|  |  |
| --- | --- |
|  | PROFESSIONAL PRACTICE PORTFOLIOincluding Ongoing Record of Achievement |
| qmuc_crest |  |
| **BSc ( Hons )Nursing** |  |
| Student name |  |  |
| Matriculation number |  |  |
| Cohort |  |  |
| Personal Academic Tutor |  |  |
|  |

|  |
| --- |
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Contents

|  |
| --- |
| **Section 1 General information for students and mentors** |
| Pages 2-8 |  |
| **Section 2** **Guidance for Student : Assessment in placement** |
| Pages 9-11 |
| **Section 3** **Guidance for Mentor : Assessment of student ‘s**  **learning and performance**  |
| Pages 12-18 |  |
| **Section 4 Ongoing Record of Achievement documentation** |

**SECTION ONE :**

General Information For Students And Mentors

## Introduction:

This portfolio enables students to demonstrate the achievement of the learning outcomes for all the work-based learning modules throughout the four years of the programme as well as their progress towards the attainment of the NMC standards of proficiency for entry to the adult branch programme (end of year one) and entry to the register, (NMC 2004).This portfolio has also been designed to involve you, the student in the planning and assessment of your own clinical progress. The learning outcomes for the work-based learning modules for each year can be found in the relevant section of this portfolio , and reflect, complement or supplement the NMC proficiencies . Successful completion of the assignments for the work-based learning modules and mentor assessment of clinical practice is necessary to allow progression.

 You are also required to maintain an **ongoing record of achievement** **(ORA)** (section 4) which should be added to your portfolio of clinical evidence which forms part of the assessment for your work-based modules and performance in clinical practice. You will be supported in the development of your personal learning by your QMU Clinical Supervisor and your clinical mentor in practice .You will be assessed in practice by your clinical mentor at the end of each placement. Your assessments , when collated , will provide a record of your practice placement performance over four years. This will allow each of your mentors to be able to access and assess your progress as you enter new clinical placements , and finally ,a ‘sign off ‘ (SOM) mentor in your last placement to certify that you are eligible to enter the profession as a registered nurse .

**Before going on placement please complete the following check-list.**

|  |  |
| --- | --- |
| :  |   SIGNED (student)  |
| a) | Issue of documents |  |
| b) | Whole group briefing  |  |
| c) | Briefing with Clinical Supervisor |  |
| ***Please make sure you have put your name and matriculation number in the space provided on all your assessment forms and attendance sheets! Forms marked ’SCAN’ must be scanned into your eportfolio following placement*** |

**When on any clinical placement you must:-**

* Carry your QMU matriculation card as a form of identification at all times;
* Allow your mentor to **check your matriculation card** on the first day of placement and complete the enclosed form in your Ongoing Record of Achievement This is a University policy and must be completed.
* Ensure that your mentor always knows where you are (this includes letting the unit/health centre/clinical mentor know if you are going to be absent due to sickness)
* Please also notify the school office if you cannot attend placement through sickness.
* Please ensure your mentor or clinical area have a contact telephone number for you
* Organise yourself to allow time for access to knowledge sources in order to support your learning and provide evidence for achievement of proficiencies
* Ensure that you organise your learning experience around clinical supervision times which

will occur once a fortnight

Induction to clinical placement area:

In accordance with the “Quality Standards for Practice Placements” (NES 2008) you should receive an introduction/orientation to your placement which could include the following elements , and which should take place within the first 48 hours of your arrival .

* Layout of the clinical area
* Any specific risks to personal safety involved in the setting
* Health and safety precautions
* Fire precautions
* Procedures for responding to emergencies
* Expected shift patterns
* Overview of conditions in placement area.
* Introductions to key professionals.

Uniform Policy**:**

**Your mentors will be assessing your professional bearing** , as manifested by your adherence to accepted standards of appearance**.** (See Assessment form B: Domain 1: Professional and Ethical practice) All students therefore are expected to adhere to the current version of NHS Lothian University ‘s Uniform Policy: **PLEASE READ** the full version of this , which can be located (in PDF form) on the BSc (Hons) Nursing hub site . Especially please note that where cloth headwear is worn then this must be clean and presentable. All headwear must be changed daily. Also note that the DoH recommends that **all staff** should have bare arms below the elbows. It is acknowledged that some students will be placed in other NHS Boards however there is no reason to suppose there would be any substantive difference between uniform policies , since they all relate to issues of infection control, professional appearance and health and safety.

If you are working with a Specialist Community Public Health Nurse/Health Visitor , you will not be required to wear a uniform. However, your appearance should be neat, tidy and in accordance with the uniform policy .

# Standards for Practice Placement:

### There are standards for ensuring students have a quality learning experience within a placement area that has been quality assured (NES 2008). Equally, there are standards expected of students whilst they are on placement.

### Within the placement, students may legitimately expect the following:

1. **Direct access to their clinical supervisor** in the event of any problem or uncertainty. Clinical supervisors (Lecturer within QMU) will ensure that students are given their contact details prior to placement. (Continuity of supervisor cannot be guaranteed during summer placements.)
2. **Directly supervised contact** – Clinical supervisors will offer group supervision-once a fortnight This may take the form of reflective tutorials, simulated clinical learning and production of evidence to meet module learning outcomes, and contribute to the e- portfolio (summative assignment) . Arrangements will be communicated to mentors in advance of, or at the beginning of, the student placement. Students may be required to travel to supervision sessions, and time should be organised to allow them to do so. Supervisors will negotiate with mentors if specific arrangements have to be made with individual students.
3. **Specific guidance from your supervisor** will be given as to how the 37.5 hour week will be made up for any specific placement. This will take into account: placement locality and nature of work; year of course; nature of outcomes; availability of clinical supervisor.
4. **Facilitation by your mentor** to enable data collection/analysis in the clinical area. For example, this might include: assistance to select a patient for a particular activity e.g. assessment, teaching; providing the opportunity to consult patient documentation or attend a case conference; allowing time to write/collate notes, care plans etc.
5. **The mentor to be familiar with specific QMU outcomes** and assessment criteria. (See Section Three)

**Clinical Supervisors may legitimately expect the following**

1. Students and mentors will notify them if any problems occur (see also ‘cause for concern’ section three).
2. Attendance of students at planned supervision sessions. Failure to attend without prior negotiation with the clinical supervisor will be viewed as absence and will contribute to a failed placement.
3. Students will produce evidence of work carried out during clinical hours. For example, your contribution to supervision sessions, work produced in the library, or clinical area.

### Mentors may legitimately expect the following

1. Notification from the clinical supervisor as to the general supervisory pattern for that placement, and specific dates and times of supervision sessions.
2. Consultation with the student and the University clinical supervisor if an individual student's/mentor's needs require an amendment to the pattern of attendance.
3. Access to up-to-date information detailing QMU outcomes and assessment criteria before or at the beginning of each student's placement period.

# Policy on Clinical Attendance:

### Fundamental principles

1. All clinical experience should be driven by educational needs
2. Experience should allow insight into the 24 hour nature of practice provision (if applicable). On each placement, students can expect to work 2 weekends in a period of 7 weeks or more, and undertake one period of night duty
3. To conform with national requirements, students should receive 37.5 \*hours of **clinical practice education**  per week and be supernumerary.

In many clinical areas , to fulfil this\* requirement, you will be expected to work a pattern of three 12 hour shifts a week for 3 weeks, followed by four 12 hour shifts in your fourth week.

1. Students **must not work** more than 48 hours a week1 , in accordance with the European Working Time directive.
2. Students may **not** ‘shorten’ placement length by working extra shifts per week (see 1)
3. Timesheets for both semester 1 and 2 placements **must both be signed** by your mentor or charge nurse as a permanent record of your attendance
4. In order to successfully complete the Clinical Practice modules each year students must normally attend at least 80% of the placement (i.e. at least 12 full weeks of placement).
5. When a student is unable to complete a minimum of 4 weeks of one placement (e.g. through illness) ,they cannot be assessed (and therefore cannot pass the placement) (NMC regulations ) The student will therefore be required to retrieve this placement (usually during the summer vacation)
6. If a student attends placement for more than 4 weeks , but has substantial sickness time or absence during the placement and their mentor is satisfied that they *have* met the learning outcomes for the placement *additional* placement time will be negotiated for (usually during the summer vacation)
7. If a mentor is **not** satisfied that the student has met the learning outcomes of the placement, then the student will be required to retrieve the clinical placement before proceeding to the next year of study. (See regulation **NU5)**
8. If a student has minimal time off for sickness (or other legitimate reason) during placement ,they may make this up during the placement as long as they do not exceed 48 hours per week , and do so with permission from their clinical supervisor
9. **The following activities can legitimately be described as clinical practice education:**
* Involvement in direct patient care
* Involvement within clinical setting: e.g. attending team meetings, case conferences, obtaining data from case notes, attendance at different clinics and so on.
* Analysing clinical data obtained from the above in order to produce evidence that learning outcomes /competencies have been met. This can be carried out in the clinical or academic setting.
* Acquiring data to support analysis e.g. referring to research evidence, visiting an expert. This may be available in clinical or academic setting.

**The 37.5 clinical hours per week should thus comprise a mixture of these activities. This does NOT include time spent in formal assignment preparation for modules other than the specific work-based learning module which informs the placement.**

# QMU policy on working shift patterns during Work Based Learning (WBL):

Students have supernumerary status : This ,as defined by the NMC (reg 4.6.1 in Standards for pre registration nursing education 2010) means that students ‘must not , as part of their programme of preparation , be contracted by any person or body to provide nursing care ‘

However - you will still be expected to conform to the shift pattern specifically allocated to students in the placement you are attending .

**NU1 community focus**  **(Placement 1:)** – students will work the normal day time hours (e.g. 08.30-16.30hrs) as negotiated with their mentors (occasionally opportunity to work a week-end may arise)

**NU1 Care of the Older Adult (Placement 2)** students should negotiate either core day shifts or 12hour day shift with mentor. Preferably no night duty. 12 hour shifts are permitted ONLY IF working with mentor on the same shifts. A combination of options may be appropriate depending on the learning outcomes at different stages of the placement.

**NU2** - students will work either core or 12 hour day shifts and some night duty. 12 hour shifts are permitted ONLY IF working with mentor on the same shifts. There must be a sound educational reason for working night duty and students MUST be working with their mentor on the same shifts. It is expected that the majority of shifts worked over the duration of the placement would be on day duty. A combination of options may be appropriate depending on the learning outcomes at different stages of the placement.

**NU3** -students will work either core or 12 hour day shifts and some night duty. There must be a sound educational reason for working night duty and students MUST be working with their mentor on the same shifts. It is expected that the majority of shifts worked over the duration of the placement would be on day duty. A combination of options may be appropriate depending on the learning outcomes at different stages of the placement.

**NU4**  - students will work either core or 12 hour day shifts and some night duty. A combination of options may be appropriate depending on the learning outcomes at different stages of the placement.

#  Manual Handling Policy:

QMU nursing students undertake a programme in manual handling skills for undergraduate students provided by OHSAS trained lecturing staff in Queen Margaret University. Manual Handling training is delivered, in house, to all the students in the School of Health Sciences at QMU. Students are trained using the same principles and practices of OHSAS which is the Occupational Health & Safety Advisory Service for the NHS in Scotland. This means that students receive the same level of training as an NHS employee. Training is aligned with the module content set out in the NHS Scotland Manual Handling Passport and QMU hopes to adopt the Passport in the near future.

In their first year, nursing students MUST attend an introductory lecture which aims to highlight the issues related to manual handling, addresses the related legislation, introduces ergonomics, risk assessment, efficient manual handling techniques and inanimate load handling so that students are encouraged to adopt safe and efficient practice. The students must also attend, in small groups, three practical workshops. The principles of efficient manual handling and risk assessment are introduced in the lecture and are then applied in the workshop sessions through engagement in scenario based practical activities and exercises. The first workshop ‘chair manoeuvers’ focuses on moving & handling patients from and to chairs and bed, the use of stand aid equipment, moving inanimate loads and dealing with falls. The second workshop ‘Bed Manoeuvers’ covers moving and handling of patients in bed, use of glide sheets and other handling aids and lateral transfers. The third workshop ‘Hoisting’ includes the use of active & passive hoists. Students attend these four sessions prior to going out on clinical placement and individual student training records are held by QMU as a record of completion of training. In addition, during the academic year, students have to complete and pass an online assessment related to all aspects of manual handling. Nursing students will receive refresher and update training in each subsequent year of their studies.

Attendance at specified training days is **mandatory,** for progression to take place and safe practice to be achieved. All students have the support of a dedicated Manual Handling module as an online resource through The QMU Hub. You should be able to access electronic information through the computers in your placement ,via your mentor.

 You must not take part in any unsafe moving and handling procedure. –this exposes you to personal injury and contravenes your professional and ethical duty to safeguard your patients

You will have the Programme Team’s support if you have acted correctly and safely by declining to take part in unsafe practice. If you have any problems, please contact your Clinical Supervisor.

# SECTION TWO : GUIDANCE FOR STUDENT : student learning and assessment during clinical placement:

**At the start of each placement**: Formulate a **Personal Development** **Plan** .Use your previous mentor assessments as a basis for identification and discussion with your personal academic tutor of your personal aims and strategies for self-development on this placement: you should be able to note personal strengths that you hope to build on and areas of performance that you feel you could improve on.

 **Self-Assessment of skills :**

Use the template provided in your ongoing record of achievement to record the skills and procedures you have been able to undertake and practice. Discuss your skills acquisition with your mentor, so that you can identify those which you want an opportunity to perform for the first time , or to practice. Record these in your personal development plan. In addition, assess your own level of proficiency in carrying them out. This can be used -together with your electronic record of skills acquisition, to compile a profile of your skills development in your e portfolio of professional practice. Please note -students in year 2 , 3 and 4 of the programme may be required by their mentor to **provide evidence** that they have attended a skills class covering Controlled Drugs Administration : Failure to do this may mean that this procedure cannot be practised

 .

**Mid -way Assessment:** (ASSESSMENT FORM A)

Using the proficiencies which form the final assessment as a guide, (ASSESSMENT FORM B) your mentor will identify and record a summary of your progress so far. If any areas of your performance need improvement, they should be discussed here and strategies for improvement should be identified: If any area of your performance is giving you or your mentor ‘cause for concern’, your mentor will contact your clinical supervisor to discuss your clinical progress.

 **Final Assessment:**

Your mentor will complete ASSESSMENT FORM B which incorporates the NMC standards/proficiencies which **must all be achieved** in order to allow you to progress. Additionally they will provide a short written commentary on your overall performance.(ASSESSMENT FORM C) You are encouraged to write your own comments about your placement experience. This is not a ‘one-sided’ assessment. Your role is to demonstrate to your mentor how you think you have achieved each proficiency. Your mentor may have directly observed your performance and judged you to be competent, but you may also (through discussion with your mentor) demonstrate that you have the requisite knowledge to meet the proficiency , or supply evidence of learning in the form of care plans , research articles, or critical incident reflection. Such evidence of learning may be included in your e-portfolio/portfolio of professional practice.

**Assessment of Work-based modules:**

In addition to the assessment of your performance in placement , you are also required to meet the work-based module outcomes for each placement: These are partially met through meeting the NMC proficiencies , but are also assessed summatively through an assignment. Module co-ordinators will provide information about these assessments.

**Ongoing record of achievement:**

To fulfil the NMC requirement for a sign off mentor to assess your suitability for registration, all your assessment forms should be stored electronically in your e-portfolio of practice, as well as in hard copy: Your portfolio should provide a record of all your work-based learning assessments. You may be required to provide mentors in each placement with records of your past assessments, and progression, as a basis for final assessment and discussion. At the end of your final placement., your performance will be assessed by the **‘**sign off ‘mentor, who will use your ongoing record of achievement as evidence of your eligibility to enter the register as a qualified nurse. It follows that it is very important that you **do not lose any part of it**.

**Sign off Mentors (SOM):**

The following section details the requirements in relation to Sign off mentors and students in their **final consolidation placements**. It also provides some guidance as to how these requirements could be achieved.

**Why have Sign off Mentors?**

 “In order to ensure public protection the NMC needs to be assured that students have been assessed and signed off as capable of safe and effective practice at the end of a programme” (NMC 2008 Standards to support learning and assessment in practice 2nd edition, London pg. 33) and so it is now a mandatory requirement that:

***From September 2007 a sign-off mentor who has met additional criteria must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved***

**Who gets signed-off?**

Any learner undertaking an NMC approved programme commencing after Sept 2007 will require a Sign off Mentor on their final consolidation placement.

**Who is the SOM ?**

Placement providers must ensure that a nurse designated to sign-off a proficiency must be:

* Identified on the local mentor database as a sign-off mentor or a practice teacher
* Registered on the same part of the register as you will be i.e. Registered Nurse Adult Branch.
* Working in the same field of practice as that in which the student intends to register, i.e adult branch.

And additionally, to be a sign-off mentor they must have:

* Clinical currency and capability in the field in which the student is being assessed.
* A working knowledge of current and relevant changes in education and practice for the student they are assessing programme requirements, practice assessment strategies .
* An understanding of the NMC registration requirements and the contribution they make to the achievement of these requirements.
* An in-depth understanding of their accountability to the NMC for the decision they must make to pass or fail a student when assessing proficiency requirements at the end of a programme .

**What are the differences between a mentor and a SOM?**

The role of the **mentor** for the student in their final consolidation placement is to:

* Look at evidence for the student achieving their final placement learning outcomes.
* 40% of student’s time spent being supervised by mentor (direct / indirect).
* Liaise with the SOM (mentor may also be the SOM).

The responsibilities of the **SOM** are to assess competence in practice by allowing the equivalent of 1 hour per week per student to be spent in the final 15 weeks of placement (in addition to the 40% with the mentor).

**What will happen during the meetings with the SOM?**

* Discussion will include reflection on student learning, giving feedback and updating records of student achievement.
* Reviewing evidence from a sustained period of learning to assess proficiency for entry to the register

More detail about the role of the **SOM** is provided in the next section (section 2) ‘Information for the mentor’.

**Practice Education Facilitators:** The Practice Education Facilitator (PEF) also plays an important part in ensuring a good quality learning experience for students on placement, through liaison with mentors, students and the university. It is likely that they will communicate with clinical supervisors should specific problems arise in relation to the quality of the students’ educational experience or the performance of students in placement

**SECTION THREE**

# Guidance for mentor : assessment of student’s learning and performance

**Structure of clinical learning undertaken in the BSc ( Hons) Nursing programme**

|  |  |  |
| --- | --- | --- |
| **Year 1** |  5 weeks community |  10 weeks Care of older people |
| **Work based learning module** | **Fundamentals of Nursing Care** |
| **Year 2** | 7 weeks medical/surgical | 8 weeks medical/surgical |
| **Work based learning module** | **Translating Enquiry Into Practice** |
| **Year 3** | 7 weeks Acute Care | 8 weeks medical/surgical |
| **Work based learning modules** | * **Acute and critical care**
* **Evidence based management of care**
 |
| **Year 4** | 15 weeks Community/rehabilitation /Acute |
| **Work based learning module** | **Preparation For Transition** |

Student learning during clinical practice placement is expected to follow a staged progression over the four years of the programme. ( However , occasionally, some students may be undertaking adapted versions of the programme involving a consolidation of clinical experience )

The overall aim of work-based learning in the **first year** is to provide students with a strong grounding in holistic health and essential skills such as assisting with personal hygiene and dressing, basic skills of assessment and investigations , infection control and hand washing. Students are expected to apply and develop fundamental nursing skills and communication techniques as well as demonstrating basic awareness of professional values and attributes.

Work-based learning in **year 2** takes place in a 7 week and 8 week clinical placement and focuses on the application of the student’s learning about care of the ill adult in a variety of settings. Students are encouraged to build on the foundations of nursing developed in year 1 work-based learning modules. In year 2 students are expected to apply assessment and care planning skills developed in the enquiry based learning modules to the context of acute care. By the end of year 2 students should be able to describe and explain nursing care in the context of the clinical speciality.

The first placement of **year 3** will focus on the care of the acutely ill adult. Students are expected to transfer the learning from theoretical cases to the complexity of clinical practice in acute and critical care situations, building on the skills and knowledge gained from years 1 and 2 of the programme. In the second placement of year 3 students will have an opportunity to consolidate their learning in the hospital setting. By the end of year 3 students should demonstrate the ability to organise and manage care which is ethically sound, risk aware and underpinned by evidence.

Students in the **final placement** of the programme should begin to demonstrate skills of reflexivity, exercising judgment and competence in a wide range of clinical skills. Students should demonstrate ability to work collaboratively across professional boundaries and use evidence to solve problems in practice. In addition students should demonstrate ability to apply nursing skills to a variety of situations.

Students attend clinical skills classes and QMU normally expects them to have received the theory underpinning each skill before carrying out these skills in the placement area. However

mentors may teach students new skills where required , on the understanding that the student will receive a full evidence-based explanation and rationale for the selected skill and understands any relevant implications for accountability.

Induction of students to the practice area

Mentors are asked to provide students with an induction programme within the first 48 hours of attendance, in line with current standards , to include the following elements –a form for this is provided in the student’s ongoing record of achievement, and includes the following elements

|  |
| --- |
| * Layout of the clinical area
 |
| * Any specific risks to personal safety involved in the setting
 |
| * Health and safety precautions
 |
| * Fire precautions
 |
| * Procedures for responding to emergencies
 |
| * Expected shift patterns
 |
| * Overview of health /clinical remit of the placement
 |
| * Introductions to key professionals
 |

Students have been asked to provide their mentor/ clinical area with an emergency contact number

Assessment of The Student’s Learning And Performance

Students undertake two periods of clinical practice in the first three years of the programme, followed by a single 15 week period of clinical placement in year 4 . All placements must be successfully achieved in order to fulfil the requirements for entry to the adult branch programme, entry to the register and to meet the learning outcomes of the work-based learning modules .:

Students will expect their mentors to **discuss and facilitate skills development** and their **personal development plan** with them at the start of the placement.

**Assessment form A (Mid-way Assessment)** is provided for an assessment of the student’s progress

**Assessment form B** (**Final Assessment** ) requires mentors to sign ***every*** proficiency presented in the table as satisfactory. Mentors may make their judgement about student achievement of proficiencies through discussing evidence of achievement, which the student may share with them. Such evidence may be prepared in clinical tutorials, and may include documentary evidence, such as key research articles. Other means of providing evidence could include reflection on a situation aimed at finding out what the student understood about or learned from it. Alternatively the mentor could explore the student’s knowledge of the particular aspects of nursing care pertinent to the speciality of the placement. Some aspects of student performance may be directly observable. However the students themselves are expected to take the initiative in providing evidence that they have achieved specific proficiencies. This will also contribute to their portfolio, which will be compiled electronically over the 4 years of the programme and provide a visible record of learning and progress for the sign off mentor.

 **Assessment form C**  (**Final Assessment** ) asks mentors to provide a summative commentary of the student’s experience , and award a pass or fail grade. Any aspect of the student’s performance which the mentor feels is adequate, but could be developed in future placements should be highlighted and documented in order that it can contribute to the student’s next personal development plan.

Additionally, to successfully complete their placement, students at Queen Margaret University are required to be present in practice placement for at least 80% of the allocated period .

**SIGN OFF MENTORS (SOM)**

**What evidence will the SOM require?**

 The SOM should utilise a range of evidence to support their decision. This can include:

* Reviewing the student’s progress from previous placements (e.g. mentor reports, reflective accounts, skills logs / diaries etc.)
* Direct observation of the student, for example: demonstrating appropriate professional behaviours and attitudes, during episodes of care delivery, care management and practical skills
* Reviewing student record-keeping and documentation
* Assessing student’s ability to reflect on their performance
* Assessing achievement of final placement learning outcomes

**How does Queen Margaret University (QMU) support the SOM?**

* Students complete the electronic record of on-going achievement in their e- Professional Practice Portfolio. This e-portfolio includes completion of the Clinical Practice module Learning Outcomes, mentor reports and self-assessments of clinical skills and experiences from every placement. This information can be made available to the SOM by the student who can access the Queen Margaret University IT system or provide a paper copy for inspection and review.
* Clinical Supervisors will visit the placement allowing direct contact / discussion with the SOM or via e-mail and telephone access
* Clinical Supervisors liaise with the Practice Education Facilitators (PEFs)
* Clinical Supervisors provide relevant documentation including specific paperwork to allow the SOM to document what actions they have undertaken in assessing the student in practice.

If there are any other queries then please contact the lecturer allocated to the student for their final placement.

**Cause for Concern:** Students or mentors who have a concern within a placement are advised to take action immediately by following the process highlighted below.

# Reporting and managing a Cause for Concern in Placement Identified by a Student or Mentor

This flow chart is designed to help students and mentors to resolve concerns identified within the allocated clinical placement. The process of addressing and managing concerns is part of the learning process and will be supported

It is recognized that students and mentors may encounter difficulties, dissatisfaction or concern with the following:

* Learning opportunities and availability
* Feedback
* Perceived unfairness and subjectivity
* Learning culture
* Health and safety

Students or mentors who have concern within a placement are advised to take action immediately by following the process below. In the first instance students or mentors are encouraged to raise concerns with members of the practice team. It is anticipated that the majority of issues will be resolved with the support of members of the practice team. However, where cause for concern regards patient safety or perceived serious misconduct it is recognized that students and mentors may need additional support. Students at QMU are encouraged to discuss such matters immediately with the placement clinical supervisor or their Personal Academic Tutor at the earliest opportunity. Mentors are given contact details of the relevant QMU lecturer who provides clinical supervision for the student on placement and encouraged to contact them if concerns arise.

Stage 1 of the process is normally adopted to address an issue relating to mentoring and support of the student in practice placements

Stage 2 of the process is normally instigated when issues have arisen in stage 1 that have not been able to be resolved and further assistance is required to address the concern.

Stage 3 of the process should be instigated when the cause for concern relates to patient safety/ care or staff safety issues or other serious misconduct issues that are not resolvable or it is inappropriate to adopt stage 1 or stage 2.

**Resolution:**

**Students should be offered an opportunity to reflect on the event and identify new learning as a result of the experience. Good practice would suggest that mentors, clinical managers and Practice education facilitators involved in the issue should also receive feedback on the outcome of the concern, how the issue was resolved and any suggestions for future practice arising as a result of the investigation, in order to close the audit loop and reduce the risk of similar problems arising in the future.**

Abbreviations:

C.S: Clinical Supervisor

PEF: Practice Education Facilitator

PM: Practice Manager or equivalent PL: Programme Leader PAT: Personal Academic Tutor

**STAGE 1**

Student or mentor raise concern with CS

Take action to ensure that student, mentor and patient safety maintained in clinical environment eg additional support for student or remove student from practice location. Appointment made to meet with Practice Manger / Charge Nurses as soon as feasible

Consider referral to Fitness to practice panel.

**Concern Continues**

Report to Practice Placement committee , Report to Chief Nurse/ Manager in area/ NMC / FTP panel (If appropriate) NMC (if appropriate)

Liaison between PM / CS/ PL

**Student is informed** **of the** **outcome and has opportunity to** **reflect on experience**

Concern Resolved

Student withdrawal /failure of placement Or

Student proceeding to successful placement evaluation

Assessment of concern made by PL investigation and decision made to:

Student and mentor encouraged to discuss cause for concern resulting in

CS/PL Liaise with mentor, PM and student

CS Refer to Programme Leader/ Head of Subject area

Student or mentor raises concern

**Refer to Link lecturer/** Personal Tutor

###  Go to STAGE 3

Student writes a report on incident with support of CS/ PAT

CS/ PEF/ PM/ Mentor devise an action plan with recommendations

to resolve concern

Student and mentor discuss issue and seek resolution

Concern relates to student/ mentor relationship/ standard of learning opportunities

Resolves issue to

satisfaction of all parties

parties

parties

Student is informed of the outcome has opportunity to reflect on experience

Student is informed of the outcome and has opportunity to reflect on experience

Concern Resolves

Discussed with

PEF/ CS

PEF / LL

No further action required

Placement requiring additional support or action via PEF, C.S , Practice Placement committee

Report on issue developed

Student withdrawal /failure of placement Or

Student proceeding to successful placement evaluation

CS liaison with PEF/ Mentor or PM and investigation of issue

# STAGE 3

# STAGE 2

 CS and PL consider concern, report on recommendations and agree that action may lead to:

Concern

unresolved

Student has opportunity to reflect on experience

No further action

No further action

 required on placement

Concern Resolves

**Go to**

**STAGE 2**

Mentor raises

concern with placement manager/charge nurse

Concern

continues

Cause for concern regards

patient safety/care or other

serious misconduct

Cause for concern regards staff or patient safety /

care or other serious misconduct