mental health, learning disability). In addition one maternity reflection is required for adult nursing students; a workshop facilitated by midwifery students will support your learning. These reflections will be logged in your ePAD under the cross-field tab. They must all be completed by the time of submission of your ePAD in the final year of your programme (year 3 for MNurs). An example is shown in *Appendix B.*

To achieve your cross-field experiences, you may wish to consider the following suggestions:

- Consider experiences in your current placement where the patient journey requires multi-professional input, or the patient has wider needs
- Choose your optional placement in another nursing field
- Visit a clinical environment for care, or buddy a student from a different field for a day (with permission from all relevant parties; this must include the relevant manager and both students must be directly or indirectly supervised by a registrant)
- Reflect on activities you have undertaken within the remit of public collaboration or voluntary/charity work
- Review facilities and resources aimed at specific patient groups i.e., children, maternity, adults, those with mental health conditions, those with learning disabilities; examples could include designated areas or specialist teams
- Explore and reflect on patient/carer information that has been tailored for specific groups i.e., children, maternity, adults, those with mental health conditions, those with learning disabilities.

(Please note this is not an exhaustive list)

Please note that the four-year part-time RPL apprentice route includes a cross-field placement.

3.4 Optional placements

Opportunities are provided in your programme for you to broaden your experiences by undertaking an optional placement. This occurs at a set time in your programme, after submission of your practice in the summer. An optional placement is normally of three weeks duration and can be local, national or international. It is your responsibility to organise this, following the process identified in the 'Optional placements' tab on POPPI. You will need to complete an application form to start the process, and programme admin and your personal tutor will need to be involved at certain stages. Please note that if you are seeking an international placement this will need to be organised well ahead as it can take a while to perform risk assessments and set up the required service level agreements. Please also be aware that travel arrangements may be affected by unanticipated circumstances. You are responsible for all costs.

Optional placements are normally available in BSc/ MNurs year 2 (MSc year 1). A further opportunity may also be available in MNurs year 4, to reflect your second field. If choosing this, the three-week optional placement must be taken immediately after the 'transition week' and you will then normally return to your previous placement as Professional Values must be assessed prior to completion of the programme.

Please note that in 2021/22, optional placements will exceptionally be available to year 2 MSc students who were not offered this in 2020/21 due to Covid-19.

3.5 Consolidation placement

A transition week of theory has been introduced to provide a dividing point between your final assessed placement and the consolidation placement. Various sessions will be provided, including preceptorship and the role of the practice supervisor; trusts may also contribute.

The consolidation placement is a new initiative, designed to provide a structured and focused placement of approximately 6 weeks after your practice submission, helping you to consolidate your learning and prepare for your transition to qualified status. It is therefore available in both years 3 and 4, to enable those students on MNurs to consolidate learning in each field. It is also available to year 2 MSc students (if you are not choosing an optional placement in 2021/22). It will comprise a range of alternatives which will vary across trusts but may include the options to continue in your current placement, work in the area where you have a post, extend your learning with hub and spoke-type placements in leadership/ management/ education/ research/ primary care etc. You will need to remain in your 'locality' and management of the opportunities will be at the discretion of the practice leads (ie: it is distinctive from an 'optional placement'). A final sign-off of Professional Values, demonstrating maintenance of level of performance, will be required. Failure to achieve at this point will necessitate invoking of the Fitness to Practise process.

4. PLACEMENT SUPPORT AND ASSESSMENT

4.1 Supernumerary status

Whilst you are in your student role you will be supernumerary when in the placement setting. Supernumerary means that whilst you are a learner you will be working under the direct or indirect supervision of a registered health or social care professional at all times. You will not be counted in the staff numbers, but will be expected to participate in all aspects of care and work as a team member. If you feel that your supernumerary status is not being upheld, please contact your personal tutor/academic assessor in the first instance. It is particularly important for students who are apprentices to be clear about your role each day as a student or employee.

You will work with a variety of health and social care professionals, under the direction of a registered practice supervisor, on a day-to-day basis. You will be assessed in each placement by a designated practice assessor, guided by your assessment document.

4.2 Practice supervisors

Practice supervisors come from a range of backgrounds and include NMC registered nurses, midwives, nursing associates and other registered health and social care professionals (NMC 2018). Supervisor roles and responsibilities include:

- Being a role model
- Supporting learning within their scope of practice
- Providing appropriate supervision and feedback
- Having relevant knowledge and experience of the clinical area
- Contributing to assessment by providing feedback
- Confidently sharing observations and feedback with practice and academic assessors
- Raising any concerns appropriately, using the relevant protocols.

4.3 Practice assessor

For each placement you will have a designated practice assessor allocated to you. They will need to be given access to your practice assessment documentation so that they can monitor your progress and assess your competence throughout your placement. Practice assessors are defined as a "*registered nurse with appropriate equivalent experiences for the student's field of practice"* (NMC 2018). They will ensure that the Intial Interview is completed and undertake the Mid Point and Final Interviews as well as assessing Episodes of Care, Medicines Management and Professional Values. Practice assessor roles and responsibilities include:

- Conducting assessments to confirm achievement of proficiency and programme outcomes for practice learning
- Seeking relevant feedback and evidence to ensure that an objective, evidence-based assessment has been made
- Maintaining and developing current knowledge and expertise relevant for the Proficiencies and programme outcomes being assessed
- Being able to link with academic assessors to review student progression
- Being able to work with the student to inform decisions regarding assessment
- Having knowledge of the student programme and assessment process
- Can be a practice supervisor for other students.

4.4 Academic assessor

To meet NMC requirements, you will be allocated a different academic assessor for each part of the programme. Your academic assessor will also be your personal tutor and will therefore be familiar with your academic, practice and pastoral needs, enabling them to support you throughout the year/ part. The academic assessor is responsible for monitoring your progress and, in partnership with the practice assessor, recommends progression at the end of each part of your programme.

4.5 Ongoing support, communication and escalation

Overarching support for placements is provided by the Associate Head of School (Practice Placements) alongside the Placement Development Team PDT. Your first point of contact is normally your personal tutor who is also your academic assessor, providing seamless support and monitoring of your progress in all aspects of your programme throughout the year/part. A communication and escalation flowchart for academic, personal and practice issues is in *Appendix C*.

As a team we endeavour to:

- Provide practice supervisors and assessors with the educational information that is required during the placement
- Create an appropriate link between the practice placement and university
- Provide feedback to the practice placement area (sharing good practice)
- Support students as required

To facilitate communications, it would be appreciated if you would create an email signature with your full name, cohort, programme and relevant site. If your communication relates to a placement issue (for example, reporting an incident), please include details of the location in the body of your text.

5. PROGRESSION THROUGH PRACTICE AND ASSESSMENT PROCESSES

There are a number of elements of assessment in practice which you will be required to successfully complete to pass practice and move onto the next part of the programme. These include Professional Values, Episodes of Care, Medicines Management, Proficiences and cross-field experiences. Please see *Appendix D* for a flowchart explaining the process, including outcomes if achieved or not achieved. Detailed requirements of each stage are to be found on your ePAD; a summary is provided below.

5.1 Orientation

You will be orientated to your new placement area and introduced to key processes such as fire procedures.

5.2 Initial Interview

Together with your practice assessor or practice supervisor, you will create a learning plan for the placement to ensure you are able to work towards gaining the appropriate skills and knowledge for your development. If this has been prepared with a practice supervisor, you must also discuss it with your practice assessor when you meet.

5.3 Mid Point Interview

You and your practice assessor will review progress to date and set goals for further development. The aim of formative assessment is to provide you with feedback on your current competency and development level and to highlight any progression required. If any concerns are raised about your progress, an action plan will be devised in partnership with your practice assessor and academic assessor.

5.4 Final Interview

This is where the final assessment is completed by your practice assessor. You are required to reflect on your progress to this point in your programme. If you are referred in the placement, an action plan will be created to be carried forward to the next placement. Your academic assessor will contribute to this so that you can be provided with appropriate support.

5.5 Professional Values

You will be assessed on your Professional Values in every placement. Non-achievement will result in referral. If Professional Values have not been demonstrated in the consolidation placement, the fitness to practise procedure will be followed.

5.6 Episodes of Care

An episode of care is assessed by your designated practice assessor who will witness you carrying out elements of the nursing role, for example assessing a patient on admission. These increase in complexity as you progress through the programme. Episodes of Care can be carried out in either placement, however, these must be successfully completed by the end of the part before you can progress. Non-achievement will result in referral in that placement.

5.7 Medicines Management

Each year your designated practice assessor will conduct a Medicines Management assessment to determine your ability to safely administer medications. These assessments will increase in complexity as you progress through the programme. Non-achievement will result in referral in that placement.

5.8 Proficiencies

These are a range of nursing procedures which students carry out, for example demonstrating effective communication or measuring and interpreting a patient's blood pressure. They can be undertaken at any time during the programme. Some will be achieved in simulation as part of your practice modules; most will be demonstrated in placements. We recommend that you complete the Proficiencies as suggested in parts one, two and three of the programme, however you can complete these at any time as long as they are all signed off by the end of your final placement. Dual field students must complete all Proficiencies by the end of year three. By the final assessment point in the programme students must achieve all the required Proficiencies.

Recognition of Prior Learning (RPL) students: Please note that if you enter the programme in stage two you will not need to complete Proficiencies for stage one. Please note this only applies to RPL for a full year; if you enter partway through a stage you will need to complete all of the Proficiencies for that stage.

5.9 Ongoing Achievement Record (OAR)

This provides a summary of mandatory elements for practice assessment. The ePAD is set up to automatically populate the outcome of your formative and summative assessments of Episodes of Care, Medicines Management and Professional Values. Proficiencies and records of Initial, Mid Point and Final Interviews are also included.

The student, practice assessor and academic assessor must complete their sections in the Placement OAR at the end of the first placement and the End of Part/ Programme OAR at the end of the academic year. Practice and academic assessors are also responsible for confirming that you are fit to progress to the next part of the programme or be recommended for registration with the NMC.

Figure 2 provides a schematic overview of the assessments you will undertake and the flow through placement. Further detail is available in *Appendix E*.

You should meet with your practice assessor on a regular basis. This is to enable them to review your progress in practice and offer guidance and feedback as required as well as liaising with the academic assessor.

The dates for completion of your summative assessment will be integral to the ePAD. This information will also be available via the programme Moodle pages. Results of summative assessments are presented to the appropriate Award Assessment Board.

Progression through practice illustration of use of practice assessment document

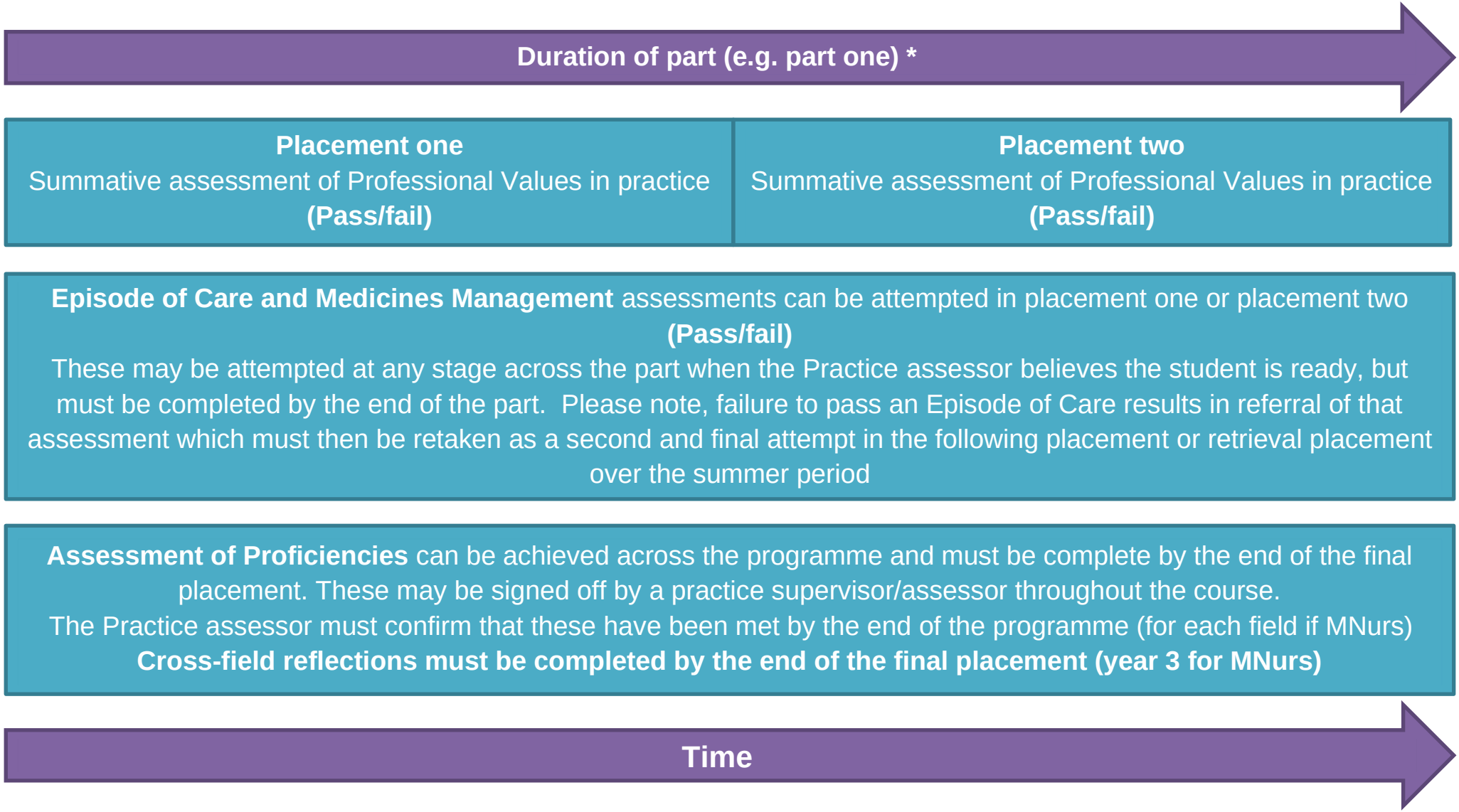


Figure 2: Schematic overview of practice assessment components

* Please note part time students must pass practice at the end of each year and each part of the programme

6. REFERRAL IN PRACTICE

You must pass practice before you can progress to the next part of the programme; part time students must pass practice by the end of each year and stage. By the end of the programme, the minimum number of practice hours required must also have been achieved; see your relevant programme specification.

There are two ways that you may be referred and not pass your practice: either through non-achievement of any of the assessed elements or due to poor record keeping (for example not completing your practice documentation in time for the assessment deadline). Please refer to your ePAD for guidance on achieving practice proficiency. If you have any queries or concerns about your progress you must talk to your academic assessor.

The following is an overview of procedures in the event of a referral in practice; while this process will generally be followed the exam board may make exceptions in some circumstances. The point at which a practice referral occurs will affect the timing of reassessment. See also *Appendix D*.

- If you are referred in practice in placement one (values and/or Episodes of Care/ Medicines Management) you will be permitted a second attempt in placement two. Passing in placement two will result in you passing this component as a second attempt. Referral at this stage will be counted as failure at a second attempt and following the exam board will usually result in removal from the programme.
- If you pass practice in placement one but are referred in placement two (Professional Values and/or Episodes of Care/ Medicines Management) you will be required to undertake a short retrieval placement following the exam board for a second attempt at practice (duration will depend on outstanding components but will normally be approximately 3-4 weeks). Passing at this second attempt will enable you to progress (dependent on your other academic profile). Referral at this stage will be counted as failure at a second attempt and following the exam board will usually result in removal from the programme.
- Students who do not achieve all practice Proficiencies by the end of programme will proceed to a short retrieval placement in the summer period where reassessment will take place (normally approximately 3-4 weeks). If you achieve at this stage you will have been deemed to have passed this component. If you are referred in this placement it will be counted as failure at a second attempt and following the exam board will usually result in removal from the programme.

Students who have achieved practice but are in a repeat with attendance year due to academic referral, will require a ‘competency placement’ to ensure that the level of performance in practice is maintained. This will require an Initial, Mid Point and Final

Interview and assessment of Professional Values. The placement will normally be between 4-8 weeks, depending on the stage of the programme.

7. PLACEMENT WORKING ARRANGEMENTS

7.1 Learner responsibilities

You are required to demonstrate that you are of 'good health and good character' before and during the programme to ensure you will be able to practise safely and effectively within your profession. To achieve this:

- You must complete the self-declaration on POW at the start of each academic year
- You must ensure that all information held by the university regarding your personal details is kept up-to-date
- You need to be prepared for the practice placement, making sure you and your practice assessor can log onto your ePAD
- Be aware of your professional conduct and ensure you are working in accordance with the NMC Code
- Familiarise yourself with policies and comply with all rules and regulations laid down by the placement organisation and university
- Not all placement providers are the same and it may be necessary for you to take responsibility for finding out about working practices of your placement provider. Information will be found on POW via the link to your allocated placement; you will also find out more about local policies when you are in practice
- Keep up-to-date with your practice documentation, which will assist your practice supervisors and practice assessor in their roles supporting your learning in practice
- If you feel that your placement allocation is a cause for concern for personal reasons, e.g., it is your own GP practice or a ward where you have recently been a patient, you should discuss the situation with your personal tutor so that alternative arrangements can be considered
- Follow the appropriate policies and procedures regarding concerns in practice.

7.2 Risk assessments

Some students may require risk assessments to be completed as a result of pre-existing underlying condition/s or changes in your physical or mental health during your programme. These will normally be undertaken in response to occupational

health review, with reasonable adjustments being made where possible in line with their recommendations. It is important that you discuss this with your personal tutor and share any risk assessment requirements with those supervising your practice. Confirmation of a risk assessment being in place must be logged with the faculty compliance team.

Additional risk assessments are required in relation to COVID-19. You will be advised on how to complete self-assessments and on any specific actions or precautions which may be needed. You are required to ensure that you fulfil all legal requirements in relation to vaccination against COVID-19 (currently mandatory in care home settings). You are encouraged to be fully vaccinated as front-line workers with professional responsibilities to the public for protection against harm and prevention of infection in all settings, and there is the possibility that vaccinations may become a legal requirement in health as well as care settings. You are also required to comply with regular screening when in practice, and must follow trust policies for this and the wearing of personal protective equipment. Please discuss any concerns with your personal tutor.

7.3 Preparation for practice

The university provides preparation for practice sessions which you must attend as well as mandatory training. Details can be found in your programme handbook and on Moodle. Please note that you will not be able to commence your practice placement until you have completed the mandatory requirements.

Placement providers also require you to complete their induction and mandatory training within a stipulated timeframe. Induction may take the form of an on-line package or require personal attendance. You should contact your practice area at least two weeks before you are due to commence placement to make any arrangements and introduce yourself to your allocated practice supervisors and practice assessor. This could be done via telephone, email or a virtual meeting. Contact information is on POW when you click on your allocated placement

7.4 Uniform

All new starters are issued their uniform through the University of Plymouth; this process usually starts during induction week. All uniforms should be received prior to your first placement. When in practice, you must follow the local uniform/ dress policy. If you are permitted to wear your own clothes this must be smart casual, with no excessive exposure which may cause embarrassment or offence to those in your care, their families or staff.

7.5 Attendance in placement

It is an expectation of the University of Plymouth and the NMC, and is a programme requirement, that students attend practice placements on a regular and punctual basis. All sickness absences must be notified to your personal tutor, placement area and programme administration. If you need to request an authorised absence due to personal circumstances, this must be agreed with your personal tutor – where possible, this should be in advance of the absence.

Confirmation of attendance during placements will be monitored by the completion and submission of electronic timesheets on a monthly basis and submitted within one working week of the month end. Unless you are on a part-time programme, you are expected to work full-time hours (37.5 hours per week/ 75-hour per fortnight), following the shift patterns of your placement. You are required to continue working full-time in practice until after you have received confirmation from the Assessment Board that all practice has been achieved and a minimum of 2,300 practice hours completed and verified.

7.6 Shift work

Healthcare professionals provide management and care to patients around the clock, therefore it is important to the programme and future employers that you also experience a full range of shift patterns. In exceptional circumstances you may be able to negotiate some adjustments, for example start and finish times for some shifts (as a short-term coping strategy), through discussion with the placement area and your personal tutor. The 'Practice placement support agreement' template in Appendix 3 of the '*FHHS Guidance for supporting students requiring reasonable adjustments in practice placements'* in the POPPI guidelines and policies section should be completed to formalise this arrangement. Referral to other services such as occupational health may also be required.

- You are not normally expected to work more than 75 hours per fortnight (i.e., the equivalent of 37.5 hours per week). If making up time, you must first discuss this with your personal tutor and practice supervisor/ assessor. You must adhere to the 'working time directive' and not exceed an average of 48 hours per week unless you choose to opt out. This must be in writing and sent to your personal tutor, programme lead and the faculty compliance team.
- Meal breaks whilst on practice are not included as part of your practice hours and cannot be included as hours on your attendance records, however you must take breaks during the shift to ensure safe practice and your wellbeing.
- Weekend shifts and night duty are part of the 24-hour care provision; you are encouraged to work these shifts to experience the full range of patient care and service organisation.

7.7 Holiday placements and additional shifts

Unless you have extenuating circumstances, students cannot normally remain in practice over the summer; staff need a break from supporting students or there may be learners from other programmes or Approved Educational Institutions in the locality. If you have a deficit of hours you should make your personal tutor aware and a plan should be put in place to facilitate additional shifts/ weeks (make-up hours).

Additional hours during Easter annual leave should not be necessary, however if you have had an episode of absence you can plan, in conjunction with your personal tutor, to work some shifts during the Easter break. This is based upon individual circumstances, on a case by case basis; there are occasions when this may not be permitted for any students. You cannot attend placement during the Christmas or New Year break when the University is closed.

Any additional work during the summer months and at other non standard times must be agreed with the practice placement teams and your personal tutor. You must adhere to the 'working time directive' and not exceed an average of 48 hours per week unless you choose to opt out. This must be in writing and sent to your personal tutor, programme lead and the faculty compliance team.

7.8 Absence from clinical placements

The Faculty of Health has a policy for managing both negotiated and unforeseen learner absences from the programme due to certified or uncertified sickness or a change in personal circumstances. This is to ensure compliance with the attendance requirements of the NMC and the need to demonstrate responsible financial management of public funds. Please refer to POPPI for more detailed information regarding authorised absence.

Any absence from practice must in the first instance be reported to the placement area via telephone, your personal tutor and programme administration via email. Absences from practice will only be authorised for illness or similar circumstances. Absence will not be authorised for activities such as an assessment deadline; it is expected that as an independent learner, you will plan your time effectively.

7.9 Timesheet submissions

Students are responsible for completing all practice hours and absences on the electronic timesheet system (TMS). All non-submissions will be followed up routinely by the programme team. Learners who are more than four weeks in arrears of timesheet submission may be removed from placement and referred under our fitness to practice procedures. The NMC requests information from the University that each learner has met the required number of clinical practice hours as a component of being

eligible to apply for registration. This information is also required by Health Education England for payment of the tariff which provides the host with finances to support practice education.

You are expected to:-

- Keep accurate records or hours worked/attended
- Be effective in time management
- Make sure that all attendance, achievement and assessment records are completed accurately and truthfully

Please refer to the POW and TMS user guide for more detailed information on timesheet submission.

7.10 Simulated practice hours

All students in the Faculty of Health can undertake up to a maximum of 37.5 hours per year extra-curricular activities e.g., events such as conferences, attendance at multi-professional discussions such as Schwartz Rounds/ PIHC, public collaboration.

The NMC currently permits up to a maximum of 300 simulated practice hours across the nursing programme (not nursing associates or midwifery) under their *'Current recovery programme standards'*. The above extra-curricular hours are included in this total. A range of other options is available on Moodle under the 'practice learning' tab.

These simulated practice hours must be recorded in the relevant sections under the extra-curricular tab on POW and not include any activities for which payment is received (e.g.: PALs leaders or student ambassadors). Do not record them on your electronic timesheets.

8. EMPLOYMENT

8.1 Employment law

A student who is on placement may not be considered as an employee and does not have the same rights, pursuant to employment legislation as if they were to be treated as an employee. Therefore, in so far as an employee might have the right to request flexible working in order to deal with post-pregnancy issues, that right does not apply to persons who are on placement.

The Nursing and Midwifery Council advise that flexibility can only be achieved if it is available at a local level. We will, as a faculty, always do our best to be flexible and accommodate students' requests, however due to the limits placed on us by the placement process; it may not always be possible to do so.

The Faculty of Health abides by Section 22 of the Sex Discrimination Act 1975 recognising that is unlawful for the “responsible body” of an educational establishment to discriminate on grounds of sex. Furthermore, we cannot, and indeed do not, discriminate in the terms on which it offers to admit a student, or by refusing or deliberately omitting to accept an application, or the terms upon which a student, once admitted, is given access to facilities.

8.2 Paid employment

The University is aware some students may undertake paid part-time employment outside the programme to finance their studies. If this applies to you it requires careful consideration on your part as it may have implications for your ability to meet the programme requirements. The pre-registration nursing and nursing associate programmes are made up of practice hours and theory hours (classroom and directed study hours). These hours are essential to meet the learning outcomes of the programme, therefore paid employment that impinges upon this is likely to affect your learning and professional development. Because of the professional implications and long working hours we recommend that you do not undertake additional part-time employment whilst in practice placements.

If you choose to take up paid employment outside your programme you must be aware of the following issues:

- Students who work in the role of care assistant must recognise that this role is inherently different to that of a student nurse or nursing associate. Care must be taken to ensure that such work does not compromise your ability to appreciate the professional boundaries and integrity of either role.
- You must not work as an HCA / phlebotomist etc. in any area where you are currently also being placed as a student. If your paid work is within the same trust, you must be in different departments and 'geographically' separate. This is because there may be a perceived ‘blurring’ of the role being undertaken which could put you, other staff and the patients and public in a vulnerable position.
- It is advisable that you do not undertake more than 15 paid hours of employment per week. Please be aware of the 'working time directive' and avoid exceeding an average of 48 hours per week unless you choose to opt out. This must be in writing and sent to your personal tutor, programme lead and the faculty compliance team.

In any form of paid employment, the following activities will be considered serious and may require disciplinary action, which may result in discontinuation from the programme:

- Students who have not attended planned sessions within the university because they have or are undertaking paid employment
- Students who work consecutive shifts (within the same 24-hour period) as this may lead to excessive tiredness, which may endanger patients and themselves; this includes working before or after a study day at the university
- Students who alter their practice shifts to undertake paid work elsewhere
- Students who are identified on the duty roster in their practice placement and who take sick leave or absence in order to work as agency or bank staff in any healthcare environment or in other employment.

9. PRACTICE CONCERNS

9.1 Risk of bias in practice

You must not have a practice assessor to whom you are related or are close friends or well-known to you or your family. If this occurs, you must inform the practice area and your personal tutor. If you are placed in a care area where you or your family is being treated, you should make this known to the staff in the area and the university's practice placement/ programme administration team.

9.2 Raising concerns in practice

The best way of overcoming challenges in healthcare services resulting in good outcomes for the public and those who care for them is good communication, honesty and transparency through partnership working. Raising concerns in practice is a responsibility of every aspiring health professional; please refer to the Placements and Incidents in Practice Policy. It is vitally important that you report any incident in practice that you consider to be untoward, and are supported to do so. A culture must exist that encourages you to recognise that any risks to patients and clients come first. Staff should remind learners that acting promptly on their concerns demonstrates excellent professional practice. Should you have an uncertainty or be unhappy about any person's actions you are encouraged to discuss this with your practice supervisor/ assessor/ a senior member of the placement team or personal tutor/ academic assessor. This needs to be done immediately so your uncertainties or identification of poor practice can be addressed without delay. If required, your concerns will then be escalated to the appropriate personnel (see *Appendix C*).

If your practice supervisor/ assessor or personal tutor is not available, you should contact either the Professional Services (programme admin) team or the Head of School's office. Please do not wait until your placement has finished before you do this. Conversely, if you feel you have seen excellent practice and your colleagues need

applauding then please tell them; this makes a difference to those working hard under pressure.

9.3 Fitness to practise procedure

Higher Education Institutions have a responsibility to ensure that health and social care learners are fit to practise and adhere to regulatory requirements of the NMC. The professional body website provides information about the standards of behaviour expected of learners; you will also find information on POPPI and in your module and programme handbooks on Moodle. It is your responsibility to familiarise yourself with the requirements.

Some learners will undergo an informal Fitness to Practise meeting during their time on the programme. There are many reasons why this may happen, such as occupational health or personal circumstances – it is not always because concerns have been raised or problems encountered. Be mindful that this process is a supportive one, as it allows the team to discuss openly any concerns you may have or that have arisen in practice, address them, formulate an action plan and support you to remain or return to practice.

9.4 Specific learning difficulties and/or disabilities and other (short term) needs

Please see the policy on the POPPI site *'Guidance for supporting students requiring reasonable adjustments in practice placements'.* You will also find useful information on the Disability Services and the student hub.

10. WITHDRAWING AND INTERRUPTING FROM THE PROGRAMME

If you are considering withdrawing from the university or interrupting studies for any reason, please consult your personal tutor and seek advice. Many students experience problems, and your personal tutor can often help. We want you to both enjoy and successfully complete the programme.

If you decide that you don't want to continue with studies, it is important that you correctly withdraw or interrupt study as there are academic and financial implications that need to be considered. For international learners there may also be implications with regards to your visa.

You must discuss this with your personal tutor and complete the withdrawal or interrupt from study form and return to the Faculty Office.

10.1. Returning to practice following a period of interruption or absence

There are many reasons why some learners need to interrupt their studies, financial, personal or in fact, for any reason relevant to you. Following a period of interruption you can rejoin a cohort usually the following academic year in September. This is arranged through programme administration and your personal tutor. Arrangements will be made for you to undertake any outstanding practice placements or assessments, or to maintain your skills.

Appendix A: Four-year part-time route for BSc (Hons) Nursing (Adult Health, Child Health, Mental Health) including Nurse Degree Apprenticeship

1.0 Rationale

The main driver behind the introduction of the four-year part time route (48 months) is in response to direct requests from our practice partners to enable them to support staff with career development and fit more appropriately with the apprenticeship model. This route also recognises the challenges a full-time programme presents to some prospective learners and enables learners who would otherwise have not considered nursing to engage and work alongside their studies.

Note: Our first cohort of part-time students start practice on the 27th of September 2021; please refer to section 3.2.

2.0 Practice Information

The four-year part-time route comprises of three parts:

NMC part 1: 16 months (equivalent to year 1 of our full-time programme)

NMC part 2: 16 months (equivalent to year 2 of our full-time programme)

NMC part 3: 16 months (equivalent to year 3 of our full-time programme)

Students are in academic study or in supernumerary practice for 22.5 hours per week and are required to compete 2300 practice hours over the duration of the programme minus any recognition of prior learning. If a student has a professional health related qualification and experience for example Nursing Associate/Assistant Practitioner qualification, they will generally complete the programme over 27 months and will undertake 1150 practice hours. Part time students will continue to have blocks of practice and theory in the same way as the full-time students.

During practice blocks, students will be required to complete 22.5 hours per week in supernumerary practice and no more than 45 hours in two weeks. Students cannot be rostered to attend placement on a Thursday or Friday, as these are non-university days (for nurse degree apprentices they will be in their substantive posts and other part time students may well have other commitments). Students are however required to work similar shifts to that of colleagues in their allocated placements including nights, 12-hour shifts and weekends.

3.0 Practice Assessment

3.1 Students studying part-time undertaking parts 1, 2 and 3 are required to undertake the same practice assessment as our students on the full-time programme and have the following placements:

- NMC part 1 x 3 placements
- NMC part 2 x 3 placements
- NMC part 3 x 3 placements

3.2 Students studying part-time with recognition of prior learning (RPL) will generally enter the programme mid-way through part 2 and will undertake the following placements:

- NMC part 2 x 2 placements
- NMC part 3 x 3 placements

These students will be required to undertake the following assessments:

- **Proficiencies:** as per full time students with the exception of part 1
- **Cross field reflections:** three reflections as opposed to six to reflect RPL
- Practice Assessments:
    - Part 2 – same as year 2 full time students
    - Part 3 – same as year 3 full time students

3.3 Part time students who are starting practice on the 27th of September

Our first cohort of part time students start practice on the 27th of September for 12 weeks, these are students joining mid-way through the programme (mid-way part 2) as they have recognition of prior learning so will not be required to complete any assessments from part one.

This cohort of students are all apprentices and whilst they undertake the practice assessments as outlined in section 3.2 it is important to note that as an apprentice they are required to meet the knowledge, skills and behaviours outlined in the Nurse Degree Apprenticeship Standard. There is a separate self-assessment document that the apprentice completes and discusses with the apprenticeship practice educator and employer as part of their 12-weekly review. There is no requirement of the practice assessor/practice supervisor to carry out any additional assessments as the knowledge, skills and behaviours are embedded within the programme, however the apprentice will share with you their self-assessment document and this may form part of your practice-based discussions.

To support our first cohort of part-time students in practice and to support clinical colleagues we have arranged weekly zoom drop in sessions as follows:

Day: Wednesdays from the 29th September 2021

Time: 15:00 – 16:00

Duration: Weekly on Wednesday's until end of placement in December

Link:
https://plymouth.zoom.us/j/92316100344?pwd=dWF1ZUtNTkE4bWJ3UFJZZlBMdk93UT09 (same link used each week)

Clinical colleagues are very welcome to join the zoom session at 15:45 on Wednesdays.

Contacts

If you have any questions regarding the **part-time route**, please do make contact with us:

	Naomi Johnston Deputy Programme Lead Part-Time Pathway Naomi.johnston@plymouth.ac.uk
	Dr Matt Carey Registered Nurse Degree Apprenticeship Lead Matthew.carey@plymouth.ac.uk
	Francis Thompson Programme Lead and Associate Professor in Nursing (Mental Health) Francis.thompson@plymouth.ac.uk
	Dr Margaret Fisher Associate Head of School Practice Learning Associate Professor in Midwifery margaret.fisher@plymouth.ac.uk
Personal Tutor/ Academic Assessor	This information will be in the student's ePAD

Appendix B: Cross-field reflection log example

This example uses Driscoll's (1994) model of reflection What? So What? Now What?

Date	Placement setting	Topic
1st December 21	Minor injuries Unit	Adult student reflecting on a mental health scenario

Ask yourself What:

- What is the purpose of returning to this situation?
- What happened?
- What did other people do who were involved in this?
- What did I see and do?
- What was my reaction to it

EG

I worked with a patient who self-harmed, I wanted to return to consider how well or badly I managed this and to consider team reaction and any learning I could take back.

While working in ED a patient came in with lacerations to their inner forearm, these had been self-inflicted and the patient was well known to the clinical team. I noticed that some staff appeared to distance themselves from the patient and appeared quite terse when treating the wound. I did not hear any negative comments from staff but there did seem to be a reluctance to engage with the patient. I had heard previously that staff felt frustration at dealing with people who intentionally hurt themselves as it seemed to place an unnecessary burden on the staff team and resources.

I felt that the patient was distressed and while I was nervous about what to say I also felt interested in finding out how they were and what was going through their mind, so I approached the person and asked if was okay to talk.

I discovered that the person did not want to end their life but was really struggling with managing their emotions about a traumatic event in their past, they told me that cutting themselves, although they realised it was not a great way of managing, felt like a release and that it helped them to manage their emotions, the bloodletting felt cathartic in some way and made them feel real. They told me that they normally did not come to ED but on this occasion the cuts were deeper than normal. They told me that they did feel judged by some staff which made them feel worse about themselves. I was not sure what else to say so I told them that I understood how hard it must be and asked if they would like to talk to our psychiatric liaison team which they agreed to do. Although I initially felt uncomfortable the person seemed to be happy to talk to me and appeared relieved that I was able to listen. I am not sure how I came across to them but I wonder how my discomfort may have affected our conversation.

So What?

- What did I feel at the time of the event?
- What are my feelings now, after the event, any different from what I experienced at the time?
- What were the effects of what I did (or did not do)?
- What positive aspects now emerge for me from the event that happened in practice?
- What have I noticed about my behaviour in practice by taking a more measured look at it?
- What observations does any person helping me to reflect on my practice make of the way I acted at the time?
- What is the purpose of returning to this situation?
- Were those feelings I had any different from those of other people?
- Who were also involved at the time?
- Did I feel troubled, if so, in what way?

EG

At the time I felt concerned about the welfare of the patient and how they might be feeling, I did understand possible staff frustration but felt that as nurses we need to be empathic and understanding and I felt that this was least in part absent which may have been detrimental to the patient. I felt anxious about approaching the patient as I didn't want to make things worse but I also felt curious and that it might help if I reached out to them.

Now I feel that I did the right thing, I feel perhaps my nervousness and hesitancy may have not been ideal but once we started talking it felt more natural, I did struggle at times to respond as I was not sure if I was doing the right thing and I wonder if I looked shocked at first. On reflection and thinking about my communication module I feel I did do the right thing by listening but could have reflected back what the person was saying a bit more and been a bit more open in my body language and approached things with a more open mind. I have learned that it is okay to talk to people who are distressed and I am pleased that it seemed to help the patient feel listened to and included.

I feel troubled about some negative comments made about patients who self-harm and about what appeared to be a stand-offish approach from some staff although they may also feel nervous about how to manage this type of situation.

- Now What?
- What are the implications for me and others in clinical practice based on what I have described and analysed?
- What difference does it make if I choose to do nothing?
- What is the main learning that I take from reflecting on my practice in this way?
- What help do I need to help me 'action' the results of my reflections?
- What aspect should be tackled first?
- Where can I get more information to face a similar situation again?
- How can I modify my practice if a similar situation arises again?

- How will I notice that I am any different in clinical practice?

EG

I feel I need to read more about self-harm and the best ways to approach distressed patients as this will enable me to be more confident in approaching people in a similar situation in the future, I feel there needs to be some form of reflective discussion in the staff team to consider our feelings about patients in this position and how we can think about their distress in a compassionate way which may help how we manage these situations professionally and in line with the 6Cs as I believe this would help patient outcomes and their comfort in talking to us which would enable a more collaborative assessment.

If I do nothing staff might not realise the way they are coming across and things may not change, my own skills may not develop

The main learning I will take is not to be afraid to approach people who are in this situation to offer support and to listen and to think about how my approach and the approach of the team may affect them. I would also like to be more confident in engaging with the staff team about this feedback which as a student feels quite daunting.

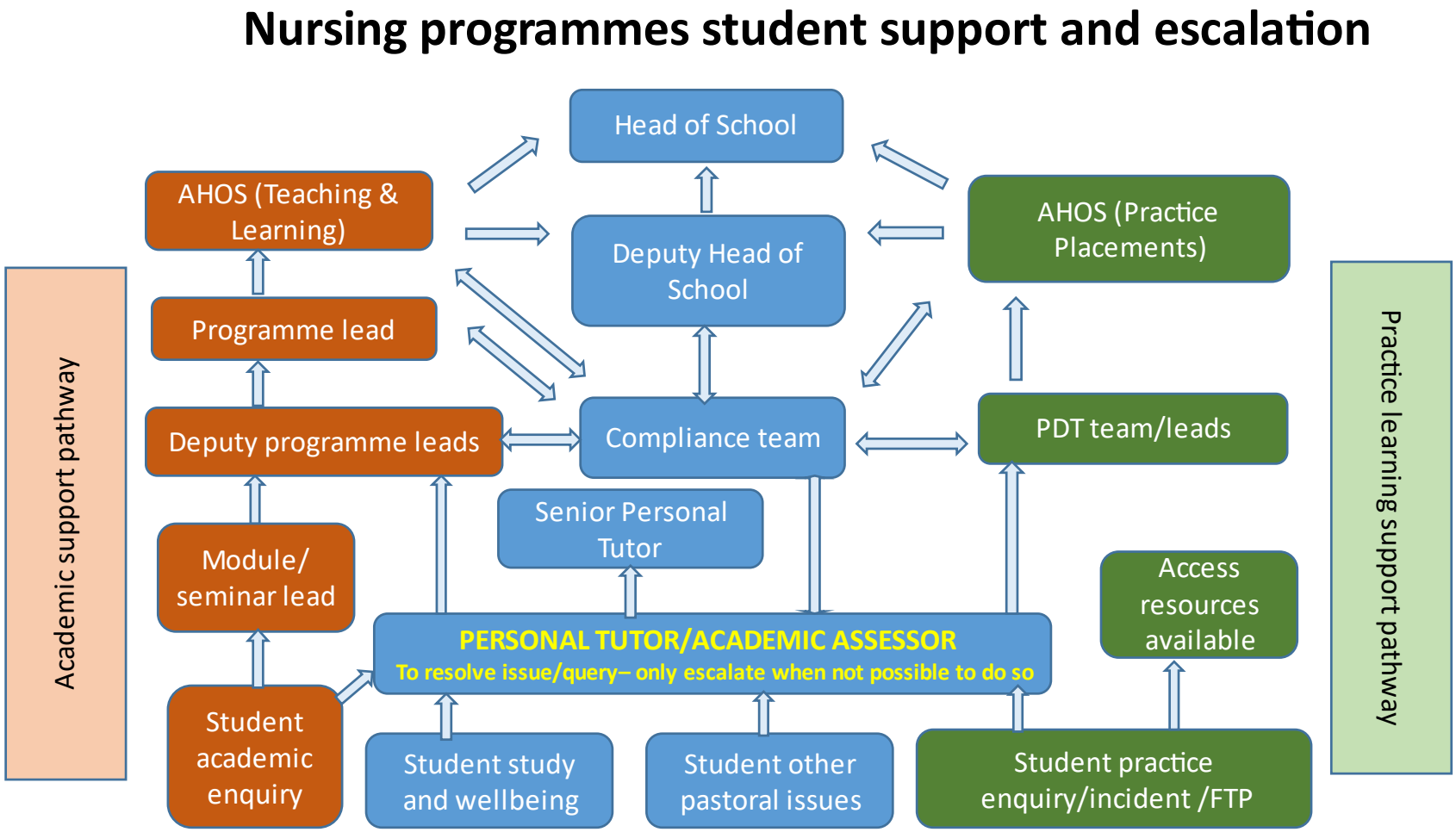
I think the first thing to do is to discuss with my Practice assessor and see if there is a way we could bring this up gently in a team meeting and if she has any advice for me about how I managed this situation as she was present.

I will read more about self-harm and communication methods revisiting my communication module to see what I can apply to this situation to improve my practice.

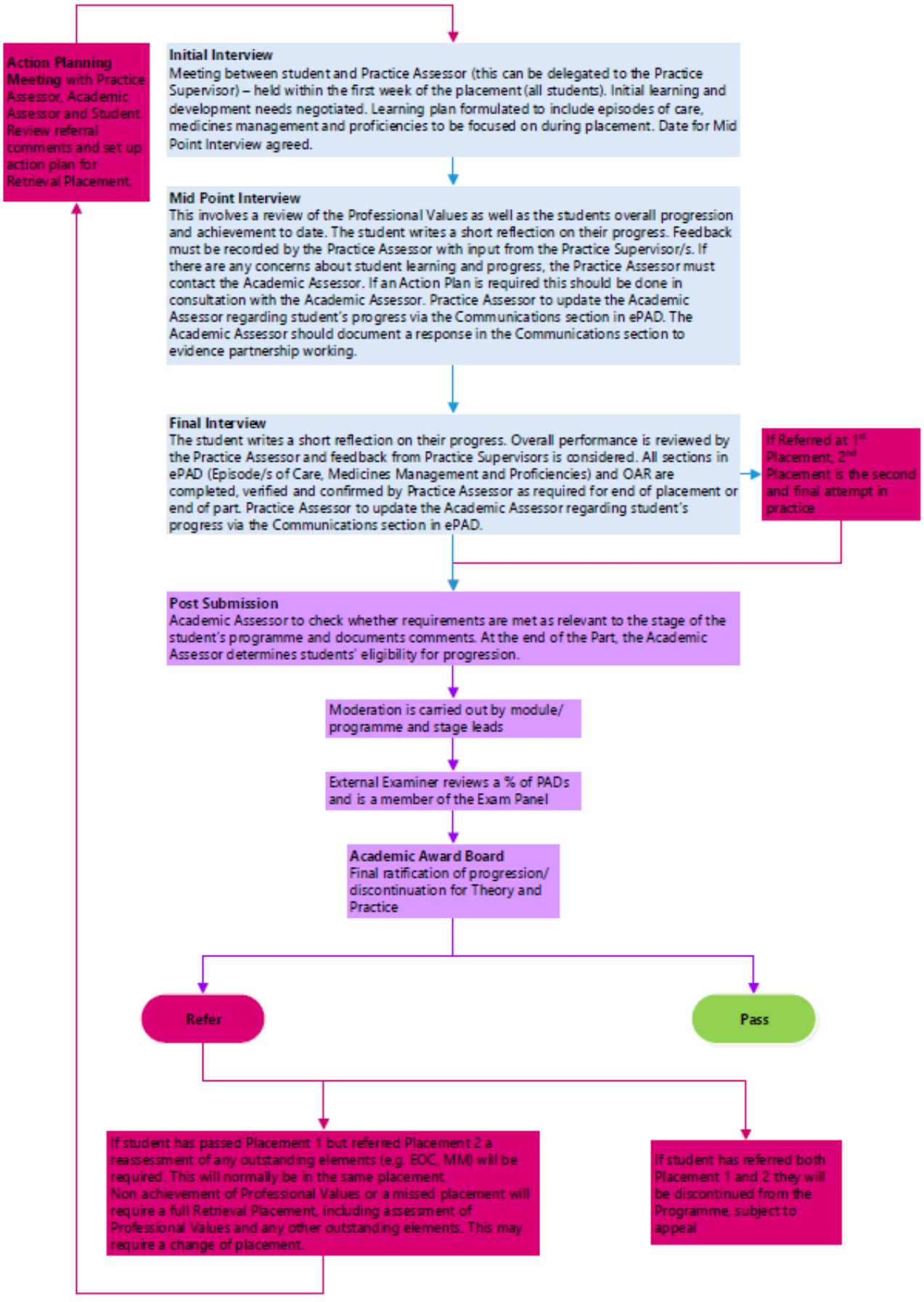
I would notice I am different when I feel more confident to approach this type of situation and less anxious about saying the wrong thing or doing any harm.

NMC code: relevant clauses

Appendix C: Support and escalation flowchart



Appendix D: Guidelines for Assessment and Progression through each Stage of the Programme



Appendix E: Assessment of Practice process using the Electronic Practice Assessment Document (ePAD)

Please note the week numbers are applicable for an 8 week placement. Please adjust accordingly for different length placement blocks.

DAY 1
• Student informed who their practice supervisor(s) and practice assessor will be • Complete orientation checklist on ePAD and any necessary local inductions on first day • Student submits orientation to either the practice supervisor or practice assessor for approval • Arrange first initial interview date
Week 1

• Complete Initial Interview with practice assessor (this can be delegated to practice supervisor)
  o Identify learning opportunities
  o Identify Proficiencies which may be achieved on placement
  o Complete learning plan (student in collaboration with practice supervisor or practice assessor)
  o Discuss the types of evidence that may be used to sign off Proficiencies and ePAD (see list of examples below)
• Set dates for Mid Point Interview and Final Interview with practice assessor
• Plan dates for practice assessor to conduct Episode(s) of Care and/or Medicines Management assessment (recommend formative assessment/s completed prior to final summative assessment)

Week 3-4

• Practice assessor to complete Mid Point Interview with student
  o Review evidence gathered so far including learning plan and achievement of Proficiencies (signed off by practice supervisor/s or practice assessor)
  o Student to complete self-assessment
  o Practice assessor discusses student's self-assessment and completes feedback
  o Practice assessor formatively assesses Professional Values and provides feedback to student on progress
  o Student documents review of progress of learning objectives for placement
• Practice assessor and student to complete formative Episode(s) of Care/Medicines Management assessment
• Practice assessor to update the academic assessor regarding student's progress via the communications section in ePAD

- Action plan to be completed if concerns are identified (contact academic assessor)

Week 4-7

- Continuation of signing off Proficiencies by practice supervisor(s) or practice assessor
- Ongoing feedback and feedforward of student's progress
- Practice assessor completes summative assessment of Episode(s) of Care/Medicines Management assessment

Please note: these assessments can be completed in either assessed placement but all must be complete by the end of the Part.

Week 7-8 (final week)

- Student to have completed Episode(s) of Care/Medicines Management assessment by end of Part

Please note: these assessments can be completed in either assessed placement but all must be complete by the end of the Part.

- Practice assessor to complete Final Interview with student
  - Review evidence gathered including learning plan and achievement of Proficiencies (signed off by practice supervisor/s or practice assessor)
  - Student to complete self-assessment
  - Practice assessor discusses student's self-assessment and completes feedback
  - Practice assessor summatively assesses Professional Values and provides feedback to student regarding overall placement progress
- Practice assessor to comment in Placement OAR

If this is the final assessed placement of the academic year:

- Practice assessor to verify achievement or non-achievement of student and communication with academic assessor in End of Part/Programme OAR

Examples of evidence for Proficiencies and NMC Code

- Reflections
- Questioning and answers
- Peer teaching/assessment
- Patient feedback (proformas on ePAD)
- Anonymised Care plans
- Skills workbooks
- Projects/essays
- A review of Journals /articles/books/evidence of research (application to practice)
- A review of Guidelines/Protocols/Policies (application to practice)
- Evidence of Continued Practice Development/Study days
- Simulated practice activities