



**UNIVERSITY OF
PLYMOUTH**

School of Nursing and
Midwifery

NURSING PRACTICE HANDBOOK

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

Academic year 2022-2023

University of Plymouth
Faculty of Health
School of Nursing and Midwifery

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1. 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.

Dr Margaret Fisher

Associate Head of School of Nursing and Midwifery (Practice Placements)

2. LEARNING IN CLINICAL 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 [Standards of proficiency for nursing associates](#). Supervision and assessment will adhere to the NMC (2018) [Standards for student supervision and assessment](#).

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 traditional and non-traditional placements over each academic year including simulation 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.

2.1 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. There may also be opportunities in your programme to experience wider spheres of practice, some of which may be in other physical or virtual learning environments. 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. Additional information is available

to support you in preparing for practice on the [placement section](#) of POPPI, including guidance on learning opportunities in different types of placement in each field. Students will attend an introduction/induction at the beginning of the programme and each academic year as well as undertaking mandatory training prior to commencing placement and a placement specific induction prior to or 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. General guidance on [clinical practice supervision](#) can be found on POPPI.

2.2 Professionalism in practice

While you are a student on the programme, you are not only representing the university but also the profession. This is of particular importance in relation to practice placements. Service-users and their families will see you as the 'face' of health care and your conduct, attitude, communication and clinical skills will have a lasting impact. It is therefore essential that you adhere to programme, professional and placement policies, standards and guidelines as well as demonstrating compassionate care and safe practice. This includes any interaction with the public, professional colleagues and fellow students.

You are also reminded of the importance of confidentiality as you have privileged access to individuals and their personal circumstances. You need to be mindful of the importance of not sharing confidential information in inappropriate locations (eg: cafes, public transport, social networking) or with individuals who do not have the right to know. This extends to discussing your views on placement areas, staff or fellow students.

You are accountable for your adherence to the [NMC Code](#) while a student on the programme and in your future career. Some additional useful links on professionalism can be found on the NMC website: [Guidance and supporting information](#). Concerns about your professionalism will be addressed through your practice assessment and/or the [Fitness to Practise](#) process (see later sections).

3. ALLOCATION TO PLACEMENT

It is intended a student should normally spend their placements within one or more localities within a reasonable radius of their home/ term-time address to ensure a variety of placement opportunities to meet the learning objectives of the programme. Placements will normally be in the same geographic 'locality' during the academic year/ stage of the programme, but this may change the subsequent year. The 'locality'

may comprise both acute and community placements including those in the Private, Voluntary and Independent (PVI) setting within the radius of a trust. You may also have the opportunity to be allocated to a less traditional placement such as one supported by Long Arm (Indirect) Supervision or a Simulation Placement. Allocation details will be released via [Placements on the Web](#) (POW); the aim is to advise students within a 6-8 week period prior to your placement block to enable you to arrange travel, accommodation and dependant care. In addition this enables planning of placement assessment activities. Nursing associate placements will normally be organised by your employers if you are an apprentice.

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. Information is available on the following links: [Travel and accommodation information for professional placements - University of Plymouth](#). Your placement area may also be able to signpost you to other alternative accommodation. Information about localities and cost of travel can be found here: [Travel and costs](#).

You are encouraged to apply for the bursary available via the [NHS Learning Support Fund](#); further information is on [Student Finance Explained](#). Students who find themselves in a financially difficult position should seek information and advice in the first instance on the following links: [Funding for undergraduates - University of Plymouth](#), [Scholarships, bursaries and funding - University of Plymouth](#). Useful information can also be found on the programme DLE 'Hardship resources' tiles and central university site [Supporting students with the cost of living - University of Plymouth](#). 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. Placements in the south-west are also used by an increasing range of other Approved Education Institutions (AEIs - universities and colleges). A formal opportunity will be provided for you to exceptionally request a swap with a peer if you have concerns about your allocated placement. This will be via a 'swap survey' available for a week following placement release to students; requests must normally be on a 'like for like' basis and both parties need to confirm their agreement. Requests will be considered in the context of individual and wider needs and will need authorisation by the placement host/s; changes cannot be guaranteed. If you experience a change of personal 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. As above, changes

cannot be guaranteed. 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; the above processes must be followed. **It is very important that students do not contact the placement areas directly**; 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 AEI or profession, in liaison with our placement allocation team.

The full policy can be found [here](#) .

4. PLACEMENT CONFIGURATION

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 or less traditional settings and we will endeavour to provide you with a range of experiences. However, it must be noted that we are facing increasing competition for placements due to the high number of AEIs running healthcare programmes in the south-west region; therefore some restrictions may be placed on availability. We do, however, try to provide a range of opportunities for choice during your programme (eg: LAS, Simulation, Optional and Consolidation placements and Additional Hours – see other sections).

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 although other types of placement may also be used, including simulation. Students on our single field programmes (BSc and MSc) have all their practice placements in their specialist field. Students on our dual field (MNurs) programmes will experience a mix of the two fields in placement e.g., 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. Students who meet the criteria will have the opportunity to take an Optional Placement at a fixed point in your programme (see section 4.6); a Consolidation placement will also be provided in the final year of the programme/ field (see section 4.7). 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.

[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.

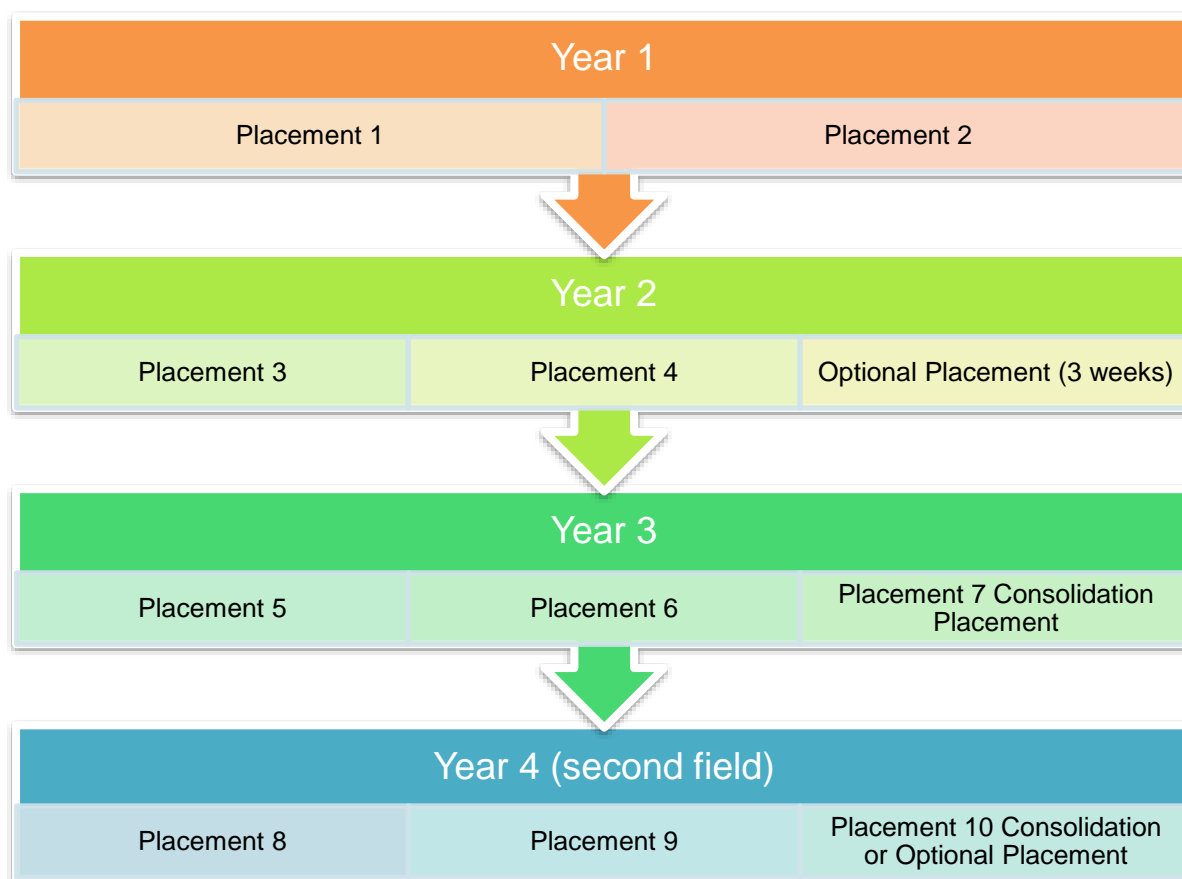


Figure 1: Placement pattern full-time nursing students

4.1 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.

4.2 Collaborative learning in practice (CLiP)

Students are likely to experience a [CLiP](#) placement within their programme; this placement model is now well established in the south-west following extensive application and evaluation, including a range of publications. 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 and completing the [Introduction to Collaborative Learning In Practice](#).

4.3 Long Arm (Indirect) Supervision placements (LAS)

This model of placement is currently being piloted in less traditional settings where health and care services are provided by individuals with expertise in their sphere, but who are not registered Health Care Professionals. Placement support is provided by an On-site Supervisor/s (non-registrant) employed by the placement host and you will be allocated Long Arm Practice Supervisors and Assessors (registrants) employed by the university. Together, these staff will help you to meet your learning outcomes and ensure that the NMC (2018) [Standards for student supervision and assessment](#) are adhered to. Initial, Midpoint and Final Interviews (with assessment of Professional Values) will be undertaken as usual and you will be able to have Proficiencies signed off. Reflective opportunities will be provided – these may be individual or in groups.

Most new LAS placements are based in college wellbeing and safeguarding services; mental health charities are also being piloted. To promote a safe environment, one-to-one support and guidance is offered to help their learners through any barriers faced whilst studying and equip them with the tools to improve mental fitness that will empower them to build resilience and support wellbeing. You will therefore be able to apply your theory to practice in these interesting settings and preparation will be provided to help you make best use of this learning opportunity. As such, these placements are particularly relevant for Mental Health nursing students but could also be valuable for Adult or Child nursing students. Opportunities to volunteer for these placements are available; other students will be allocated as appropriate. Unfortunately this opportunity is not open to students on apprenticeship programmes due to funding arrangements.

The LAS placement may run in parallel with a traditional 'clinical' placement in a split placement model, promoting application of learning, enhancing opportunities for reflecting with registrants and enabling assessment of Episodes of Care and Medicines Management (these would currently not be achievable in non-split LAS placements).

Successful placements have already run in summer and autumn 2022 and additional hosts are constantly being developed. This model has been show-cased regionally and further national events will be taking place. Formal research is also in progress.

The LAS placement model is now also being transferred to some well-established Child nursing placements.

4.4 Simulation placements

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 permits some practice experience to be gained in simulation settings. Currently, up to 300 hours is permitted across a full nursing programme (although we are applying to the NMC for this to be increased to 600); this does not apply to nursing associates or midwifery. The above extra-curricular hours are included in this total. A range of other opportunities are available on the '*Guidance 2022/23: Simulated Practice Hours*' document on the [Nursing DLE](#). Timetabled opportunities to gain some of these self-directed learning experiences have been built into the programme and they can also be used if students are unable to attend practice for some reason or need to make up practice hours. Please adhere closely to the guidance and ensure you discuss with your personal tutor and/or the contact for the activities. 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.

Following a very successful pilot of a structured simulation placement in summer 2022 we are now piloting an Assessed Simulation Practice Placement (ASPP) in summer 2023 which has been built into the first year programme. Volunteers have been invited and other students will be allocated following screening. Final year, final placement students are excluded and Episodes of Care must have been achieved to be eligible.

The ASPP aims to provide a practice-focused learning experience, with the intention to expose students to aspects of nursing they may not have considered, enable them to gain cross-field and service user experience and develop their practical nursing skills. Blended delivery learning activities include face-to-face sessions in the skills facilities and classroom, online taught content, externally provided training and self-directed learning. Opportunities for interprofessional learning and international collaboration offer innovative and diverse learning opportunities. Unfortunately this opportunity is not open to students on apprenticeship programmes due to funding arrangements.

A non-assessed simulation placement is currently under development for those first year students who have not experienced the ASPP.

If formal simulation placements are provided, these hours must be recorded on your timesheets. You will be advised who will verify these in the role of Practice Supervisor.

4.5 Cross-field experience and other reflections

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 opportunities 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 logging reflections under the ‘Reflections’ tab in your electronic Practice Assessment Document [ePAD](#). They must all be completed by the time of submission of your ePAD in the final year of your programme (or year 3 for MNurs students). An example is shown in [Appendix B](#) and a shorter example can be found in the ‘*Guidance 2022/23: Simulated Practice Hours*’ document on the [Nursing DLE](#). You are also encouraged to consider using a structured model of reflection or the NMC revalidation reflection template – these examples can be found in the ‘Proformas to print’ section of your [ePAD](#).

At least one reflection from each of the fields of nursing practice you are not studying (adult, child, mental health, learning disability) must be included unless identified otherwise in the table below. In addition one maternity reflection is required for adult nursing students; a workshop facilitated by midwifery students will support this. Additional reflections on your own field of nursing are also encouraged to promote wider learning.

Programme	Number of reflections	Specific requirements
BSc Nursing (all fields)	Minimum 6	Minimum 1 from each field of nursing you are not studying and one maternity (mandatory for Adult)
MSc Nursing (all fields)	Minimum 6	Minimum 1 from each field of nursing you are not studying and one maternity (mandatory for Adult)
MNurs (all fields)	Minimum 3*	Include learning disability, maternity and whichever nursing field you are not studying
RPL (full and part-time)	Minimum 3	Minimum 1 from other fields of nursing you are not studying and one maternity (mandatory for Adult)

**Note that if MNurs students step down to BSc, 6 reflections will be required to comply with this programme’s requirements*

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 – although these may not contribute to programme practice hours you can still reflect on these experiences
- 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)

4.6 Optional placements

An Optional Placement is an exciting opportunity for University of Plymouth students to plan and organise a short period of learning in an area you have not been able to access during your course, or in an area where you are considering seeking employment. An Optional Placement is between three to five weeks duration (depending on your programme) and can be local, national or international. This opportunity for you to broaden your experience occurs at a set time in your programme after successful completion of your practice assessment: BSc/ MNurs year 2; MSc year 1; MNurs year 4 to reflect your second field (this will replace the Consolidation placement). Part-time students and apprentices need to refer to the guidance document for further information about timing and consultation with employers.

Please follow the process identified in the [Optional Placements](#) tab on POPPI, the guidance documents on the [Nursing DLE](#) and adhere to the specified deadlines when submitting your application form. Consider carefully how this learning will fit into your professional journey and achievement of programme outcomes, including any commitments to outstanding theory assessments. **Please do not contact local trusts directly;** this will be managed centrally by the practice leads and placement allocation team. Provision of your requested placement cannot be guaranteed as it will depend on capacity and demands from other education providers. 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; see the separate guidance on the [Nursing DLE](#). Please also be aware that travel arrangements may be affected by unanticipated circumstances. You are responsible for all costs.

You will be required to record a set of documentation (available on the [Nursing DLE](#)) and upload this to your [ePAD](#) on completion of your Optional Placement. This practice period is not formally assessed, but you are required to plan your learning and have the placement reviewed by a practice supervisor and your personal tutor. You can continue to have Proficiencies signed off during your Optional Placement but **no other assessments** can be undertaken (Medicines Management, Episodes of Care, Professional Values). If any concerns are raised about your competence or professionalism the Fitness to Practise process will be invoked and you will not be able to progress on your programme until this has been resolved.

4.7 Consolidation placement

The Consolidation placement is designed to provide a structured and focused placement of four weeks after your final practice submission, helping you to integrate 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 (year 4 cannot apply for both an Optional and Consolidation placement – you will need to choose). It is also available to year 2 MSc and part-time students in your final year. Apprentices will need to discuss with employers. Notification of availability of alternatives will be at the discretion of the practice leads and you will need to apply via a survey. Opportunities 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' unless you are applying to spend this period in the trust where you have been offered a job.** You will normally not be able to apply for a Consolidation placement if you are planning to step off earlier once your practice hours are complete (this may, exceptionally, be permitted in the case of apprenticeship students due to timing of EPAs and assessment boards). **Please do not contact local trusts/PVI hosts directly;** this will be managed centrally by the practice leads and placement allocation team.

The Consolidation placement is not formally assessed, but you are encouraged to plan your learning as you undertake this important period of practice leading up towards your qualification as a registered nurse. You are encouraged to review your experiences at the end of your placement with a practice supervisor (or assessor), helping you to plan towards your Preceptorship period. A set of documentation will be available on the [Nursing DLE](#) to support this planning and evaluation. If any concerns

are raised about your competence or professionalism the Fitness to Practise process will be invoked and you will not be able to qualify until this has been resolved.

4.8 Additional Hours

Years 2, 3 and 4 BSc/MNurs and years 2 and 3 MSc students on full-time nursing programmes have the opportunity to undertake some Additional Hours in placement during the theory block 30th January to 6th April 2023. This is entirely voluntary and application is via a survey. Please note that the purpose is to make up outstanding hours, not to accrue additional hours in advance. They also cannot be guaranteed as placement hosts may have other learners allocated to them in this period; **independent arrangement of these hours is therefore not permitted.**

This practice period is not formally assessed, but you are required to plan your learning and have the placement reviewed at the end by a practice supervisor (or assessor). You are able to submit a Medicines Management assessment if the opportunity arises (and would need a practice assessor allocated for this purpose) but not an Episode of Care*. Proficiencies can continue to be signed off.

*Exceptionally, this period can be used as a continuation of the previous placement for students with valid extenuating circumstances who had a non-submission of practice in their first placement of the academic year, rather than undertaking an August retrieval placement. Normal ePAD documentation must be completed in addition to the form on the DLE, and MM and EoC may be assessed if appropriate, as well as PV. A practice assessor (normally the same individual) will need to be allocated.

If you have been referred in practice you will not be able to undertake assessments during the Additional Hours but can continue to have Proficiencies signed. **If you have been referred for unsafe practice you will not be permitted to undertake Additional Hours**; it is likely that a Fitness to Practise process will instigated.

There are some ground-rules to ensure an organised and purposeful placement; these include:

- Requests must be for your current or a previous placement in the same locality in which you are currently allocated (you cannot undertake these hours in a new placement setting).
- If you are wanting to work in a community setting you should ideally be a car-driver.
- Your theory commitments take priority when negotiating the shifts you are working and it is recommended that you do not exceed the 48-hour EU Working Time Directive each week; a reminder that this is a theory block in your programme.
- You are expected to work the full shifts arranged by the placement area and to notify any absences in the usual way.
- A set of timesheets will be generated in the normal way; do not use the 'make-up' hours facility.

You need to demonstrate proactive commitment to this period of practice by setting learning objectives, guided by your outstanding proficiencies and the opportunities for learning offered by the placement. Please see separate documentation in the Practice Learning tile on the [Nursing DLE](#) to formalise this; it will need to be uploaded to your [ePAD](#). If you are completing a previous assessed placement with valid EC you will also need to submit the outstanding elements of your practice assessment on [ePAD](#); the deadline will be the same as for your summer assessed placement and it will be reviewed at the July Assessment Board.

4.9 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 may be able to rejoin a cohort - usually at the start of the following academic year or the point at which you interrupted provided there is capacity on the programme and in placements. Arrangements will be made for you to undertake any outstanding practice placements or assessments, or to maintain your skills. This will be organised on an individual basis with the placement allocation team, programme lead and your personal tutor. Please see your programme handbook for further information.

5. PLACEMENT SUPPORT AND ASSESSMENT

5.1 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 *“must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting”* (p14, NMC 2018 [Standards framework for nursing and midwifery education](#)) 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 (i.e.: registered or auxiliary staff are being re-deployed to other areas because you are in the ward/department and you are therefore being counted in the staffing numbers), please notify the manager of the placement setting and contact your personal tutor/academic assessor. 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 registered and non-registered health and social care professionals, under the supervision of a registered practice supervisor, on a day-to-day basis. This may take the form of direct or indirect supervision depending on the stage of your programme/ your experience/ the type of placement, e.g. in Long Arm (Indirect) Supervision placements you will also receive support from non-registered On-site Supervisors (see section 4.3). You will be assessed in each placement by a

designated practice assessor who will be an NMC registrant, guided by your assessment document. This support aligns with the NMC (2018) [Standards for student supervision and assessment](#).

5.2 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 (p6, [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.

It is important that practice supervisors provide documented evidence of your performance in practice to provide you with feedback and guidance on how to improve and to enable practice assessors to make their decisions about achievement and progression. Proformas are available in your [ePAD](#) for this purpose; you are also encouraged to ask them to complete the 'Communications' section in your ePAD.

5.3 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*" (p8, [NMC 2018](#)). They will ensure that the Initial 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.

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. You are encouraged to signpost them to the 'Communications' section of your [ePAD](#) if they wish to contact you, practice supervisors or academic assessors about your progress so that an audit trail is created and collaborative actions can be taken to support you.

5.4 Academic assessor

To meet NMC requirements, you will be allocated a different academic assessor for each part of the programme. In the current model used by SNAM 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.

5.5 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.

To facilitate effective placement management, a series of surveys will be made available during the academic year. Please ensure that you respond promptly when

these are released so that we can work in partnership with you to maximise learning opportunities while reducing email traffic.

6. 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, Proficiencies 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.

6.1 Orientation

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

6.2 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.

6.3 Mid Point Interview

You and your practice assessor will review progress to date and set goals for further development. **It is important that this meeting takes place mid-way in your placement to enable you to have time to address any issues raised.** Please ensure you arrange this date with your practice assessor at an appropriate stage in your placement. 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.

6.4 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. You will be required to undertake a retrieval period of a minimum of 4 weeks after your results have been confirmed by the Award Assessment Board.

6.5 Professional Values

You will be assessed on your Professional Values in every placement (except Optional and Consolidation placements and the Additional Hours period). Non-achievement will result in referral and you will be required to undertake a retrieval period of a minimum of 4 weeks after your results have been confirmed by the Award Assessment Board. In the case of Optional/ Consolidation placements and Additional Hours period, any concerns will be followed up through the Fitness to Practise process.

6.6 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 (unless a Long Arm Supervision or Simulation 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 and you will be required to undertake a retrieval period of a minimum of 4 weeks after your results have been confirmed by the Award Assessment Board.

6.7 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 and you will be required to undertake a retrieval period of a minimum of 4 weeks after your results have been verified by the Award Assessment Board. A reminder that **medicines administration must always be undertaken under direct supervision of a registrant** throughout all pre-registration programmes (including Return to Practice).

6.8 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. It is not mandatory to undertake the university theory and simulated clinical skills sessions before performing these in practice if your practice supervisor is happy to teach and supervise you with these skills and this aligns with local policies; this includes venepuncture, cannulation and intravenous therapy management. 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.

6.9 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](#).

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.

6.10 Progression through practice illustration of use of practice assessment document

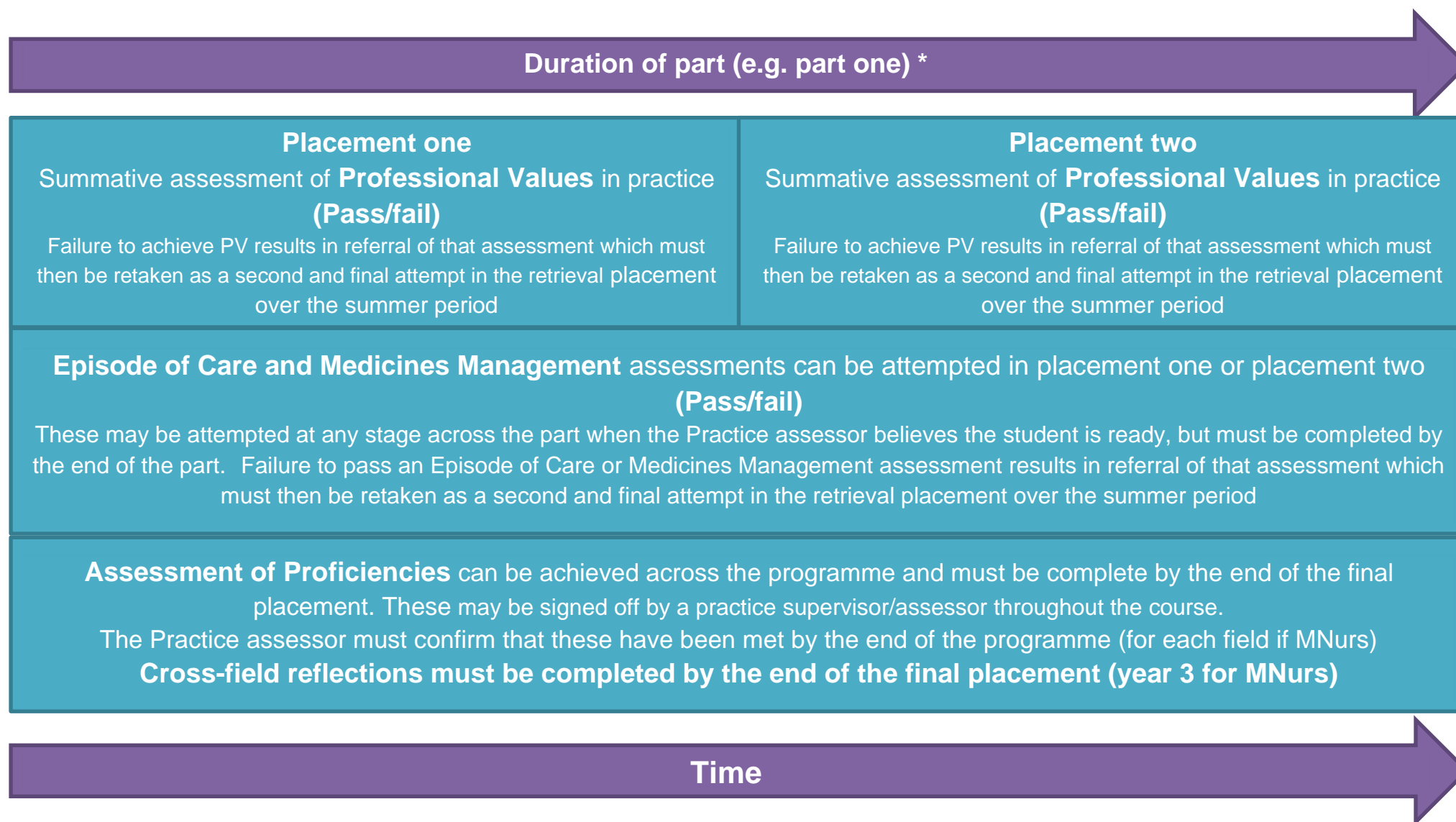


Figure 2: Schematic overview of practice assessment components

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

7. 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 (normally 2,300 hours for pre-registration nursing programmes).

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. See also [Appendix D](#).

- If you are referred in practice in placement **one or two** (Professional Values and/or Episodes of Care/ Medicines Management) you will be required to undertake a retrieval period of a minimum of 4 weeks after your results have been verified by the Award Assessment Board. 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 be required to undertake a retrieval period of a minimum of 4 weeks after your results have been verified by the Award Assessment Board. 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.

Any referral in practice will require an **Action Planning Meeting** where a structured action plan will be agreed between the student, practice assessor and academic assessor in a tripartite approach. Clinical facilitator/ education team may also be involved. This must be recorded in the Action Plan section of [ePAD](#) (or equivalent practice assessment document in other programmes). A Fitness to Practise meeting is normally not required unless there are real concerns about the student's fitness to practise (eg: a student who has been referred in Medicines Management or an Episode of Care would not normally require this further escalation).

Students in a repeat with attendance (RWA) year due to practice referral will require both full assessed placements with accompanying sets of ePAD documentation at second and final attempt. All Medicines Management, Episodes of Care and Proficiencies for the relevant part/ stage of programme will need to be repeated.

Students who have achieved practice but are in a RWA 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. If the assessments are not achieved you will be subject to Fitness to Practise as the module will already have been through an Assessment Board.

8. PLACEMENT WORKING ARRANGEMENTS

8.1 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; they will need to complete the staff online form for this to be actioned.
- Follow the [Placements and Incidents in Practice Policy](#) regarding raising concerns in practice. **It is essential that this is done as soon as concerns are identified**; it is not appropriate to wait until the end of the placement. Please ensure that the placement staff know of your concerns at an early

stage so that they can be addressed. You will be supported by the university staff (eg: academic assessor/personal tutor, academic PDT lead, programme lead, AHOS Practice Placements). As a student, you need to follow the [NMC Code](#) and therefore have a duty of care to the public for raising any safety or quality concerns. Please also see section 10.2.

- Please remember to complete the placement evaluation following each placement – the link will appear on [POW](#) a fortnight before the end of your placement. This is important to help maintain the quality of placements.

8.2 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 fohcompliance@plymouth.ac.uk. It may be appropriate for the record in the [Guidance for supporting students with reasonable adjustments](#) to be completed.

Additional risk assessments are required in relation to COVID-19. You will be screened by Occupational Health prior to joining the programme. If you or a person you live with develops a new health condition during the programme which may increase your risk status please advise your personal tutor; you may need to complete a further self-assessment. If screening has identified that you are in a higher risk category you will be advised on any specific actions or precautions which may be needed. You are required to ensure that you fulfil all legal requirements if these are in place and adhere to local policies regarding infection control. 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. Please discuss any concerns with your personal tutor.

8.3 Preparation for practice

The university provides preparation for practice sessions which you must attend as well as mandatory training. Specific details of which mandatory sessions are required can be found in your programme handbook and on the [Nursing DLE](#). Please note that **you will not be able to commence your practice placement until you have completed the mandatory requirements**. If you are unable to attend you must inform the organiser/ snamplacements@plymouth.ac.uk as soon as possible so that someone else can take your place.

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. Again, you must inform the organiser if you are unable to attend. 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

8.4 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.

8.5 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 at snamplacements@plymouth.ac.uk. 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. All absences from placements must be recorded on your timesheet; your personal tutor will be able to verify these.

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. It is your professional responsibility for you to complete these – not only to ensure your practice hours are recorded to fulfil NMC and programme requirements – but also to enable placement hosts to receive the government funding they are due, to meet educational and service needs. **Please note that if you are more than 4 weeks in arrears you may be removed from placement.** Repeat ‘offenders’ may also be subject to a Fitness to Practise investigation.

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 (see section 8.6). 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 (or required hours for other programmes) have been completed and verified. A survey will be available to final year students who have met these requirements and wish to step off placements prior to the end of the programme. There is no obligation to step off early; you may wish to gain the full period of clinical experience prior to registration.

8.6 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. Appendix 2, 3 and 4 of the [Guidance for supporting students with reasonable adjustments](#) on POPPI should be completed to formalise this arrangement for 'Temporary personal circumstances'. Referral to other services such as occupational health may also be required; see the section 8.2 on 'Risk assessments'.

- 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 fohcompliance@plymouth.ac.uk.
- 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.
- Travel time to and from placement is not included; you must only record the actual time you are on shift on your timesheets.
- Weekend shifts and night duty are part of the 24-hour care provision; you are expected to work some of these shifts to experience the full range of patient care and service organisation. There are no specific requirements regarding numbers of night or weekend shifts, however if you find you are being allocated an excessive number please speak to the manager in your placement setting or the [PDT](#) practice lead.

8.7 Holiday placements and additional shifts

There is a formal 'Additional Hours' period during the theory block February to April for BSc/MNurs years 2,3,4 and MSc years 1 and 2 (full-time nursing programmes) for which you can apply via a survey; see section 4.8 for further information.

Unless you have extenuating circumstances, students cannot normally remain in practice over the summer unless you have been given a structured placement (eg: retrieval); staff need a break from supporting students or there may be learners from other programmes or education providers 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) in the subsequent year, unless you are in your final year of the programme.

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. **No students are permitted in 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 fohcompliance@plymouth.ac.uk.

8.8 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 and ensure these are recorded on your timesheet.

Any absence from practice must in the first instance be reported to the placement area via telephone, your personal tutor and programme administration at snamplacements@plymouth.ac.uk 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.

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

Please see sections 8.5 to 8.8 above and refer to the [POW and TMS user guide](#) for more detailed information on timesheet submission.

8.10 Travel claims

Please note that the funding source is external to the university. Information is available on the following links: [Travel and accommodation information for professional placements - University of Plymouth](#) ; [Travel and costs](#).

You are only able to claim if your placement is further from your residence to university and the smallest distance of base to placement or university to placement must be cited. It is expected that you will stay at the address closest to your placement during practice periods; allocations are based on the information provided on [POW](#) identifying your home and term time addresses. It is likely that further information will soon be collated about alternative addresses at which you are able to stay when on placement.

Any suspected fraudulent claims will be followed up through the Fitness to Practise process.

9. EMPLOYMENT

9.1 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, for example, 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 it 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.

9.2 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 programmes are made up of practice hours and theory hours (classroom and directed study hours, including tutorials). These hours are essential to meet the learning outcomes of your 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 a support worker or with an existing professional registration must recognise that this role is inherently different to that of a student nurse/ nursing associate/ midwife while you are on this programme. 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 should not work in another role in any area where you are currently also placed as a student*. If your paid work is within the same trust, you should 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. This is particularly an issue for students who are already on the NMC register as a nurse or nursing associate.

**Exceptionally, trusts may have their own arrangements. This may include the requirement for students on apprenticeship or part-time programmes to have a placement in their base.*

- It is advisable that you do not undertake more than 15 hours of paid employment per week; this includes apprentices. 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 fohcompliance@plymouth.ac.uk.

- Any deviations from the above must be notified to your personal tutor to facilitate discussions about professional boundaries. Failure to disclose this potential conflict of interest may lead to invoking of the UoP Fitness to Practise process and/or Trust investigation.

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 (this includes tutorial sessions)
- 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.

10. PRACTICE CONCERNS

10.1 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.

10.2 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 there is a risk of your practice assessment being compromised due to raising concerns, alternative arrangements will be made to support you to progress.

If your practice supervisor/ assessor or personal tutor is not available, you should contact snamplacements@plymouth.ac.uk or the [PDT practice/ academic contact](#). **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. Please remember to complete the placement evaluation following each placement – the link will appear on [POW](#) a fortnight before the end of your placement. This is important to help maintain the quality of placements.

It is recognised that there are occasional times in practice where the support and supernumerary status of students may potentially be compromised by an unexpected clinical or staffing situation. It is important that you report this to an appropriate person such as the ward or department manager so that action can be taken; please see [Guidance for managing the support and supervision of pre-registration students](#). If this occurs during a night or weekend shift you should not attend placement for that particular shift and inform the ward manager to enable the shift to be rearranged. Please keep your personal tutor informed; additional support can be provided by the Practice or Academic PDT lead/ team [PDT practice/ academic contact](#).

10.3 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 the [Nursing DLE](#). It is your responsibility to familiarise yourself with the requirements.

Some learners will undergo the [Fitness to Practise](#) process 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. Conditions may be placed on your return which must be adhered to.

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

Please see the [Guidance for supporting students with reasonable adjustments](#) policy on the POPPI site. You will also find useful information on the [Disability Services](#) and the [student hub](#).

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

11.1 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.

11.2 Practice Information

The four-year part-time route comprises 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 complete 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 28 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.

11.3 Practice Assessment

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 2 placements
- NMC part 3 x 3 placements

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



11.4 Apprenticeship Standard

If the part time student is an apprentice it is important to note that 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.

Note: There is a summary box built into the Mid Point and Final Interview of the ePAD as a reminder to practice staff of the knowledge, skills and behaviours if their student is an apprentice.

11.5 Contacts

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

	<p>Dr Matt Carey</p> <p>Registered Nurse Degree Apprenticeship Lead and Lead for Part-Time Programmes</p> <p>Matthew.carey@plymouth.ac.uk</p>
	<p>Clare Carpenter</p> <p>Programme Lead and Lecturer in Adult Nursing</p> <p>clare.carpenter@plymouth.ac.uk</p>
	<p>Dr Margaret Fisher</p> <p>Associate Head of School (Practice Placements) Associate Professor in Midwifery</p> <p>margaret.fisher@plymouth.ac.uk</p>
<p>Personal Tutor/ Academic Assessor</p>	<p>This information will be in the student's ePAD</p>

12. 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
1 st December 21	Minor injuries Unit	Adult student reflecting on a mental health scenario
<p>Ask yourself What:</p> <ul style="list-style-type: none"> ▪ 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 <p>EG</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>		

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.

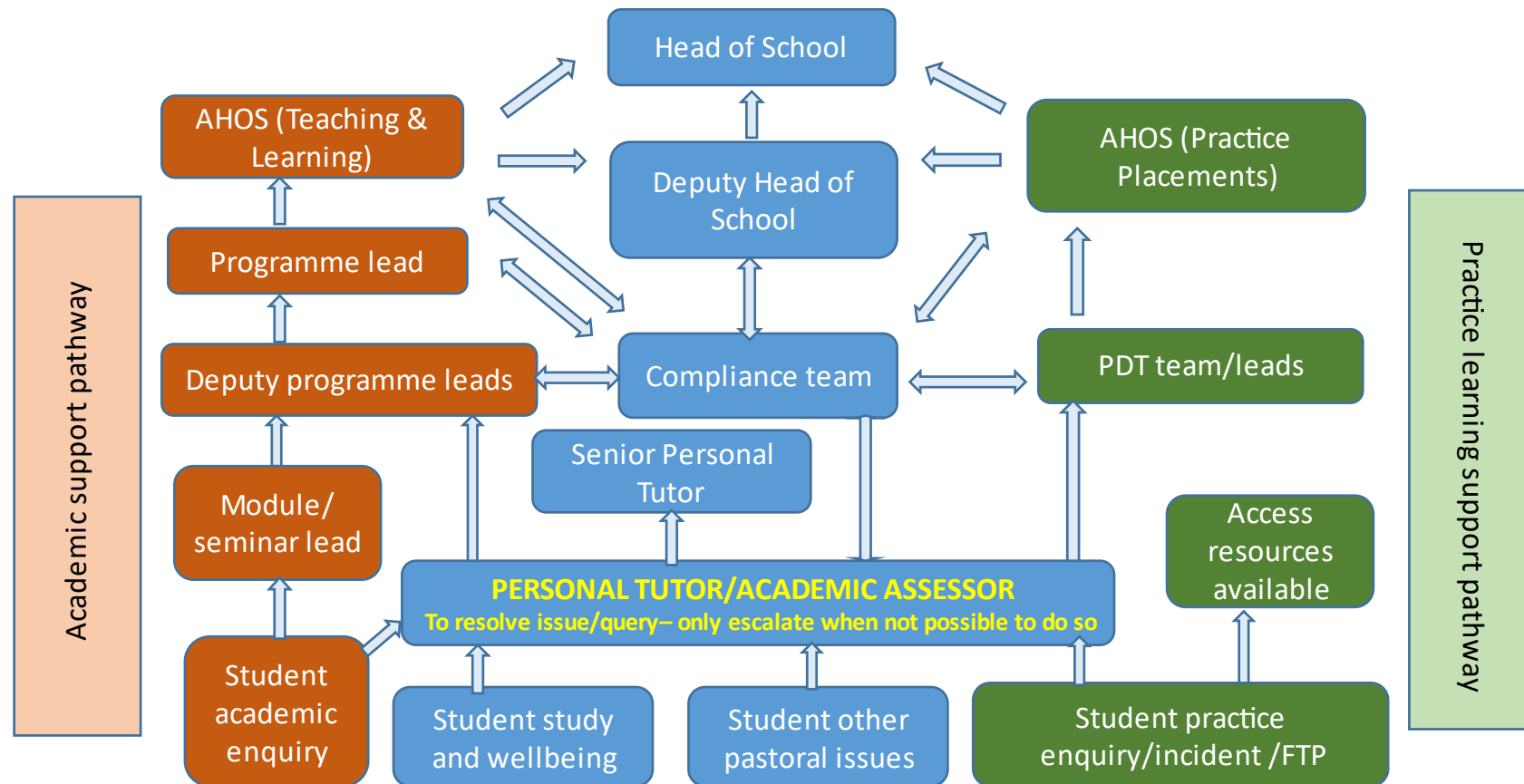
I will read more about self-harm and communication methods revisiting my communication module to see what I can apply to this situation to improve my practice.

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.

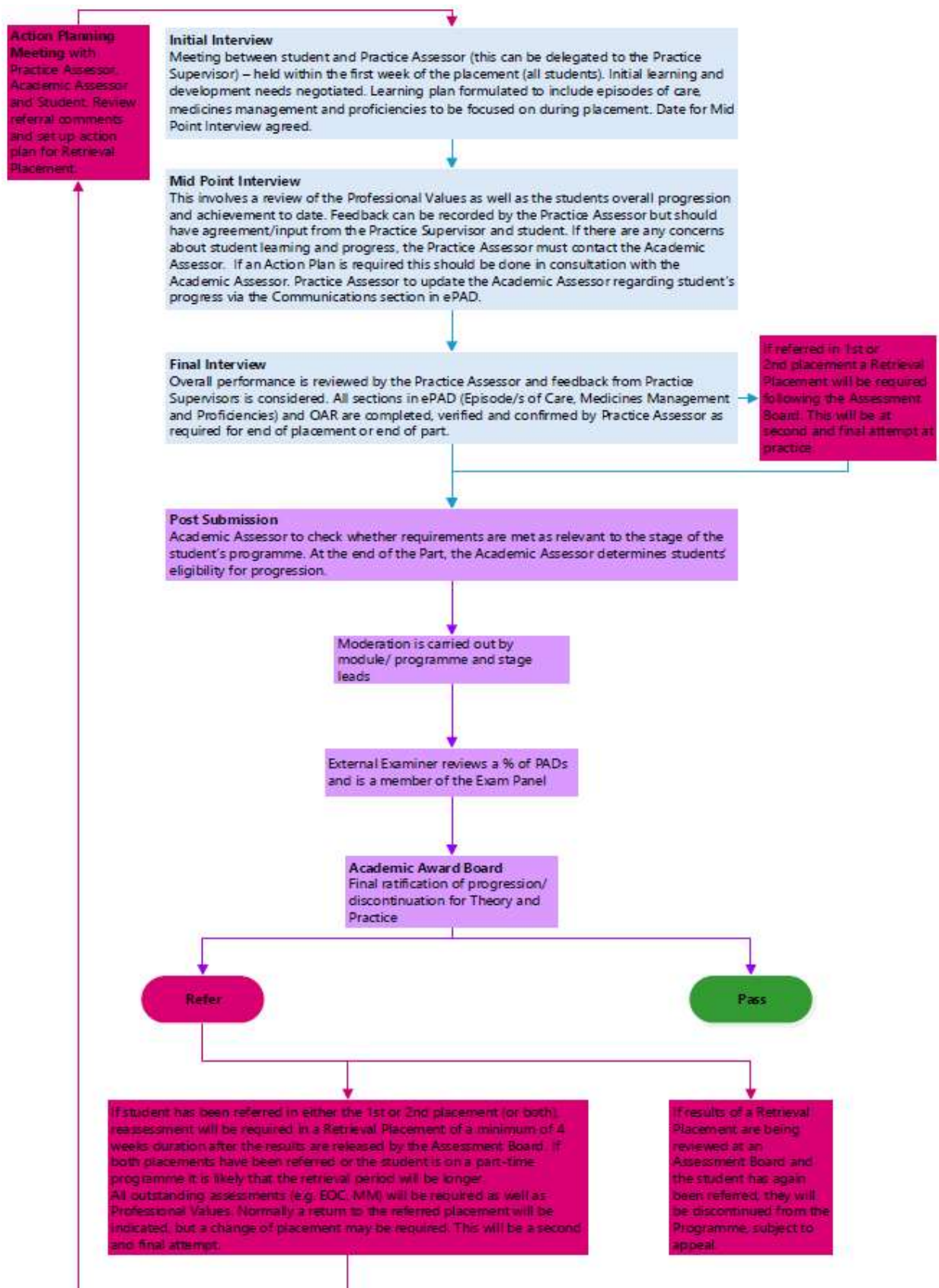
NMC code: relevant clauses

13. Appendix C: Support and Escalation Flowchart

Nursing programmes student support and escalation



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



15. 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Complete Initial Interview with practice assessor (this can be delegated to practice supervisor) <ul style="list-style-type: none"> ○ Identify learning opportunities ○ Identify Proficiencies which may be achieved on placement ○ Complete learning plan (student in collaboration with practice supervisor or practice assessor) ○ 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
<ul style="list-style-type: none"> • Practice assessor to complete Mid Point Interview with student <ul style="list-style-type: none"> ○ Review evidence gathered so far 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 formatively assesses Professional Values and provides feedback to student on progress ○ 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

<ul style="list-style-type: none"> Action plan to be completed if concerns are identified (contact academic assessor)
Week 4-7
<ul style="list-style-type: none"> 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 <p><i>Please note: these assessments can be completed in either assessed placement but all must be complete by the end of the Part.</i></p>
Week 7-8 (final week)
<ul style="list-style-type: none"> Student to have completed Episode(s) of Care/Medicines Management assessment by end of Part <p><i>Please note: these assessments can be completed in either assessed placement but all must be complete by the end of the Part.</i></p> <ul style="list-style-type: none"> Practice assessor to complete Final Interview with student <ul style="list-style-type: none"> 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 <p>If this is the final assessed placement of the academic year:</p> <ul style="list-style-type: none"> 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